Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

June 2, 2026

[redacted], ADMINISTRATOR
BRETHREN VILLAGE
3001 LITITZ PIKE
[redacted]
LITITZ, PA, 17543

RE: BRETHREN VILLAGE - VILLAGE MANOR
3001 LITITZ PIKE
LITITZ, PA, 17543
LICENSE/COC#: 32175

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2026, 03/24/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BRETHREN VILLAGE - VILLAGE MANOR* **License #**: *32175* **License Expiration**: *02/01/2027*

Address: *3001 LITITZ PIKE, LITITZ, PA 17543*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *BRETHREN VILLAGE*

Address: *3001 LITITZ PIKE,* [redacted] *, LITITZ, PA, 17543*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/17/1990* **Issued By**: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *62* **Waking Staff**: *47*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *03/25/2026*

Inspection Dates and Department Representative

03/24/2026 - On-Site: [redacted]

03/24/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *114* **Residents Served**: *61*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *61*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

03/24/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/23/2026*

Inspections / Reviews *(continued)*

04/23/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *04/30/2026*

04/29/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/31/2026*

06/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/3/26 and on 2/4/26, Resident #1 was administered 1 tablet of Mucinex ER 600 mg However, Resident #1 was prescribed 2 tablets of Mucinex ER 600mg. This medication error was not reported to the Department.

Plan of Correction ***Accept ([redacted] - 04/29/2026)***

Immediately: Director of Nursing completed an audit of Incident Reports on 4/20/2026 to ensure required elements were included in each report. On 4/14/26 and 4/21/2026 Director of Nursing educated Personal Care Staff on importance of completing Incident Reports accurately and timely.

Ongoing: Director of Nursing will provide additional education to licensed staff regarding completing and submitting Incident Reports at the 5/6/2026 LPN Meeting. Incident Reports will be reviewed at Monthly LPN Meetings.

Monthly logs of Incident Reports will be kept and audited by Director of Nursing.

Licensee's Proposed Overall Completion Date: *05/06/2026*

Implemented ([redacted] - 06/02/2026)

17 - Record Confidentiality

2. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/24/26 at 9:50 AM, a bin attached to the downstairs medication cart that contained empty medication pillow packets for administered residents' medications was unlocked, unattended and accessible. These empty pillow packets include private health information such as the residents' names and the names of the medications that were in the pillow packs. The information for Residents #2, #3, #4 and #5 8:00 AM medications administered on 3/24/26 were visible.

Plan of Correction ***Directed ([redacted] - 04/29/2026)***

Immediately: On 3/24/2026, Director of Nursing removed all bins with empty pill packs from medication carts and

17 Record Confidentiality (continued)

placed bins in locked medication carts. PCHA updated procedure for emptying HIPAA protected information to include disposal of pill packs in locked shred containers. Director of Nursing educated RNs, LPNs, and Medication Technicians regarding the change in procedure on 3/24/2026 and 3/25/2026.

Ongoing: RNs, LPNs, and Medication Technicians will continue to use bins in medication carts for empty pill packs and dispose of pill packs when they complete medication pass.

Director of Nursing or RN Clinical Coordinator will complete random audits weekly for four weeks, bi weekly for eight weeks, and then monthly for three months to ensure compliance with new procedure.

[Directed]

- *In addition to the steps above, beginning no later than 5/15/26, the Director of Nursing or RN Clinical Coordinator will complete at least 3 observations to ensure the home's new procedure is being followed. This will occur weekly for four weeks, bi weekly for eight weeks, and then monthly for three months to ensure compliance with new procedure. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *05/15/2026*

Implemented ([redacted] - 06/02/2026)

42s - Privacy

3. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The first floor camera, located in the corner at the end of the hallway, faces directly into resident room #130.

The second floor hallway camera, located near the exit, faces directly into resident room #235.

Plan of Correction ***Directed ([redacted] - 04/29/2026)***

Immediately:
4/16/2026 Review of Regulation 2600.42s with IT Communications Manager.
4/16/2026 Review of camera angles/images with IT Communication Manager.
4/16/2026 IT Communication Manger blacked out camera views of room numbers 130 and 235 to ensure Resident privacy.
See attached.

Ongoing: Monthly review of camera angle/images with PCHA and IT Communication Manager to ensure continued Resident privacy.

[Directed]

- *In addition to the steps above, beginning no later than 5/15/26, the Administrator or designee will complete*

42s - Privacy (continued)

monthly audits of camera angle/images in the home with the IT Communication Manager. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: *05/31/2026*

Implemented ([redacted] - 06/02/2026)

65a - FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Member A, whose first day of work was [redacted] did not receive orientation on the following topics:

1. Evacuation procedures.

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

5. The location and use of fire extinguishers.

6. Smoke detectors and fire alarms.

7. Telephone use and notification of emergency services.

Plan of Correction ***Directed ([redacted] - 04/29/2026)***

Immediately: PC Scheduler reviewed Agency team members orientation and training records.

4/20/26 - PC Scheduler contacted MSN (Medical Staffing Network) to inquire about Staff Member A. MSN employee stated that Staff Member A is no longer an active employee.
4/20/26 - PCHA updated packet with required implements. (See Attached)
Ongoing: PC Scheduler will contact Agency Team Members regarding required PC Orientation/Training prior to first scheduled shift. PC Scheduler will provide Agency Team Member with orientation/training packet upon first scheduled shift or prior. Agency Team Member will be responsible for completing packet during first shift worked. Packet will be reviewed with Administrator, Assistant Administrator, PC Scheduler, or Brethren Village Personal Care Team Member to ensure completion and understanding.
PC Scheduler will keep Agency Team Member Training Log to ensure all training is completed timely. (See attached)

65a - FS Orientation 1st Day (continued)

[Directed]

- *In addition to the steps above, beginning no later than 5/15/26, PC Scheduler will contact Agency Team Members regarding required PC Orientation/Training prior to first scheduled shift. PC Scheduler will provide Agency Team Member with orientation/training packet upon first scheduled shift or prior. Agency Team Member will be responsible for completing packet during first shift worked. These packets will be reviewed within the first week of work for the Agency's Team Member. These packets will be reviewed with Administrator, Assistant Administrator, PC Scheduler, or Brethren Village Personal Care Team Member to ensure completion and understanding. Documentation of these reviews will be kept and available for review by the Department.*

Directed Completion Date: *05/31/2026*

Implemented ([redacted] - 06/01/2026)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Member A, who completed [redacted] 40th scheduled work hour on or around [redacted], did not complete training in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Plan of Correction ***Directed ([redacted] - 04/29/2026)***

Immediately: 4/20/26 - PC Scheduler reviewed Agency team members orientation and training records.
4/20/26 - PC Scheduler contacted MSN (Medical Staffing Network) to inquire about Staff Member A. MSN employee stated that Staff Member A is no longer an active employee.
4/20/26 - PCHA updated packet with required implements. (See Attached)

Ongoing: PC Scheduler will contact Agency Team Members regarding required PC Orientation/Training prior to first scheduled shift. PC Scheduler will provide Agency Team Member with orientation/training packet upon first scheduled shift or prior. Agency Team Member will be responsible for completing packet during first shift worked. Packet will be reviewed with Administrator, Assistant Administrator, PC Scheduler, or Brethren Village Personal Care Team Member to ensure completion and understanding.

65b - Rights/Abuse 40 Hours (continued)

PC Scheduler will keep Agency Team Member Training Log to ensure all training is completed timely. Log initiated week of 4/27/26. (See attached)

[Directed]

- *In addition to the steps above, beginning no later than 5/15/26, PC Scheduler will contact Agency Team Members regarding required PC Orientation/Training prior to first scheduled shift. PC Scheduler will provide Agency Team Member with orientation/training packet upon first scheduled shift or prior. Agency Team Member will be responsible for completing packet during first shift worked. These packets will be reviewed within the first week of work for the Agency's Team Member. These packets will be reviewed with Administrator, Assistant Administrator, PC Scheduler, or Brethren Village Personal Care Team Member to ensure completion and understanding. Documentation of these reviews will be kept and available for review by the Department.*

Directed Completion Date: *05/31/2026*

Implemented ([redacted] - 06/01/2026)

65f - Training Topics

6. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

Description of Violation

Staff Member B, hired on [redacted] did not receive training in following topics during the 2025 training year:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe-management techniques.

Staff Member C, hired on [redacted], did not receive training safe-management techniques during the 2025 training year.

Staff Member D, hired on [redacted], did not receive training safe-management techniques during the 2025 training year.

Plan of Correction ***Directed ([redacted] - 04/29/2026)***

Immediately: 4/20/2026 -PCHA Reviewed 2025 Staff Training Plan with Assistant PCHA and revised the 2026 Staff Training Plan to include additional modules to ensure compliance with 2600.65.f. The following modules were included in 2026 Staff Training Plan. (See attached course descriptions)
1.) Assisting with Self-Administration of Medications: Guidelines
2.) Service Plans in Assisted Living Facilities
3.) Handling Aggressive Behaviors

65f Training Topics (continued)

Ongoing: PCHA and Assistant PCHA will review Team Member compliance with completing annual training by monitoring completion of online training modules and participation in in person training. Completed training modules will be logged. Reviews will occur monthly and Team Members will receive reminders of trainings that need to be completed by the end of the calendar year.
PCHA and Assistant PCHA will meet in December of each year to review Training Plan and make adjusts as needed to ensure all required topics are adequately covered.

[Directed]

- *In addition to the steps above, PCHA will educate the Assistant PCHA on regulation 2600.65(f) by 5/15/26. Documentation of this education will be kept and available for review by the Department.*
- *Beginning no later than 5/15/26, the PCHA and Assistant PCHA will review Team Member compliance with completing annual training by monitoring completion of online training modules and participation in in person training. Completed training modules will be logged. Reviews will occur monthly and Team Members will receive reminders of trainings that need to be completed by the end of the calendar year. Documentation of these reviews will be kept and available for review by the Department.*

Directed Completion Date: *05/31/2026*

Implemented ([redacted] - 06/02/2026)

104a - Dining Room

7. Requirements

2600.
104.a. A dining room area shall be equipped with tables and chairs and able to accommodate the maximum number of residents scheduled for meals at any one time.

Description of Violation

The dining room has a seating capacity of 26. However, there are 61 residents in the home. There is only one seating for each meal.

Plan of Correction ***Accept ([redacted] - 04/29/2026)***

Immediately: 4/20/26 PCHA reviewed current and average census and determined that additional seating was needed.
4/21/26 PCHA and Assistant PCHA met with Director of Dining and Supportive Living Dining Manager to review 2600.104a.
4/22/2026 Two additional tables and 10 chairs were added to Dining Room. Additional seating allows for 36 Residents to be seated at one time. Lunch and Dinner mealtimes were divided into two seatings.
4/22/26 PCHA updated the VM Home Rules to include the changes to the lunch and dinner meal seatings. (See attached.)

Ongoing: Current Residents will be informed of change to meal service by PCHA at the April 2026 Resident Council Meeting. New Residents will be provided with the updated Home Rules upon admission.

PCHA and Assistant PCHA will review census weekly to ensure that the Dining Room has adequate seating to accommodate all Residents. (To begin week of 4/27/2026).
PCHA and Assistant PCHA will observe lunch and dinner meals to ensure regulation is being followed. (To begin week of 4/27/26). Observations will be logged weekly.

104a Dining Room *(continued)*

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented ([redacted] - 06/02/2026)

107d - Procedure Emergency Management Agency Submission

8. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated and submitted to the local emergency management agency since 9/16/24.

Plan of Correction ***Accept ([redacted] - 04/29/2026)***

Immediately: 4/20/2026 PCHA reviewed Emergency Procedure and updated Emergency Contact Information.
4/20/26 PCHA emailed Emergency Procedures and updated Emergency Contact Information to Manheim Township Deputy Fire Chief.
4/20/26 Reviewed 2600.107d with Assistant PCHA

Ongoing: PCHA will update Emergency Procedures annually beginning December 2026. PCHA or Assistant PCHA will send reviewed Emergency Procedures to the local emergency management agency prior to December 31st of each year.

PCHA or Assistant PCHA will provide updated Emergency Contact Information with changes in key personnel as needed.

Licensee's Proposed Overall Completion Date: *04/28/2026*

Implemented ([redacted] - 06/02/2026)

121a - Unobstructed Egress

9. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 3/25/26 at approximately 11:25 AM, residents left their wheelchairs in the hallway while they went to the dining room for lunch, blocking egress to the main entrance of the home.

Plan of Correction ***Directed ([redacted] - 04/29/2026)***

Immediately: 4/20/26 PCAs were educated regarding 2600.121a by Assistant PCHA. Resident wheelchairs, scooters were removed from hallways by PCAs on 4/20/26. Residents were informed that they are to park their wheelchairs or scooters in the 1st floor lounge instead of the hall.
4/20/26 PCHA update VM Home Rules to include Unobstructed Egress.

Ongoing: PCHA to attend Resident Council Meeting on 4/28/26 to discuss updated Home Rules. All VM Residents will receive updated Home Rules regardless of attendance at the Resident Council Meeting. Home Rules will be

121a - Unobstructed Egress (continued)

distributed by Personal Care Administrative Assistant prior to Resident Council Meeting on 4/28/26. Personal Care Administrative Assistant will log all Residents to ensure the Home Rules are delivered to all.

PCHA and Assistant PCHA will review Team Member compliance with completing annual training by monitoring completion of online training modules and participation in in-person training. Completed training modules will be logged. Reviews will occur monthly and Team Members will receive reminders of trainings that need to be completed by the end of the calendar year.

[Directed]

- *In addition to the steps above, beginning no later than 5/15/26, the Administrator or designee will complete weekly walkthroughs of the home to ensure there are no blocked egresses. Documentation of these walkthroughs will be kept and available for review by the Department.*

Directed Completion Date: *05/15/2026*

Implemented ([redacted] - 06/02/2026)

124 - Notice to Fire Department

10. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction ***Accept ([redacted] - 04/29/2026)***

Immediately: 3/25/26 -Updated letter was sent to Manheim Township Department of Fire/Rescue Services sent by PCHA.
4/20/26 - PCHA provided education to Assistant PCHA regarding 2600.124 to include updating Fire/Rescue Services with any changes in structure or mobility needs of Residents in VM.
See attached.

Ongoing: PCHA and Assistant PCHA will review Village Manor Census and provide updates to Fire/Rescue Services with changes in mobility needs of the Residents. Reviews will begin week of 4/27/26. See attached for change in mobility log.

Licensee's Proposed Overall Completion Date: *05/01/2026*

Implemented ([redacted] - 06/02/2026)

132b - Safety Inspection/Fire Drill

11. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b Safety Inspection/Fire Drill *(continued)*

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 10/16/25. The previous supervised fire drill by a fire safety expert was conducted on 9/25/24.

Plan of Correction ***Directed ([redacted] - 04/29/2026)***

Immediately: 4/20/26 PCHA reviewed completion dates for previous safety inspections/fire drills. PCHA contacted Manheim Township Fire and Rescue Deputy Fire Chief and scheduled 2026 Fire Drill for Wednesday, September 30, 2026 @ 9:00 am.
4/20/26 PCHA provided education to Assistant Administrator regarding 2600.132b.

Ongoing: Remain in compliance with 2600.132.b by scheduling annual fire drills six months following the previous drill.
PCHA will be responsible for tracking the annual drills to remain in compliance.

[Directed]

- *In addition to the steps above, beginning no later than 5/15/26, the Administrator or designee will schedule a fire safety inspection and fire drill conducted by a fire safety expert 6 months in advance.*

Directed Completion Date: *05/15/2026*

Implemented ([redacted] - 06/02/2026)

183b - Meds and Syringes Locked

12. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 3/24/26 at 2:46 PM, a bottle of Antifungal Powder was unlocked, unattended and accessible Resident #3's bathroom. Resident #3 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self administer and the need for medication reminders

On 3/24/26 at 2:55 PM, a tube of Antifungal ointment was unlocked, unattended and accessible Resident #7's bathroom. There is no current order for this ointment, and Resident #7 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self administer and the need for medication reminders

On 3/24/26 at 2:59 PM, a tube of Diclofenac Sodium topical ointment was unlocked, unattended and accessible in Resident #8's bathroom.

Plan of Correction ***Accept ([redacted] - 04/29/2026)***

Immediately: 3/25/26 Room Audits completed by Med Tech and LPN on duty. All rooms were checked for medication in rooms and coordinating self medication physician order. Medications without an order were removed from Resident rooms. PCHA visited with Residents identified by surveyors on 3/25/26 and removed medications. Residents were reminded that all medications need to be secured in room when not present. PCHA determined

183b - Meds and Syringes Locked (continued)

that all Residents identified above were in possession of room keys and/or safes.
4/14/26 & 4/21/26 - PCHA educated PC Team regarding 2600.183b and explained the importance of keeping Village Manor in compliance.
4/28/26 - Medication Self-Administration Audit form initiated. PCHA educated Assistant PCHA, RN Clinical Care Coordinator, Support Plan Coordinator, Designated PC Team Member, and/or PC Administrative Assistant regarding use of Audit.

Ongoing: Self-Medication Policy to be reviewed by PCHA at Resident Council Meeting on 4/28/2026.
Monthly Medication Self-Medication Audits to be completed by PCHA, Assistant PCHA, RN Clinical Coordinator, Support Plan Coordinator, and/or Administrative Assistant. Monthly Audits to begin week of May 4, 2026.

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented ([redacted] - 06/02/2026)

186a - Authorized Prescriber

13. Requirements

2600.
186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

The prescription medication antifungal powder belonging to Resident #3 was not prescribed by an authorized prescriber.

The prescription medication antifungal ointment belonging to Resident #7 was not prescribed by an authorized prescriber.

The prescription medication nystatin powder for Resident #9 was not prescribed by an authorized prescriber.

Plan of Correction ***Accept ([redacted] - 04/29/2026)***

Immediately: 3/24/26 - Antifungal powders and antifungal ointments were removed from personal care carts and supply room by Assistant PCHA.
3/24/26 - LPN on duty obtained orders for those residents who requested/required treatment.
3/24/26 - Orders added to the TAR for RN, LPN and/or Med Tech administration.
3/24/26 - Antifungal powders and ointments were moved to treatment cart.

Ongoing: Assistant PCHA educated RNs and LPNs that listed items require physician order, are to be administered by RN, LPN or Med Tech, and stored in treatment cart. Assistant PCHA reviewed the above change during PC Team Meetings on 4/14/26 & 4/16/26 and will review with LPNs at the 5/6/26 LPN Meeting.
4/27/26 - PCHA updated PC Room Audit Form to include checking for medications stored in room to ensure all medications have physician orders. PC Room Audits are completed monthly by PCHA, Assistant PCHA, RN Clinical Coordinator, or Designated PC Team Member.

Licensee's Proposed Overall Completion Date: *05/31/2026*

186a - Authorized Prescriber *(continued)*

Implemented ([redacted] - 06/02/2026)

187d - Follow Prescriber's Orders

14. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident#1 was prescribed Mucinex ER 600 mg with orders to take two tablets. However, on 2/3/26 and on 2/4/26, Resident #1 was administered 1 tablet of Mucinex ER 600 mg.

Resident #10 was prescribed Duloxetine 20 mg with order to take 1 capsule at bedtime. However, from 1/28-2/1/26, Resident #10 was administered 1 tablet of Duloxetine 30 mg at bedtime.

Resident #12 was prescribed Levothyroxine 75 mcg. However, on 10/26/25 at 5:21 AM, Resident #12 was administered Levothyroxine 50 mcg.

Resident #12 was prescribed Doxycycline Hyclate Oral Tablet 100 mg with orders to take 1 tablet by mouth two times a day until 1/28/26 and Clindamycin HCl oral tablet 150 mg with orders to take 4 capsules by mouth as needed for prophylaxis 1 hour prior to dental procedures. However, on 1/27/26 at 8:00 AM, Resident #12 was administered 1 capsule of PRN Clindamycin 150 mg in error instead of the Doxycycline 100mg tablet.

Repeated Violation - 9/4/24, et al

Plan of Correction ***Directed ([redacted] - 04/29/2026)***

Immediately: 4/1/26 - PCHA and Assistant PCHA reviewed and updated Medication Misadventure Policy. (See attached)
4/14/26 & 4/21/26 - PCHA reviewed updated policy at April PC Team Meetings

Ongoing: Assistant PCHA to review updated Medication Misadventure Policy at 5/6/26 LPN Meeting.
Assistant PCHA, RN Clinical Coordinator, and Med-Tech Trainer are responsible for completing Medication Administration Observation, Medication Error Remediation Form, and Medication Error Observations as per Policy.

[Directed]

- *In addition to the steps above, beginning no later than 5/15/26, the Assistant PCHA, RN Clinical Coordinator, and/or Med-Tech Trainer will complete at least 4 medication observations per month for 4 months with the staff identified as not administering medication as prescribed to Residents #1, #10 and #12. Documentation of these observations will be kept and available for review by the Department.*

Directed Completion Date: *05/31/2026*

Implemented ([redacted] - 06/02/2026)