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

July 15, 2026

[redacted], CEO
QUALITY LIFE SERVICES-MERCER, LLC
[redacted]

RE: QUALITY LIFE SERVICES-MERCER
8221 LAMOR ROAD
MERCER, PA, 16137
LICENSE/COC#: 45542

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2026, 04/17/2026 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**: *QUALITY LIFE SERVICES-MERCER* **License #**: *45542* **License Expiration**: *09/01/2026*

**Address**: *8221 LAMOR ROAD, MERCER, PA 16137*

**County**: *MERCER* **Region**: *WESTERN*

## Administrator

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

## Legal Entity

**Name**: *QUALITY LIFE SERVICES-MERCER, LLC*

**Address**: [redacted]

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

## Certificate(s) of Occupancy

**Type**: *C-1* **Date**: *02/04/1997* **Issued By**: *DOH*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *29* **Waking Staff**: *22*

## Inspection Information

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

**Reason**: *Renewal, Incident* **Exit Conference Date**: *04/17/2026*

## Inspection Dates and Department Representative

*04/14/2026 - On-Site*: [redacted]

*04/17/2026 - On-Site*: [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *64* **Residents Served**: *28*

### Special Care Unit

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

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *1* **Are 60 Years of Age or Older**: *28*

**Diagnosed with Mental Illness**: *20* **Diagnosed with Intellectual Disability**: *0*

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

## Inspections / Reviews

### 04/14/2026 Full

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/18/2026*

### 06/09/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *06/29/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/16/2026*

## Inspections / Reviews *(continued)*

**06/29/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/29/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/03/2026*

**07/15/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/29/2026*

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

## 16c Incident reporting

**1. Requirements**

2800.
16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On [redacted] at approximately 2:40 p.m., resident #1 was found on the ground on the landing outside the emergency exit door, holding [redacted] left shoulder complaining of pain and could not move [redacted] left arm. Resident #1 was taken to the hospital and diagnosed with upper end of right arm humorous fracture. However, the home did not report the incident to the department until [redacted] at 11:15 a.m.*

**Plan of Correction** ***Accept ([redacted] - 06/09/2026)***

*1. On 5/15/26 The facility's Incident Reporting Policy was reviewed by The Assisted Living Administrator and Wellness Director to clearly outline the 24-hour reporting requirement to the Department's hotline for all reportable incidents.*

*2. The Wellness Director and relevant staff will receive Education by the Assisted Living Administrator on the importance of recognition of reportable incidents (especially falls with injury), 24-hour reporting requirements, and proper documentation. Training will be completed with sign-in sheets on 5/29/26.*

*3. Any staff discovering a reportable incident must immediately notify the Wellness Director, who will ensure the hotline report is made within 24 hours and properly documented.*

*4. The Wellness Director will be responsible to conduct weekly audits of all incident reports twice a week for the next 4 weeks, 5/29/26-6/29/26 then monthly for 3 months.*

*5. Findings will be reviewed in the monthly Quality Assurance meeting.*

*Person Responsible Assisted Living Administrator/ Wellness Director Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ([redacted] - 07/15/2026)***

## 18 Other laws, regs, ordins.

**2. Requirements**

2800.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**Description of Violation**

*The Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance.*

## 18 Other laws, regs, ordins. (continued)

*On 4/14/26 at 4:56 p.m., 1 gas water heater was 6 feet away from a carbon dioxide detector, 1 gas water heater was 8 feet away from a carbon monoxide detector, and 1 boiler was 12 feet from a carbon monoxide detector in the basement.*

**Plan of Correction** ***Accept ( - 06/09/2026)***

*1. On 4/14/26, The Environmental Services Director immediately removed all improperly placed CO detectors and installed new compliant UL-listed alarms in temporary approved locations.*

*2. The Assisted Living Administrator will educated the Environmental Services Director and maintenance staff on proper CO alarm placement (minimum 15 feet from fossil-fuel appliances). Training will be Completed with sign-in sheets by 5/29/26.*

*3. All CO alarms will be permanently relocated to compliant positions. A full facility-wide audit and updated floor plans showing alarm locations will be completed by The Environmental Services Director. by 6/29/26*

*4. The Environmental Services Director will be responsible to conduct visual inspections once a week for the next four weeks 5/29/26-6/29/26 then monthly to ensure compliance .*

*5. Results will be reviewed in the quarterly Quality Assurance meeting.*

*Person Responsible: Assisted Living Administrator/Environmental Services Director Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***

## 65a Fire Safety-1st day

**3. Requirements**

2800.
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 residence'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**

*Ancillary staff person A, whose first day of work was , did not receive orientation in any of the training topics as indicated in 2800.65(a)(1 - 7) .*

## 65a Fire Safety 1st day *(continued)*

**Plan of Correction** ***Accept ( [redacted] - 06/09/2026)***

*1. On 5/29/26 Ancillary staff person A, The New Employee Orientation Checklist was reviewed and updated to include all required 2800.65(a) fire safety topics By the Environmental Director.*

*2. The Assisted Living Administrator will Educate the Environmental Director the importance of compliance with 65a Fire Safety, first. New Hire are required fire safety orientation on or before their first day of work. Will be completed with sign in sheet by 5/29/26*

*3.The Environmental Director will do a full audit of all current employee files for past 12 months. to verify compliance with 65a Fire Safety, First day. by 5/29/26*

*4. The Environmental Services Director will review all current and new hire orientation records for the twice a week for the next four weeks starting 5/29/26 6/29/26.*

*5. Results will be reviewed in the quarterly Quality Assurance meeting.*

*Person Responsible: Administrator /Environmental Services Director Proposed Overall Completion Date: June 26th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( [redacted] - 07/15/2026)***

## 65e Rights/Abuse 40 Hours

**4. Requirements**

2800.
65.e. 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.
5. Safe management techniques.
6. Core competency training that includes the following:
   i. Person-centered care.
   ii. Communication, problem solving and relationship skills.
   iii. Nutritional support according to resident preference.

**Description of Violation**

*Ancillary staff person A, hired [redacted] did not complete orientation in the following training topics within 40 scheduled working hours:*
*Resident rights*
*Emergency medical plan*
*Reporting of reportable incidents and conditions*
*Safe management techniques*

## 65e Rights/Abuse 40 Hours (continued)

*Core competency training that includes Person centered care*

**Plan of Correction** ***Accept ( - 06/09/2026)***

*1. On 4/18/26, Ancillary Staff Person A completed full make up orientation on all required 2800.65(e) topics. Documentation placed in personnel file.*

*2. Assisted Living Administrator Will Educated Wellness Director on Orientation checklist and the importance of 65e Rights/Abuse 40 hours compliance with clear deadlines. With sign in sheet to be completed by 5/29/26*

*3. The Wellness Director will review the Ancillary staff hired in past 12 months to ensure complete up to date accuracy on staff records. by 6/29/26*

*4. The Wellness Director will review of Current and new hire records for two times a week for the next four weeks starting 5/29/26 6/29/26 then quarterly audits will be done to ensure compliance.*

*5. Results will be reviewed in the quarterly Quality Assurance meeting.*

*Person Responsible: Assisted Living Administrator / Wellness Director Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***

## 65i Training topics

**5. Requirements**

2800.
65.i. 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.
3. Care for residents with dementia, cognitive and neurological impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Assisted living service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

**Description of Violation**

*Direct care staff person B, hired did not receive training in the following training topics during the 1/1/25 to 12/31/25 annual training year:*

** Medication self administration training*

** Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan*

** Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence*

## 65i Training topics *(continued)*

**Plan of Correction** ***Accept ( [redacted] - 06/09/2026)***

*1. On 5/18/26, Staff Person B completed full make-up training on all deficient 2800.65(i) topics provided by the Wellness Director.*

*2. The Assisted Living Administrator will educate the Wellness Director on the importance to compliance with the 65i- Training topics will be completed with a sign sheet by 5/29/26*

*3. Full audit of 2025 direct care staff training records to be completed by the Wellness Director to ensure accuracy in staffs records. by 6/26/26*

*4. The Wellness Director will due a audit once a week four weeks, starting 5/29/26- 6/29/26 then monthly to ensure compliance with 65i Training Topics.*

*5. Results will be reviewed in the quarterly Quality Assurance meeting.*

*Person Responsible: Wellness Director/Assisted Living Administrator Proposed Overall Completion Date: June29, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( [redacted] - 07/15/2026)***

## 85a Sanitary conditions

**7. Requirements**

2800.
85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 4/14/26 at 10:15 a.m., a black, soiled rag and an accumulation of dirt and debris were along the interior edges of the shelves in the storage cabinet under the sink in the dining room.*

**Plan of Correction** ***Accept ( [redacted] - 06/09/2026)***

*1. On 4/17/26, the soiled rag was removed and the entire under-sink storage cabinet was thoroughly cleaned and sanitized by housekeeping and inspected by Assisted Living Administrator/Environmental Services Director.*

*2. Assisted Living Administrator will educated the Environmental Director and, all housekeeping staff on proper sanitary storage practices on the importance of Sanitary Conditions and compliance with 85a- Sanitary Conditions. By 5/29/26 with sign-in sheet.*

*3. Environmental Director will check all other storage cabinets Weekly to ensure compliance with 85a- Sanitary Conditions. Also monitor housekeeping responsibilities are meeting up to standards.*

*4. The Environmental Services Director will created audit tool. Weekly audits twice a week for 4 weeks Stating 5/29/26-6/29/26 then once weekly after.*

## 85a Sanitary conditions (continued)

*5. QAPI: Audit results reviewed in monthly QAPI meeting.*

*Person Responsible: Assisted Living Administrator/Environmental Services Director / Housekeeping / Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***

## 105g Dryer lint removal

**8. Requirements**

2800.
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**

*On 4/14/25 at 11:15 a.m., there was an approximate 6" x 18" area of lint buildup on the floor behind the main dryer in the laundry room.*

**Plan of Correction** ***Accept ( - 06/09/2026)***

*1. On 4/17/26, all lint buildup was removed and dryer areas thoroughly cleaned by housekeeping and inspected by the Environmental Services Director.*

*2. The Assisted Living Administrator will educate the environmental Services Director and housekeeping Staff on proper lint removal and fire prevention. Also ensure the importance of compliance with 105g-Dryer Lint Removal. By 5/29/26 with sign-in Sheets.*

*3. Daily lint trap cleaning and weekly deep cleaning schedule implemented by the environmental services director on 5/29/26.*

*4. Dryer Lint Cleaning Log posted in the Assisted Living Residence laundry room. Inspections by Environmental Services Director twice a week for four weeks. Starting 5/29/26- 6/29/26 then weekly after to maintain 85a sanitary conditions compliance.*

*5. QAPI: Audit results reviewed in monthly QAPI meeting.*

*Person Responsible: Assisted Living Administrator/Environmental Services Director/ Housekeeping Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***

## 121a Unobstructed egress

**9. Requirements**

## 121a Unobstructed egress *(continued)*

2800.
121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

**Description of Violation**

*On 4/14/26 at 12:47 p.m., 4 wheelchairs and a rollator were blocking the emergency exit door in the back side of the basement.*

**Plan of Correction** ***Accept ( - 06/09/2026)***

*1. All mobility equipment blocking egress paths the emergency exit door in the back side of the basement was moved to designated storage area on 4/14/26 by The environmental Services director and housekeeping.*

*2. Assisted living Administrator will Educate the Environmental Services Director and housekeeping staff on keeping exits clear 24/7 also the importance of compliance with 121a-Unobstructed egress. By 5/29/26 with sign-in Sheets.*

*3. The environmental Services Director will Designate storage areas identified and signage posted to prevent future occurrences.*

*4. Daily checks by Environmental Services Director for four weeks, Starting 5/29/26- 6/29/26 then weekly.*

*5. QAPI: Audit results reviewed in monthly QAPI meeting.*

*Person Responsible: Assisted Living Administrator/Environmental Services Director Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***

## 132b Safety inspection/fire drill

**10. Requirements**

2800.
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.

**Description of Violation**

*The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 7/10/25. The prior fire safety inspection and fire drill conducted by a fire safety expert was completed on 2/9/2024.*

**Plan of Correction** ***Accept ( - 06/09/2026)***

*1. Annual fire safety drill completed on May 5, 2026 with qualified expert. The Mercer County Fire Chef. An anticipated schedule for the fire safety inspection for June 14th, 2026 with Inspections.*

*2. Assisted Living Administrator will educated the Environmental Services Director on the importance of compliance with 132b- Safety Inspection/Fire Drill annual requirements. By 5/29/26 With sign-in sheets.*

## 132b Safety inspection/fire drill (continued)

*3. Annual Fire Safety Schedule will be created with 60-day advance reminders by the environmental services director to maintain accuracy and compliance with 132b- Safety inspection/fire drill.*

*4. Quarterly audit reviews to be completed by Environmental Services Director. stating on 5/29/26-8/29/26 with continuation there after.*

*5. QAPI: Audit results reviewed in monthly QAPI meeting.*

*Person Responsible: Assisted Living Administrator and Environmental Services Director Proposed Overall Completion Date: August 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *08/29/2026*

***Implemented ([redacted] - 07/15/2026)***

## 132c Fire drill records

**11. Requirements**

2800.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The fire drill record for the drill conducted on 3/3/26 at 3:04 p.m. indicates 35 residents were in the residence at the time the alarm was sounded, and 35 residents evacuated. However, only 28 residents were present and evacuated.*

**Plan of Correction** ***Accept ([redacted] - 06/09/2026)***

*1. Fire drill record for 3/3/26 was corrected on 4/14/26 By the Environmental Services Director to indicate the accurate number of residents (28) that were present and evacuated.*

*2. Assisted Living Administrator will Educate the Environmental Services Director on accurate documentation and the importance on compliance with 132c- Fire Drills Records. With sign-in Sheets. By 5/29/26*

*3. The environmental Services Director to complete Standardized checklist implemented by the Assisted Living Administrator for all future drills.*

*4. The Environmental Services Director to do audit review once a week for four weeks starting 5/29/26-6/29/26, then quarterly and annual audits.*

*5. QAPI: Audit results reviewed in monthly QAPI meeting.*

*Person Responsible: Assisted Living Administrator/Environmental Services Director Proposed Overall Completion Date: June 29th 2026*

*132c Fire drill records (continued)*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***

141b1 Annual medical evaluation

**12. Requirements**

2800.
141.b. A resident shall have a medical evaluation:
1. At least annually.

**Description of Violation**

*Resident #1's most recent medical evaluation was completed on*

*Resident #2's most recent medical evaluation was completed on*

*Resident #3's current medical evaluation was completed on however, the resident's previous medical evaluation was completed on*

**Plan of Correction** ***Accept ( - 06/29/2026)***

*1. The registered nurse practitioner has completed in person Medical evaluations scheduled for overdue residents, Resident #1 on 5/19/26, Resident #2 on 5/19/26 and Resident #3 on 3/20/26*

*2. The Assisted Living Administrator will educate the Wellness Director on the importance of timely scheduling and compliance with 141b1-Annual Medical Evaluation. With sign-in Sheet. By 5/29/26.*

*3. The Wellness Director will create a Tracking calendar for all residents to ensure Medical Evaluations are completed in a timely manner. on 5/29/26*

*4. The Wellness Director will do a Full audit of all residents in Assisted Living Residents once a week for 4 weeks Starting 5/29/26-6/29/26, then quarterly.*

*5. QAPI: Audit results reviewed in monthly QAPI meeting.*

*Person Responsible: Assisted Living Administrator/ Wellness Director Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***

183d Current medications

**13. Requirements**

2800.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

## 183d Current medications *(continued)*

**Description of Violation**

*Multiple vials of Ipratropium Bromide/Albuterol 0.5mg/ 3mg prescribed for resident #1 were in the residence's medication cart; however, the medication was discontinued on 2/16/26.*

*A container of Polyethylene Glycol prescribed for resident #1 was in the residence's medication cart; however, the medication was discontinued on 2/28/26.*

**Plan of Correction** ***Accept ( - 06/09/2026)***

*1. On 4/14/26 The Wellness Director immediately removed All discontinued medications for resident #1 and properly disposed.*

*2. The Wellness Director will educate all Med-Techs staff on Medication on same-day removal of discontinued meds and the importance of compliance with 183d-Current medications by 5/29/26 with sign in sheets.*

*3. A Standardized review process will be implemented after every order change by the Wellness director on 5/29/26.*

*4. The Wellness Director will do once a week cart audits for 4 weeks, Starting 5/29/26-6/29/26.*

*5. results reviewed in monthly QAPI meeting.*

*Person Responsible: Assisted Living Administrator/Wellness Director and Assisted Living Administrator Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***

## 187d Follow prescriber's orders

**14. Requirements**

2800.
187.d. The residence shall follow the directions of the prescriber.

**Description of Violation**

*Resident #3 is prescribed Lotrel Capsule 5-40mg, give 1 capsule by mouth at bedtime. However, on 4/4/26 and 4/5/26 this medication was not administered to resident #3 because the medication was not available in the residence. Repeat Violation: 8/21/25*

**Plan of Correction** ***Accept ( - 06/09/2026)***

*1. Missing prescribed medication (Lotrel Capsule 5-40mg) on resident #3 obtained and administered on 4/14/26.*

*2. The Wellness Director will re-educate Med-Techs on timely ordering and following prescriber orders and the importance of compliance with 187d-Follow Prescribers' Orders with sign in Sheets. 5/29/26.*

## *187d Follow prescriber's orders (continued)*

*3. Daily supply audit and backup pharmacy protocol implemented by the Wellness director on 5/29/26.*

*4. The Wellness Director will do once a week audits with Med Techs for four weeks, starting 5/29/26 6/29/26 to ensure compliance, any missing medications found by the wellness Director will result in continued education with compliance with 187d Follow Prescriber's' Orders and or disciplinary actions will follow.*

*5. QAPI: Audit results reviewed in monthly QAPI meeting.*

*Person Responsible: The Assisted Living Administrator, Wellness Director/ Med Techs Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ([redacted] - 07/15/2026)***

## 227c Final support plan - revision

**15. Requirements**

2800.
227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

**Description of Violation**

*Resident #2's support plan was not reviewed on a quarterly basis from 2/28/25 to 4/16/26.*

*Resident #3's support plan was not reviewed on a quarterly basis from 5/4/25 to 4/16/26.*

**Plan of Correction** ***Accept ([redacted] - 06/09/2026)***

*1. On 5/18/26 Support plans for Residents #2 and #3 reviewed and updated. of all plans completed by the Wellness Director.*

*2. The Assisted Living Administrator will educated the Wellness Director on quarterly review requirements with compliance 227c Final Support Plan in a timely manner with sign in sheet. by 5/29/26.*

*3. The Wellness Director will Strengthened tracking system with a log sheet for Current and future Assisted Living Residents quarterly reviews. by 6/29/26.*

*4. The Wellness Director will do audits once a week for four weeks starting 5/29/26 6/29/26 Immediate corrections for any deficiencies found then monthly checks for continuation of compliance.*

*5. QAPI: Audit results reviewed in monthly QAPI meeting.*

*Person Responsible: Assisted Living Administrator and Wellness Director Proposed Overall Completion Date: June 29th, 2026*

## *227c Final support plan - revision (continued)*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***

## 227g Support plan - signatures

**16. Requirements**

2800.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*Resident #1's support plan, dated was not signed or dated by the assessor and the resident's signature was not dated.*

**Plan of Correction** ***Accept ( - 06/09/2026)***

*1. On 5/18/26 Support plan for resident #1 was reviewed and fully signed and dated by resident/representative and The Wellness Director.*

*2. The Assisted Living Administrator will re-educate on the importance of Support plan-signatures and dates with compliance 227g Support plan-signatures. by 5/29/26 with sign-in sheet.*

*3. The Wellness director will review all current Assisted Living Residents support plan-signature to ensure they are signed and dated by the resident/representative and Wellness director. by 6/29/26*

*4. The Wellness Director will do a full audit on Assisted Living Residents once a week for four week Starting 5/29/26-6/29/26. then monthly for continuation of accuracy on the residents support plan-signatures.*

*5. QAPI: Audit results reviewed in monthly QAPI meeting.*

*Person Responsible: Assisted Living Administrator/ Wellness Director Proposed Overall Completion Date: June 29th, 2026*

**Licensee's Proposed Overall Completion Date:** *06/29/2026*

***Implemented ( - 07/15/2026)***