

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

May 27, 2026

[REDACTED], PRESIDENT/COO  
TITHONUS GREENSBURG LP  
[REDACTED]  
[REDACTED]

RE: NEWHAVEN COURT AT LINDWOOD  
100 FREEDOM WAY  
GREENSBURG, PA, 15601  
LICENSE/COC#: 42936

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2026 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]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *NEWHAVEN COURT AT LINDWOOD* License #: *42936* License Expiration: *06/10/2026*  
 Address: *100 FREEDOM WAY, GREENSBURG, PA 15601*  
 County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *TITHONUS GREENSBURG LP*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/05/1996* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *145* Waking Staff: *109*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *04/13/2026*

**Inspection Dates and Department Representative**

04/13/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *131* Residents Served: *103*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *2nd floor* Capacity: *19* Residents Served: *19*

**Hospice**  
 Current Residents: *15*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *103*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *42* Have Physical Disability: *2*

**Inspections / Reviews**

04/13/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2026*

04/29/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *05/20/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/20/2026*

Inspections / Reviews *(continued)*

05/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 86b - Bathroom

**1. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

*At approximately 11:15 am., the ventilation fan, located in resident #1's private resident bathroom, was not operational. There was no window in the bathroom.*

**Plan of Correction**

Accept [REDACTED] - 04/29/2026)

**Violation Review:** 2600.86.b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Violation Interpretative Statement:** *At approximately 11:15 am, the ventilation fan, located in Resident #1's private resident bathroom, was not operational. There was no window in the bathroom.*

**Description of the Repair of the Immediate Problem:** *Immediately on 4/13/26, the Safety and Maintenance Engineer repaired the exhaust fan in the presence of the surveyor. The Resident, who resides in the apartment, stated that the bathroom exhaust fan must have stopped working between late evening and morning. No other concerns were found during the audit on 4/13/26 by the Safety and Maintenance Engineer and Executive Operations Officer.*

**Detail Action Steps / System Developed to Prevent Future Occurrence:**

**Changing Practice:** *To ensure ongoing compliance with ventilation requirements, the following additional measure will be implemented:*

- *Routine Environmental Rounds: Maintenance staff already conduct scheduled environmental rounds monthly to check the operation of exhaust fans in Resident bathrooms. By May 1st, a documentation log will be added to this task by the Regional Safety and Maintenance Regional to show which apartments were checked.*

**Teaching or Training:**

- *Work Order Process Reinforcement: All Team Members will be educated on promptly reporting any ventilation concerns through the work order system to ensure timely response and resolution during the Team Member Quarterly Meeting on May 14th and May 20th, 2026, by the Executive Operations Officer. Verification of the training will be available and submitted at that time.*

**On-going Monitoring:**

- *Monthly Checks: The Safety and Maintenance Engineer (or designee) will perform monthly checks of all bathroom exhaust fans. Completion will be documented in TELs for verification and apartment locations will be logged.*
- *Leadership Oversight: The Executive Operations Officer will review maintenance logs monthly to ensure compliance and address any trends or concerns.*

**Designated Position Responsible and Target Date for Correction:** *The Safety and Maintenance Department, with oversight by the Executive Operations Officer, is responsible for ensuring ventilation fans are in operable order. The ventilation fan was immediately corrected on April 13, 2026. Immediately and ongoing. Training will take place on May 14th and 20th, 2026.*

Licensee's Proposed Overall Completion Date: 05/20/2026

86b Bathroom (continued)

Implemented ( ) - 05/27/2026

103g Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:52 a.m., there was a clear plastic bag of cookie dough on the left-hand side of the walk in freezer located in the home's main kitchen. The bag was unsealed.

Plan of Correction

Accept ( ) - 04/29/2026

**Violation Review:** 2600.103.g Food shall be stored in closed or sealed containers.

**Violation Interpretative Statement:** At 10:52 am, there was a clear plastic bag of cookie dough on the left-hand side of the walk-in freezer located in the home's main kitchen. The bag was unsealed.

**Description of the Repair of the Immediate Problem:** The identified concern was corrected immediately on 4/13/2026. The Dining Experience Director sealed the unsealed bag of cookie dough in the walk-in freezer in the presence of the surveyor. A full inspection of the pantry, walk-in freezer, and walk-in cooler was conducted on the same day, and no additional concerns were identified.

**Detail Action Steps / System Developed to Prevent Future Occurrence:**

**Changing Practice:** All food items stored in the pantry, walk-in cooler, and walk-in freezer are required to be kept in closed or sealed containers at all times. Opened food items must be immediately transferred to sealed containers or properly resealed after each use. A standardized food storage checklist will be implemented for all storage areas.

**Teaching or Training:** All Dining Services staff were re-educated on proper food storage requirements, including the importance of maintaining sealed containers to ensure food safety and regulatory compliance by the Dining Experience Director on April 15, 2026. Training will include clear expectations for labeling, sealing, and daily inspection of food storage areas. New hires will receive this training during orientation moving forward. Reminders about this policy will be communicated in the monthly department meeting and documented on the minutes for verification by the Dining Experience Director.

**On-going Monitoring:** The Dining Experience Director (or designee) will complete daily inspections of the pantry, walk-in cooler, and walk-in freezer to ensure all food items are properly sealed with the attached form. All inspections and audits will be documented and maintained for review. Any identified issues will be corrected immediately, with real-time coaching provided to staff. Repeat concerns will be addressed through progressive discipline as appropriate.

**Designated Position Responsible and Target Date for Correction:** Dining Experience Director, with oversight by the Executive Operations Officer. April 15th, 2026, immediately and ongoing.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented ( ) - 05/27/2026

## 105g - Lint Removal and Duct Cleaning

**3. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*At approximately 11:05 a.m., there was a layer of lint in the lint trap of the screen the dryer was located in Life Stories Unit.*

**Plan of Correction**

Accept (█) - 04/29/2026)

**Violation Review:** 2600.105.g To reduce the risks of fire hazards, lint shall be removed from the lint traps and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal external ductwork of clothes dryers according to the manufacturer's instructions.

**Violation Interpretative Statement:** *At approximately 11:05 am, there was a layer of lint in the trap of the screen. The dryer was located in the LifeStories Unit.*

**Description of the Repair of the Immediate Problem:** *The identified concern was corrected immediately on 4/13/2026. The Safety and Maintenance Director removed the lint from the dryer lint trap in the LifeStories Unit in the presence of the surveyor. No other concerns were found.*

**Detail Action Steps / System Developed to Prevent Future Occurrence:**

**Changing Practice:** *Lint traps will be cleaned after each dryer use. A dryer use log is available in each laundry area to document lint trap cleaning after every cycle. As a second check, the LifeStories Director (or designee) will check lint traps for compliance.*

**Teaching or Training:** *LifeStories staff responsible for laundry services will be re-educated on:*

- *The requirement to clean lint traps after every use*
- *Fire safety risks associated with lint buildup*
- *Proper documentation of the dryer log*

*Training will be completed by 4/30/2026 by the LifeStories Director and incorporated into new hire orientation moving forward. The LifeStories Director will do a refresher on this regulation in the monthly departmental meetings.*

**On-going Monitoring:** *The Resident Wellness Associates drying the laundry are responsible for cleaning the lint trap and documenting the cleaning after each load. The LifeStories Director (or designee) will review dryer logs once a day as well as check the lint traps to ensure the lint traps are free from lint. Once compliance is met, dryer logs and lint traps will be checked weekly by the LifeStages Director (or designee). The Executive Operations Officer will conduct weekly inspections of all dryers, including lint traps and surrounding areas, to verify compliance. Any non-compliance will be addressed immediately with coaching. Repeated issues will result in progressive discipline per policy.*

**Designated Position Responsible and Target Date for Correction:** *Resident Wellness Associates, the LifeStories Director with oversight by the Executive Operations Officer, by April 30th, 2026, immediately and ongoing.*

## 105g - Lint Removal and Duct Cleaning (continued)

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 05/27/2026)

## 184a - Resident's Meds Labeled

## 4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

*Resident #2 was prescribed Warfarin 5mg give "one capsule by mouth on 5 other days". However, Resident #2's April 2026, Medication Administration record indicates Warfarin 5 mg take one tablet by mouth every Sunday, Tuesday, Wednesday, Thursday, Friday, and Saturday.*

**Plan of Correction**

Accept (█) - 04/29/2026)

**Violation Review:** 2600.184.a. The original container of prescription medications shall be labeled with a pharmacy label that includes the following:

**Violation Interpretative Statement:** *Resident #2 was prescribed Warfarin 5 mg 'one capsule by mouth on 5 other days.' However, Resident #2's April 2026 Medication Administration Record indicates Warfarin 5 mg take one tablet by mouth every Sunday, Tuesday, Wednesday, Thursday, Friday, and Saturday.*

**Description of the Repair of the Immediate Problem:** *Physician's order reads, "7.5 mg on Mondays. 5 mg on other days." Therefore, the 5 mg is to be given on all other days but Mondays—Tuesday, Wednesday, Thursday, Friday, and Saturdays (all days except Mondays, which is the 7.5 mg dosage). The Medication Administration Record reads for the 5 mg of Warfarin, "TAKE ONE TABLET BY MOUTH WEEKLY ON SUNDAYS, TUESDAYS, WEDNESDAYS, THURSDAYS, FRIDAYS AND SATURDAYS -DIAGNOSIS: A-FIB." The Medication Administration Record reads for the 7.5 mg of Warfarin, "TAKE ONE TABLET BY MOUTH WEEKLY ON MONDAYS -DIAGNOSIS: A-FIB." The pharmacy wrote out the days so that there is no confusion on the electronic MAR as to which day the medications are to be administered.*

**Detail Action Steps / System Developed to Prevent Future Occurrence:**

**Changing Practice:** *The physician's order should read what the pharmacy transcribed, which prevents any confusion as to which day(s) the 5 mg and 7.5 mg are to be administered. When the medication shows on the dashboard for the medication associate to administer, it is clear as to what days the medication needs to be administered, as well as which dose. Therefore, the physician was notified to write the days out for the 5 mg dosage to transcribe what the pharmacy wrote. Order is attached for verification.*

**Teaching or Training:** *Training will include review of medication labeling requirements under 2600.184.a and the importance of aligning pharmacy labels with MAR entries by staff who redline. Training will be completed by April 30th, 2026, by the Resident Wellness Director. During monthly medication cart audits, medication labels will be compared to the physician's order to ensure both match. If not, corrective action will occur in real time.*

184a - Resident's Meds Labeled (continued)

**On-going Monitoring:** The Charge Supervisors on afternoon shift and night shift are responsible for redlining medications as they are delivered from the pharmacy. When conducting random monthly medication cart audits, the Resident Wellness Director (or designee) with oversight by the Executive Operations Officer, will also compare the pharmacy label with the physicians' orders to ensure the pharmacy labels match the orders from the physicians. Any discrepancies identified will be addressed immediately with corrective coaching and documentation. This will also ensure the person completing the redlining is redlining the medications correctly before approving in the system. Reminders about this policy will be communicated in the monthly department meeting and documented on the minutes for verification by the Resident Wellness Director to capture new hires designated to complete redlining.

**Designated Position Responsible and Target Date for Correction:** Charge Supervisors on afternoon shift and night shift, Resident Wellness Director (or designee), with oversight by the Executive Operations Officer. April 30th, 2026, immediately and ongoing.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ( ) - 05/27/2026)

187a - Medication Record

5. Requirements

2600.

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

**Description of Violation**

Resident #3 was prescribed midodrine 5 mg take one tablet by mouth twice daily, once at 7:00 a.m., and once at 4:00 p.m. On 4/1/26, Resident #3's medication administration record indicated the medication was administered at 4:00 p.m., to 5:00 p.m. However, the medication was not administered until 10:00 p.m.

**Plan of Correction**

Accept ( ) - 04/29/2026)

**Violation Review:** 2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Violation Interpretative Statement:** Resident #3 was prescribed midodrine 5 mg take one tablet by mouth twice daily, once at 7:00 am and once at 4:00 pm. On 4/1/26, Resident #3's medication administration record indicated the medication was administered at 4:00 pm to 5:00 pm. However, the medication was not administered until 10:00 pm.

**Description of the Repair of the Immediate Problem:** The medication, per the two-hour window, is able to be administered from 3:00 pm to 6:00 pm. The medication was received in the home from the pharmacy at 8:00 pm on 4/1/26. However, the medication associate was unable to redline the order for approval in the system until 10:00 pm that evening, which was the time the medicine was administered.

**Detail Action Steps / System Developed to Prevent Future Occurrence:**

**Changing Practice:** Medications delivered from the pharmacy, particularly during evening hours, must be redlined by the Charge Supervisor promptly upon receipt to avoid any delays in medication administration.

## 187a - Medication Record (continued)

**Teaching or Training:** Based on the violation report, the following training focus areas have been identified:

- **7-Day Reorder Rule:** Medications must be reordered at least 7 days prior to running out to ensure continuity of care.
- **Daily Monitoring of Needed Scripts:** The electronic MAR dashboard must be reviewed daily by 2nd and 3rd shift Charge Supervisors to identify any required prescriptions. This proactive approach helps prevent delays in medication availability, particularly when working with outside physicians. Whenever possible, scripts should be obtained 10–15 days prior to expiration.
- **Accurate Start and End Dates:** Medication start and end dates within the electronic MAR system should be reviewed and adjusted as needed to reflect actual administration timelines, especially for time-sensitive medications such as antibiotics.
- **MAR Alert Accountability:** MAR alerts must be reviewed by each Medication Associate and LPN Charge Supervisor on every shift. A printed screenshot of the dashboard should be signed and dated, then submitted to the Resident Wellness Director before the end of the shift to verify that all medications were available and administered as prescribed.
- **Timely Processing of Deliveries:** Medications delivered from the pharmacy, particularly during evening hours, must be redlined by the Charge Supervisor promptly upon receipt to avoid any delays in administration.
- **Redlining:** Prior to approving, the label and physician's order must match. If not, the medication cannot be approved and the pharmacy will need notified.

The Resident Wellness Director will retrain all Medication Associates and LPN Supervisors by Friday, May 1st, 2026, on the above focus areas. Verification of the training will be uploaded at that time. Reminders about this policy will be communicated in the monthly department meeting and documented in the minutes for verification by the Resident Wellness Director to capture new hires.

**On-going Monitoring:** To ensure ongoing compliance and prevent recurrence, the following monitoring systems will be put in place:

- **Daily Monitoring (7 days/week):**
  - o Review of MAR dashboard printouts for completion, accuracy, and signatures
  - o Verification that medications are available and administered as ordered
  - o Spot checks of medication carts to confirm availability aligns with MAR
- **Weekly Audits:**
  - o Audit of medication re-fills to ensure adherence to the 7-day rule
  - o Review of "needed scripts" log to confirm scripts are obtained within the 10–15 day time frame
  - o Random audit of start and end dates in the electronic MAR system for accuracy
  - o Review of pharmacy delivery logs to confirm timely redlining and reconciliation
- **Performance Tracking:**
  - o Trends will be tracked weekly
  - o Any missed doses, late medications, or unavailable medications will be logged and reviewed for root cause analysis
- **Corrective Action:**
  - o Immediate coaching will be provided for any identified non-compliance
  - o Repeat variances will result in progressive discipline in accordance with company policy
- **Sustainability Plan:**
  - o Monthly refresher education will be provided as needed based on audit findings
  - o Results will be shared during clinical meetings to reinforce expectations and maintain accountability

187a Medication Record (continued)

**Designated Position Responsible and Target Date for Correction:** Resident Wellness Director (or designee), with oversight by the Executive Operations Officer. April 30th, 2026, immediately and ongoing.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 05/27/2026)

187d - Follow Prescriber's Orders

6. Requirements

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

**Description of Violation**

Resident #2 was prescribed Warfarin 5 mg take one tablet by mouth every Sunday, Tuesday, Wednesday, Thursday, Friday, and Saturday. However, the resident was not administered the medication on 4/7/26.

Resident #3. was prescribed midodrine 5 mg take one tablet by mouth twice daily, once at 7:00 a.m., and once at 4:00 p.m. However, the resident was administered the medication on 4/1/26, at approximately 10:00 p.m.

Resident #4 was prescribed Azithromycin 250 mg take one tablet by a mouth once daily for 4 days. The medication was prescribed / ordered on 11/17/25. However, the medications administration did not begin until 11/19/25.

Resident #5 was prescribed Cephalexin 500 mg take one capsule by mouth twice daily for seven days to begin on 4/2/26. However, the medication was administered from 4/3/26, at 7:00 am through 4/8/26 at 4:00 p.m.

Resident #6 was prescribed Quetiapine 25 mg take one tablet by mouth every night at bedtime. However, the resident was not administered this medication on multiple dates to include 4/3/26, through 4/8/26.

Resident #7 was prescribed Midodrine 5 mg take one tablet by mouth twice daily. However, the resident was not administered this medication from 3/31/26, at 7:00 a.m., through 4/1/26, 4:00 p.m. The medication was not available in the home.

**Plan of Correction**

Accept (█) - 04/29/2026)

**Violation Review:** 2600.187.d. The home shall follow the directions of the prescriber.

**Violation Interpretative Statement:**

Resident #2 was prescribed Warfarin 5 mg take one tablet by mouth every Sunday, Tuesday, Wednesday, Thursday, Friday, and Saturday. However, the Resident was not administered the medication on 4/7/26.

Resident #3 was prescribed midodrine 5 mg take one tablet by mouth twice daily, once at 7:00 am and once at 4:00 pm. However, the Resident was administered the medication on 4/1/26, at approximately 10 pm.

Resident #4 was prescribed Azithromycin 250 mg take one tablet by mouth once daily for 4 days. The medication was prescribed/ordered on 11/17/25. However, the medication administration did not begin until 11/19/25.

Resident #5 was prescribed Cephalexin 500 mg take one capsule by mouth twice daily for seven days to begin on 4/2/26. However, the medication was administered from 4/3/26 at 7:00 am through 4/8/26 at 4:00 pm.

**187d - Follow Prescriber's Orders (continued)**

Resident #6 was prescribed Quetiapine 25 mg one tablet by mouth every night at bedtime. However, the resident was not administered the medication on multiple dates, to include 4/3/26 through 4/8/26.

Resident #7 was prescribed Midodrine 5 mg take one tablet by mouth twice daily. However, the Resident was not administered this medication from 3/31/26 at 7 am through 4/1/26 at 4:00 pm. The medication was not available in the home.

**Description of the Repair of the Immediate Problem:**

After reviewing the MAR on 4/23/26 for Warfarin 5 mg and reviewing the MAR from 4/7/26, the medication was administered on 4/7/26 per the prescriber's orders by a medication associate. Please see attached MAR for Resident #2 for verification.

For Resident #3, the medication, per the two-hour window, is able to be administered from 3:00 pm to 6:00 pm. The medication was received in the home from the pharmacy at 8:00 pm on 4/1/26. However, the medication associate was unable to redline the order for approval in the system until 10:00 pm that evening.

For Resident #4, the medication was not received by the home from the pharmacy until 11/19/25, in which the 'start date' should have been pushed to 11/19/25 once the medication was received.

For Resident #5, the Cephalexin 500 mg, the home received the medication from the pharmacy on 4/3/26. However, the 'end date' should have been moved to 4/9/26 (7 days) since it took a day to receive the medication from the pharmacy.

For Resident #6, the Quetiapine 25 mg was due for a new script from the physician. The script was received on 4/8/26.

Resident #3 and Resident #7 are the same Resident. The medication, per the two-hour window, is able to be administered from 3:00 pm to 6:00 pm. The medication was received in the home from the pharmacy at 8:00 pm on 4/1/26. However, the medication associate was unable to redline the order for approval in the system until 10:00 pm that evening.

**Detail Action Steps / System Developed to Prevent Future Occurrence:**

**Changing Practice:** A full med cart audit was completed on April 4th, 2026, through the 7th, by the Executive Operations Officer on all medication carts in the home. The Executive Operations Officer and Resident Wellness Director will complete another full medication cart audit to ensure all medications are available and to ensure the pharmacy labels and physicians' orders match by May 8, 2026. The Resident Wellness Director and Executive Operations Officer will continue to check the electronic MAR reports daily.

**Teaching or Training:** Based on the violation report, the following training focus areas have been identified:

- **7-Day Reorder Rule:** Medications must be reordered at least 7 days prior to running out to ensure continuity of care.
- **Daily Monitoring of Needed Scripts:** The electronic MAR dashboard must be reviewed daily by 2nd and 3rd shift Charge Supervisors to identify any required prescriptions. This proactive approach helps prevent delays in medication availability, particularly when working with outside physicians. Whenever possible, scripts should be obtained 10–15 days prior to expiration.

**187d Follow Prescriber's Orders (continued)**

- *Accurate Start and End Dates:* Medication start and end dates within the electronic MAR system should be reviewed and adjusted as needed to reflect actual administration timelines, especially for time sensitive medications such as antibiotics.
- *MAR Alert Accountability:* MAR alerts must be reviewed by each Medication Associate and LPN Charge Supervisor on every shift. A printed screenshot of the dashboard should be signed and dated, then submitted to the Resident Wellness Director before the end of the shift to verify that all medications were available and administered as prescribed.
- *Timely Processing of Deliveries:* Medications delivered from the pharmacy, particularly during evening hours, must be redlined by the Charge Supervisor promptly upon receipt to avoid any delays in administration.
- *Redlining:* Prior to approving, the label and physician's order must match. If not, the medication cannot be approved and the pharmacy will need notified.

The Resident Wellness Director will retrain all Medication Associates and LPN Supervisors by Friday, May 1st, 2026, on the above focus areas. Verification of the training will be uploaded at that time. Reminders about this policy will be communicated in the monthly department meeting and documented in the minutes for verification by the Resident Wellness Director to capture new hires.

**On-going Monitoring:** To ensure ongoing compliance and prevent recurrence, the following monitoring systems will be put in place:

- *Daily Monitoring (7 days/week):*
  - o Review of MAR dashboard printouts for completion, accuracy, and signatures
  - o Verification that medications are available and administered as ordered
  - o Spot checks of medication carts to confirm availability aligns with MAR
- *Weekly Audits:*
  - o Audit of medication reorders to ensure adherence to the 7 day rule
  - o Review of "needed scripts" log to confirm scripts are obtained within the 10 15 day timeframe
  - o Random audit of start and end dates in the electronic MAR system for accuracy
  - o Review of pharmacy delivery logs to confirm timely redlining and reconciliation
- *Performance Tracking:*
  - o Trends will be tracked weekly
  - o Any missed doses, late medications, or unavailable medications will be logged and reviewed for root cause
- *Corrective Action:*
  - o Immediate coaching will be provided for any identified non compliance
  - o Repeat variances will result in progressive discipline in accordance with company policy
- *Sustainability Plan:*
  - o Monthly refresher education will be provided as needed based on audit findings
  - o Results will be shared during clinical meetings to reinforce expectations and maintain accountability

**Designated Position Responsible and Target Date for Correction:** Resident Wellness Director, Charge Supervisors, Medication Associates, and the Executive Operations Officer. April 30th, 2026, immediately and ongoing.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 05/27/2026