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

July 31, 2026

[redacted], ADMINISTRATOR
HARRISON SENIOR LIVING OF COATESVILLE LLC
300 STRODE AVENUE
COATESVILLE, PA, 19320

RE: HARRISON SENIOR LIVING OF COATESVILLE
300 STRODE AVENUE
COATESVILLE, PA, 19320
LICENSE/COC#: 10566

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2026, 04/09/2026 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: *HARRISON SENIOR LIVING OF COATESVILLE* **License #**: *10566* **License Expiration**: *02/22/2027*

Address: *300 STRODE AVENUE, COATESVILLE, PA 19320*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *HARRISON SENIOR LIVING OF COATESVILLE LLC*

Address: *300 STRODE AVENUE, COATESVILLE, PA, 19320*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/03/1986* **Issued By**: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *64* **Waking Staff**: *48*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *04/09/2026*

Inspection Dates and Department Representative

04/08/2026 - On-Site: [redacted]

04/09/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *52*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *48*

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

Have Mobility Need: *12* **Have Physical Disability**: *0*

Inspections / Reviews

04/08/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/08/2026*

05/19/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/06/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/08/2026*

Inspections / Reviews *(continued)*

07/31/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/06/2026*

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

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/8/26 at 9:40am, there were decaying or dried flower petals and leaves stuck to the counter, sink and floor of the 2nd floor kitchenette.

On 4/8/26 at 10:30am, there was a clear, sticky liquid pooled across the bottom of the drawer and onto several boxes of various medications and containers in the 3rd drawer of the 201-223 medication cart.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

The 2nd floor kitchenette was immediately cleaned and sanitized on 4/8/26 by the Director of Housekeeping, including removal of all debris and disinfection of surfaces.

The medication cart drawer was immediately emptied, cleaned, and disinfected on 4/8/26 by the Director of Resident Services and on duty Medication Tech. All affected medication boxes/containers were discarded and replaced as necessary.

The 2nd floor kitchenette has been made obsolete and inaccessible as of 4/8/26.

The Director of Resident Services and Designees completed med cart drawer inspections of all medication carts on 4/9/26.

Medication carts will be added to a weekly cleaning checklist, including drawer inspections, to be completed by the Director of Resident Services. The Director of Resident Services or designee will conduct monthly sanitation audits of medication carts to ensure compliance with 85a.

Licensee's Proposed Overall Completion Date: *05/07/2026*

Implemented ([redacted] - 07/14/2026)

88a - Surfaces

4. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 4/8/2026 at approximately 10am, the ceiling in the D wing stairwell had a large area of peeling or chipped paint and drywall debris that was falling off of the ceiling and accumulating on the stairs between the 3rd and 4th floors.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

On 4/8/2026, the affected stairwell area was immediately cleaned, and all debris were removed from the stairs by the designated Maintenance Technician.

The Maintenance Tech repaired the damaged section of the ceiling, including removal of loose material, patching, sanding, and repainting on 4/8/26.

On 4/8/2026, all fire stairwells were inspected by maintenance to identify any additional areas with peeling paint,

88a Surfaces (continued)

damaged ceilings, or potential hazards to ensure compliance with 88a.

All fire stairwell inspection has been added to the outside grounds safety audit document to be completed quarterly by the Director of Plant Operations or designee.

Licensee's Proposed Overall Completion Date: *05/08/2026*

Implemented ([redacted] - 07/14/2026)

91 - Telephone Numbers

5. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 4/9/26, there are no emergency telephone numbers to include the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by the telephone in Resident 2's room.

Repeat Violation Date 3/24/25 et al

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

On 4/9/26, a complete list of required emergency telephone numbers was immediately posted on Resident #2's personal telephone and on the back of the apartment door by the Director of Housekeeping.

Required emergency telephone numbers were posted on the back of all resident apartment doors by the Director of Housekeeping and designated housekeeping staff on 4/9/26 during their audit, in the event a resident change out the facility phone with a personal phone.

Checking for emergency telephone numbers posted to facility provided phones and the back of apartment doors have been added to the admission room turnover checklist which will be completed by the Move in Coordinator prior to every admission.

The Director of Housekeeping will conduct housekeeping audits monthly to ensure all required emergency telephone numbers remain in place and up to date.

Licensee's Proposed Overall Completion Date: *05/08/2026*

Implemented ([redacted] - 07/14/2026)

100a - Exterior - Free of Hazards

6. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 4/8/2026 at approximately 10:15am, the bottom step of the 2nd floor main fire exit stairs collapsed or broke off of the main support when stepped on.

100a - Exterior - Free of Hazards *(continued)*

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

On 4/8/2026, the affected fire exit stairway was immediately taken out of service and secured to prevent use by the designated Maintenance Tech.

The Maintenance Technician reached out to local contractor to schedule an appointment to obtain a quote to repair/replace the fire exit stairway on 4/8/2026.

The Contractor was out to inspect the job on 4/20/26 and quote was officially received in writing 5/8/26.

The Maintenance Technician completed an inspection of all fire exit stairways on 4/8/2026.

The Director of Plant Operations is awaiting contractor's availability to schedule the fire exit stairway replacement. Anticipated to be scheduled prior to 6/1/26.

In the interim, the Director of Plant Operations temporarily replaced the bottom stair on 4/13/2026.

All fire stairways will be inspected via utilization of the outside grounds safety audit document which will be completed quarterly by the Director of Plant Operations or designee.

Licensee's Proposed Overall Completion Date: *06/01/2026*

Implemented ([redacted] - 07/14/2026)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/8/26 at approximately 9:40am, there was no thermometer in the freezer in the 2nd floor kitchenette.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

On 4/8/26 the refrigerator was removed from the 2nd floor kitchenette by the Maintenance Technician, and the area has been made obsolete.

On 4/8/26, all refrigerators and freezers in the facility were inspected by the Director of Housekeeping to verify the presence of thermometers and appropriate temperature ranges.

Verification that each refrigerator and freezer contains a working thermometer has been added to the current housekeeping audit document by the Executive Director.

The Director of Housekeeping will utilize the audit form for refrigerator and freezer inspection which will include verification of thermometer presence and proper temperature ranges of random apartments monthly.

Licensee's Proposed Overall Completion Date: *05/08/2026*

Implemented ([redacted] - 07/14/2026)

181f - Record of Medication

8. Requirements

2600.
181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 4/9/2026, Resident 3 had medications in their room which were not documented on their current medication list., including [redacted] cream, Tylenol, and One a Day multivitamin.

Repeat Violation Date: 3/24/25 et al

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

The Director of Resident Services immediately removed the medications that were not on Resident #3's current list of medications and reached out to the resident's primary care provider to clarify orders. Clarification was received from the primary care provider confirming the medications can be added to Resident #3's medication record, except the One-A-Day multi vitamin. Remaining medications were added to the medication record by the Director of Resident Services and medications were returned to the resident for self-administration.

The Director of Resident Services would have completed an audit of all residents who self-administer medications to ensure their medication lists are complete and current. There are no other residents who are self-medicating currently.

All Med Admin staff were educated on 4/13/26 by the Director of Resident Services on keeping current record of medications for self-administering residents.

The Director of Resident Services will conduct audits of medication records of those residents who self-administer medications monthly.

Licensee's Proposed Overall Completion Date: *05/08/2026*

Implemented ([redacted] - 07/14/2026)

182c - Medication Administration

9. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:
1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 4/9/2026, at approximately 9:40am, a cup containing multiple medications was observed on Resident 4's nightstand while the resident was still in bed. Staff person C delivered the medications to the resident's room while the resident was asleep and left the medication cup on the residents nightstand to take when they woke up. Staff of the

182c - Medication Administration (continued)

home indicated this is a normal occurrence. Resident 4 is not assessed as capable of self administering their medications.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

On 4/9/2026, Resident #4's medications were subsequently administered directly by the Director of Resident Services in accordance with physician orders and facility policy.

Staff Person C was immediately re-educated by the Executive Director on 4/9/26 on proper medication administration procedures, including that medications must be administered directly to the resident and may not be left unattended.

On 4/13/26, all direct care staff were re-educated by the Executive Director on proper medication administration procedures per 2600.182(c), including the requirement to remain with the resident until medications are taken.

The Director of Resident Services and/or designee will conduct a medication pass observation for each medication technician over a period of 2 weeks, then quarterly thereafter.

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented ([redacted] - 07/31/2026)

183b - Meds and Syringes Locked

10. 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 4/9/2026, Resident 2 had prescribed Nystop powder in their room, which they self-administer. The resident's DME indicates that they are unable to self-administer medications.

On 4/9/2026, Resident 4 had a bottle of Hibiclens, two tubes of Vagisil and bottles of Advil and Tylenol, unlocked and accessible in their room. Resident is not assessed as able to self-administer medications.

On 4/9/2026, Resident 5 had a container of Calmoseptine ointment unlocked in their room. Resident is not assessed as able to self-administer medications.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

On 4/9/2026, all medications found in Residents #2, #4, and #5's rooms were immediately removed and secured in a locked medication storage area.

On 4/9/2026, a walkthrough of all resident rooms was conducted by the Director of Resident Service and designees to identify any unsecured medications. Any unsecure medications were immediately secured.

On 4/13/26, all medication administration staff were re-educated by the Executive Director on proper medication storage.

183b - Meds and Syringes Locked (continued)

Routine room checks will be completed by the Director of Resident Services and/or designees to include monitoring for unauthorized or unsecured medications monthly.

Licensee's Proposed Overall Completion Date: *05/08/2026*

Implemented ([redacted] - 07/31/2026)

183d - Prescription Current

11. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 4/9/2026, Hibiclens, Vagisil, Tylenol, and Advil were found in the room of Resident 4; however, the home did not have physician's orders for any of these items.

On 4/9/2026, Resident 5's pill pack contained two medications which were discontinued. Aspirin Chew Tab 81mg and Ferrous Sulfate 325mg were both discontinued on 3/27/2026.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

On 4/9/2026, all medications in Resident #4's room without physician orders were immediately removed and properly secured by the Director of Resident Services.

On 4/9/2026, resident #5's pill pack was immediately reviewed by the Director of Resident Services, and a corrected medication supply was requested and obtained from the pharmacy.

All resident Medication Administration Records (MARs) were reviewed by the Director of Resident Services and designee on 4/10/2026 to ensure compliance with 183d.

The Executive Director re-educated all medication administration staff on 4/13/26 on the procedure for discontinued medications.

The Director of Resident Services or designee will conduct medication audits on a monthly basis ongoing.

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented ([redacted] - 07/31/2026)

183e - Storing Medications

12. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 4/9/2026, at approximately 10:30am, a pill pouch for resident Resident 5's 4/9/26 12pm medications was torn at the top, with the medications still present in the packaging, resulting in a pill falling out during a medication cart audit.

183e Storing Medications (continued)

On 4/9/2026 a blister pack of Cyclobenzaprine for Resident 6 was punctured at spot 26 on the back of the blister card, with the medication still present in the blister spot.

On 4/9/2026, Resident 11's Tramadol blister pack was punctured at spot 8 on the back of the card with the medication still present in the blister spot.

On 4/9/2026, there was a box of Systane eye drops which had expired on 4/2/2026 present on the 201 223 medication cart.

Plan of Correction ***Accept (- 05/19/2026)***

On 4/9/2026, the damaged pill pouch for Resident #5 was removed by the Director of Resident Services and replaced with a new, properly packaged dose from the pharmacy.

The punctured blister packs for Residents #6 and #11 were immediately removed by The Director of Resident Services and replaced with intact medication cards from the pharmacy.

The expired Systane eye drops were immediately removed by the Director of Resident Services and replaced with a new bottle from the pharmacy.

The Director of Resident Services and designees completed medication cart reviews on 4/9/26 & 4/10/26, including checks for expiration dates and packaging integrity.

The Executive Director provided all med admin staff with re education on 4/13/26 on storing of medications.

The Director of Resident Services or designee will conduct audits of medication carts monthly.

Licensee's Proposed Overall Completion Date: *05/08/2026*

Implemented (- 07/31/2026)

183f - Discontinued Medications

13. Requirements

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 4/9/2026, in the 2nd floor med room, there was a collection of medication tablets or capsules present in the biohazard sharps container. Staff of the home indicated they are destroying medications by placing them in this bin. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction ***Accept (- 05/19/2026)***

On 4/9/2026, all medications that had been improperly disposed of in the biohazard sharps container were addressed immediately by the Director of Resident Services and sharps container was replaced.

183f - Discontinued Medications (continued)

On 4/9/26, the Director of Resident services or designee reviewed the remaining facility sharps containers, and any compromised containers were replaced.

All medication administration staff were re-educated on the facility Medication Storage and Disposal policy by the Director of Resident Services on 4/13/2026:
Proper medication destruction procedures and prohibited practices, including disposal in sharps containers as well as documentation requirements for medication destruction in the medical record.

The Director of Resident Services (or designee) will conduct audits of medication rooms and destruction practices monthly.

Licensee's Proposed Overall Completion Date: *05/10/2026*

Implemented ([redacted] - 07/14/2026)

184a - Resident's Meds Labeled

14. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for Resident 1's Ipratropium-Albuterol 0.5-3(2.5) indicates to inhale one vial via nebulizer every 4 hours while awake for 5 days, however, the current order for this medication is to inhale one vial via nebulizer every 6 hours as needed for shortness of breath.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

On 4/9/2026, the discrepancy between the pharmacy label and the current physician's order for Resident 1's Ipratropium-Albuterol was identified and immediately addressed by the Director of Resident Services. The medication was reordered and received via the pharmacy on 4/9/26 due to the box being compromised by the liquid in the med cart previously noted in 85a.

The Director of Resident Services and designees reviewed medication labels versus physician orders on 4/10/26.

All medication administration staff were educated on regarding the Medication Label Verification and Discrepancy Resolution Policy on 4/13/26 by the Director of Resident Services:
-The requirement that pharmacy labels must match current physician orders.
-The process for identifying and resolving discrepancies before administering medications.
-Proper documentation and communication procedures when discrepancies are identified.

The Director of Resident Services (or designee) will conduct audits of medication labels versus physician orders monthly.

184a Resident's Meds Labeled *(continued)*

Licensee's Proposed Overall Completion Date: *05/10/2026*

Implemented ([redacted] - 07/31/2026)

184b - Labeling OTC/CAM

15. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 4/9/2026, a bottle of Fish Oil was in the 201 223 medication cart and was not labeled with a residents name.

Repeat Violation Date: 3/24/25 et al.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

The medication technician on duty 4/9/2026 admitted to finding the written label in the medication cart that morning which had fallen off the OTC bottle of fish oil.

On 4/9/2026, a proper labeling of the Fish Oil with the correct resident's name was completed by the medication technician.

A review of all medication carts was completed on 4/10/26 by the Director of Resident Services and designees to ensure all OTC/CAM items are properly labeled.

Staff re education on labeling requirements for OTC/CAM medications was completed on 4/13/26 by the Director of Resident Services.

The Director of Resident Services or designee will conduct audits of medication carts monthly.

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented ([redacted] - 07/31/2026)

185a - Implement Storage Procedures

16. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 is prescribed the following medications, where were not present on the medication cart on 4/9/26:

- *Lactulose 10gm/15ml Solution, take 30ml (2 tablespoons) by mouth daily as needed*
- *Trazadone 50mg take 1/2 tablet (25mg) by mouth at bedtime as needed*

On 4/9/2026, Resident 1's glucometer had a recorded level of 286 on 4/3 at 4:22pm, however, this was documented as 289 on the MAR.

On 4/9/2026 Resident 2's Glucometer had the following recorded glucose levels that were not documented on the residents medication/glucose log:

185a - Implement Storage Procedures (continued)

- *4/4/2026, at 21:24: Glucometer reading of 79 .*
- *4/4/2026, at 21:26: Glucometer reading of 173.*
- *4/7/2026, at 08:00: Glucometer reading of 130..*

On 4/9/2026, a medication for Resident 5 was listed as "wasted" on 3/27/2026, but was only signed off by one staff member. The homes policy for the destruction or wasting of medications is to have two staff witness and sign off that the medication was wasted.

Repeat Violation Date: 3/24/25 et al

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

Resident 1's prescribed medications that were not in the medication cart (Lactulose and Trazodone) were requested as refills by the Medication Tech from the pharmacy on 4/9/26 and received.

The Director of Resident Services and designees completed medication cart reviews on 4/10/26, including checking the presence of all prescribed medications.

Resident 1's glucometer reading discrepancy (286 vs. 289) was reviewed, corrected in the MAR by the Executive Director, and staff were counseled on 4/13/26 by the Director of Resident Services.

Resident 2's missing glucometer readings were noted to be completed outside of current physician's order reading twice daily on Wednesdays. Staff were counseled on 4/13/26 by the Director of Resident Services regarding following prescriber's orders.

The incident involving single-signature medication waste was reviewed by the Director of Resident Services on 4/9/26 and staff were counseled on 4/13/26 by the Director of Resident Services regarding proper medication destruction procedures requiring two signatures.

The Director of Resident Services or designee will conduct audits of medication carts, narcotic count sheets and glucometer readings monthly.

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented ([redacted] - 07/14/2026)

186c - Change in Medications

17. Requirements

2600.
186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On 4/2/2026, Staff person C took a telephone verbal order for Resident 2 for Nystatin Powder. Staff person C is not a registered nurse, and no written order was obtained by the home within 48 hours.

186c Change in Medications *(continued)*

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

The verbal order for Nystatin Powder taken on 4/2/2026 was immediately reviewed by the Director of Resident Services and a written order was obtained from the prescriber by the Director of Resident Services.

Staff person C was immediately re educated on 4/9/26 by the Director of Resident Services regarding scope of practice and prohibition of accepting verbal/telephone orders without appropriate licensure.

The Executive Director revised its Medication Accountability and Controlled Substances Policy on 4/10/26 to include:
Only licensed nurses may accept telephone/verbal orders, and only in accordance with state regulations.
All verbal/telephone orders must be followed by a written or electronic prescriber order within 48 hours.
Non licensed staff are strictly prohibited from accepting or transcribing medication orders.

Staff were educated on 4/13/26 by the Executive Director on the policy and:
Acceptable methods of receiving medication orders.
Scope of practice related to medication management.
Required timelines for obtaining written orders.

The Director of Resident Services or designee will complete audits of new medication orders monthly thereafter to ensure compliance with written order requirements.

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented ([redacted] - 07/14/2026)

187a - Medication Record

18. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 4 is prescribed Hibiclens 4% solution. However, resident's medication administration record does not include a frequency of administration, diagnosis or purpose for the medication.

187a - Medication Record *(continued)*

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

The MAR for Resident 4 was reviewed on by the Director of Resident Services on 4/9/26. The prescribed Hibiclens 4% solution was to be administered one time prior to a surgical procedure. The end date was never updated upon approval in the electronic med pass system, which resulted in the medication remaining on the MAR.

The Director of Resident Services discontinued the medication in the electronic medication system on 4/9/26.

The Director of Resident Services and designees completed a review of all current residents' MARs on 4/10/26 to ensure inclusion of all required documentation elements.

Staff received re-education on 4/13/26 by the Director of Resident Services regarding medication documentation requirements per 55 Pa. Code § 2600.187a, including requirements for topical and PRN medications.

The Director of Resident Services (or designee) will complete MAR audits monthly to ensure compliance with 187a.

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented ([redacted] - 07/31/2026)

187b - Date/Time of Medication Admin.

19. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 4/9/2026, Staff Member C initialed the MAR indicating that Hibiclens was administered to Resident 4 at 6:00 AM; however, this medication was not actually administered at all by staff of the home.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

The MAR for Resident 4 was reviewed on by the Director of Resident Services on 4/9/26. The prescribed Hibiclens 4% solution was to be administered one time prior to a surgical procedure. The end date was never updated upon approval on the MAR, which resulted in the medication remaining on the MAR.

Staff Member C received immediate re-education and counseling by the Director of Resident Services on accurate, real-time medication documentation and the prohibition of pre-charting or documenting medications not administered.

The Director of Resident Services completed a review of Resident 4's MAR for the previous 8 days on 4/10/26 to identify any additional discrepancies; discrepancies were addressed.

All medication administration staff were re-educated on 4/13/26 by the Director of Resident Services regarding 187b, emphasizing:
-Real-time documentation
-Accurate initials/signatures
-Proper handling and documentation of refused/held/missed doses

A review of current month of MARs for residents on 4/10/26 was conducted by the Director of Resident Services

187b Date/Time of Medication Admin. (continued)

and designees to verify that documentation corresponds with actual administration.

The Director of Resident Services (or designee) will perform MAR audits monthly.

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented ([redacted] - 07/31/2026)

187d - Follow Prescriber's Orders

20. Requirements

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

Description of Violation

Resident 1 is prescribed a sliding scale for insulin coverage 4 times daily as follows: 200 250 2u, 251 300 4u, 301 350 6u, 351 400 8u, greater than 400 10 units and call the physician. On 4/1/2026, Resident 1 had a blood sugar level of 437 at 12:00pm. They were given 10 units, but no contact was made to their doctor as ordered.

Resident 1 is prescribed Metoprolol Succ ER 50mg, take one tablet by mouth twice daily at 8am and 4pm HOLD for SBP less than 100 or HR less than 60. On 4/4/26 at 8am, the residents heart rate is recorded as 59 however the resident received a dose of metoprolol at this time.

Resident 2 is prescribed an order for glucose check to be completed twice daily. On 4/8/2026, Resident 2 did not receive scheduled glucose check at 8:00 am and 8:00 pm.

Resident 4's MAR documents a glucose reading of 130 on 4/8/26, but no corresponding reading was found on their glucometer.

Repeat Violation Date: 3/24/25 et al

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

Resident 1's current month MAR was reviewed by the Director of Resident Services on 4/9/26 for further missed notifications and for Metoprolol hold parameter discrepancies. Orders were clarified and re emphasized regarding notification parameters and hold parameters.

Resident 2's blood glucose monitoring schedule was re established on 4/9/26 at 8am by the on duty Medication Technician.

Resident 4's glucometer records were reviewed on 4/9/26 by the Director of Resident Services.

Vital signs and medication administration practices were reviewed with medication administration staff on 4/13/26 by the Director of Resident Services.

A review of all residents with sliding scale insulin orders, medications with hold parameters and blood glucose monitoring orders was completed on 4/10/26 by the Director of Nursing and designees for proper documentation and compliance with prescriber orders.

187d - Follow Prescriber's Orders (continued)

The Director of Resident Services or designee will conduct audits of insulin administration and sliding scale compliance, medications with hold parameters, blood glucose monitoring completion and documentation monthly to ensure compliance with 187d.

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented (- 07/31/2026)

190a - Completion Medication Course

21. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

On 4/9/2026, Staff Member A was originally certified to administer medications in Staff person did not complete the annual practicum for 2024 or 2025. Staff Member A passed medications to residents of the home on multiple dates including 3/10/26, 3/31/26, 4/8/2026, 4/10/26.

Plan of Correction ***Accept (- 05/19/2026)***

Staff Member A was immediately removed from medication administration duties on 4/8/26 upon identification of the lapse in certification and will not resume medication administration duties until all required training, practicum, and competency testing are successfully completed and documented.

A review of all staff authorized to administer medications was conducted by the Director of Resident Services on 4/8/26 to verify current certification status, including completion of Department-approved medication administration training, completion of required biennial competency testing, and completion of annual practicum requirements. No further discrepancies were noted.

The Director of Resident Services will review medication administration certification records monthly for 3 months, then quarterly thereafter to ensure compliance with 190a.

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented (- 07/31/2026)

191 - Resident Right to Refuse

22. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Residents 1, 3, 7 and 8, have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept (- 05/19/2026)***

Residents 1, 3, 7, and 8 were educated on 4/9/26 by the Executive Director regarding their right to question or

191 - Resident Right to Refuse (continued)

refuse medications if they believe an error may occur. Documentation of this education was completed and placed in each resident's record.

A review of all current residents was conducted on 4/10/26 by the Executive Director and designee to determine if documentation of medication rights education was present. Any residents lacking documentation were provided with education immediately; documentation was completed and filed.

The resident agreement was updated on 4/8/26 by Business Office Administration to include the right to refuse medications if they believe an error may occur.

The Executive Director will review and sign off on all incoming admission files upon signing to ensure compliance with 191.

Licensee's Proposed Overall Completion Date: *05/10/2026*

Implemented (- 07/14/2026)

225c - Additional Assessment

23. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 1's assessment, dated , was not signed by their assessor.

Plan of Correction ***Accept (- 05/19/2026)***

Resident 1's assessment was immediately reviewed on 4/8/26 and signed by the Director of Resident Services upon discovery of the omission.

The Executive Director conducted a review on 4/10/26 of current resident assessments to ensure all required signatures in accordance with regulatory requirements. No further discrepancies noted.

The Director of Resident Services responsible for completing assessments received re-education regarding assessment completion requirements by the Executive Director on 4/10/26.

The Director of Resident Services or designee will conduct monthly audits of resident assessments for a period of three months to ensure ongoing compliance with 225c.

Licensee's Proposed Overall Completion Date: *05/10/2026*

Implemented (- 07/14/2026)

251b - Record Entries Legible

24. Requirements

2600.

251b - Record Entries Legible *(continued)*

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident 5's Lorazepam 1 mg narcotic inventory log has an written over count number listed on 3/2/2026. The number appears to be a 6 written over with a 7 making it illegible.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

The narcotic inventory documentation for Resident 5 was immediately reviewed on 4/9/26 by the Director of Resident Services to verify the correct medication count and ensure accuracy of the controlled substance record.

Licensed staff responsible for medication documentation were re-educated on 4/13/26 on proper documentation standards, including the requirement that all entries in resident records and narcotic inventory logs must be permanent, accurate, legible, dated, and signed.

The Director of Resident Services reviewed current narcotic inventory logs on 4/9/26 to identify any additional illegible or improperly altered entries. No further discrepancies were noted.

The Director of Resident Services or designee will complete audits of narcotic inventory logs monthly to monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: *05/10/2026*

Implemented ([redacted] - 07/14/2026)

252 - Record Content

25. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.

252 Record Content *(continued)*

18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident's 1, 9 and 10's file do not include a photo of the resident taken within the last two years.

Plan of Correction ***Accept (- 05/19/2026)***

Current resident records for Resident 1, Resident 9, and Resident 10 were immediately reviewed and updated photographs were obtained by the Executive Director for each resident and placed in their respective charts on 4/8/26.

The Director of Resident Services conducted a review of all resident records to identify any additional missing or outdated photographs and updated documentation as needed on 4/21/26.

Resident 10 was on hospice services receiving comfort care and passed peacefully on 4/19/26, prior to obtaining new photo.

The Director of Resident Services was re educated by the Executive Director on regulatory requirements related to resident record content, including the requirement that a current photograph (no more than two years old) must be maintained in each resident's file.

The Director of Resident Services or designee will conduct audits of resident records for compliance with photographic documentation requirements monthly.

Licensee's Proposed Overall Completion Date: *05/10/2026*

Implemented (- 07/14/2026)