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

June 23, 2026

[redacted] OWNER/ADMINISTRATOR
CHESTNUT MANOR LLC
4926 CHESTNUT STREET
PHILADELPHIA, PA, 19139

RE: CHESTNUT MANOR
4926 CHESTNUT STREET
PHILADELPHIA, PA, 19139
LICENSE/COC#: 10188

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2026 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**: *CHESTNUT MANOR* **License #**: *10188* **License Expiration**: *01/24/2027*

**Address**: *4926 CHESTNUT STREET, PHILADELPHIA, PA 19139*

**County**: *PHILADELPHIA* **Region**: *SOUTHEAST*

## Administrator

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

## Legal Entity

**Name**: *CHESTNUT MANOR LLC*

**Address**: *4926 CHESTNUT STREET, PHILADELPHIA, PA, 19139*

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

## Certificate(s) of Occupancy

**Type**: *Other* **Date**: *05/06/2011* **Issued By**: *City of Philadelphia L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *12* **Waking Staff**: *9*

## Inspection Information

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

**Reason**: *Renewal, Complaint* **Exit Conference Date**: *04/20/2026*

## Inspection Dates and Department Representative

*04/20/2026 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *13* **Residents Served**: *12*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *12* **Are 60 Years of Age or Older**: *9*

**Diagnosed with Mental Illness**: *12* **Diagnosed with Intellectual Disability**: *0*

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

# Inspections / Reviews

### 04/20/2026 Full

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/17/2026*

### 05/20/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *06/05/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/25/2026*

## Inspections / Reviews *(continued)*

**05/29/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/05/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/05/2026*

**06/23/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/05/2026*

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

## 16c - Written Incident Report

**1. Requirements**

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

**Description of Violation**

*Resident 1 verbally abused and threatened another resident within the home some time in February or March of 2026; however, the incident was not documented by the home and no date was recorded for the incident. The home did not report this incident to the Department.*

**Plan of Correction** ***Accept ( [redacted] - 05/29/2026)***

*As of 4/20/2026 (and on an ongoing basis), as it incidents become knowledgeable, the Administrator will act in a timely manor to record and report all specific incidents or conditions to the appropriate Department Agency or the Personal Care Home Hotline within 24 hours (which is the manor designated by the Department).*

*All staff training has been completed as of 5/21/2026 and was provided by the Administrator. This training covered the topic 2600.15 which covers abuse reporting covered by law and 2600.16b which covers reportable incidents and conditions.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ( [redacted] - 06/23/2026)***

## 18 - Compliance With Laws

**2. Requirements**

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**Description of Violation**

*According to the CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016, Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On 4/20/26, there are two carbon monoxide detectors were present in the basement of the home. One is plugged into an outlet which is mounted on the homes gas boiler and a second is mounted on a wall located directly across a narrow walkway near the boiler. Both devices are within 15 ft of the boiler, and there are no additional carbon monoxide detectors present beyond 15ft of the boiler. Additionally, in the kitchen, a carbon monoxide detector was located within 15 feet of the gas burning stove.*

**Plan of Correction** ***Accept ( [redacted] - 05/29/2026)***

*On 4/20/2026 immediate action was taken by the Administrator to relocate the carbon monoxide alarm/monitor that was directly on the boiler, to the living room which would result in it being in proximity of or beyond 15 feet of the boiler (according to the Alarm Standards Act). To prevent this from reoccurring, the carbon monoxide alarms will be monitored on a daily basis, by staff, to ensure that they are not moved.*

*Additionally starting 5/21/26, all devices will be monitored by the Administrator on a monthly ongoing basis for placement and functionality.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ( [redacted] - 06/23/2026)***

## 44g - Telephone Number

**3. Requirements**

2600.
44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

**Description of Violation**

*The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline, are not posted in a conspicuous and public place in the home.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*On 4/21/2026, all the required Department telephone numbers have been reposted in a conspicuous and public space in the home by the Administrator. To prevent this from occurring in the future, starting on 5/21/2026, all staff will physically monitor the area (on a daily basis) to ensure compliance and that the numbers are still posted and visible.*

*Additionally starting on 5/21/2026, on a monthly on-going basis, the Administrator will also personally monitor the posting area to ensure posting remains compliant.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 54a - Direct Care Staff

**4. Requirements**

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Description of Violation**

*Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*As of 4/22/26, the staff person referenced has been replaced with another qualified staff member after being informed that the above-mentioned staff (A) would be [redacted], and not knowing if and when [redacted] will be returning.*

*As of 5/21/2026, all staff files have been reviewed by the Administrator to ensure that all staff have the proper qualifications and documents on file.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 65a - FS Orientation 1st Day

**5. Requirements**

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

*Staff person A, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*As of 4/22/26, the staff person referenced has been replaced with another qualified staff member after being informed that the above-mentioned staff (A) would be [redacted] and not knowing if and when [redacted] will be returning.*

*As of 5/21/2026, all staff files have been reviewed by the Administrator to ensure that active staff have the initial and annual documentation on file.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 65f - Training Topics

**6. Requirements**

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive 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. Personal care 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 home.

**Description of Violation**

*Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and*

## 65f - Training Topics (continued)

*support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques , care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2025.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*Direct Care Staff Member B did have the training in medication self-administration but did not have the other referenced trainings. Direct Care Staff Member B is presently in the process of receiving the other above-mentioned trainings. To prevent future reoccurrence of this violation, Administrator will monitor training logs in an effort to be aware of training expiration dates as to implement a training plan prior to their expiration.*

*As of 5/21/2026 all staff files have been reviewed by the Administrator to ensure that all staff have the correct training documentation on file. Staff training will be monitored on a on-going monthly basis.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 85a - Sanitary Conditions

**7. Requirements**

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

**Description of Violation**

*In the second-floor middle bedroom, a white bucket containing a yellow liquid, which appeared to be urine, was observed on the floor next to a chest of drawers. The resident reported that they frequently urinate into the bucket when someone else is in the nearby bathroom.*

*In the same room, a white chest of drawers was observed to be in an unclean condition, with black drips, smudges, and other debris present on the top surface, front of the drawers, and along the sides.*

*In the third-floor bathroom, there was no method of sanitary hand drying. There were no paper towels and the electric hand dryer was inoperable.*

*In the food storage area of the main kitchen, there was an unsealed bag of flour present on one of the shelves. There was flour spilled on the nearby shelf and other containers and cans, as well as spilled dried herbs and spices on the shelves and floor.*

*In the common area/dining room, a table holding an orange water cooler was observed. Beneath the table was a black bucket containing standing water that appeared cloudy and contained visible sediment.*

**Plan of Correction** ***Accept ([redacted] - 05/20/2026)***

*A: On 4/20/2026 the bucket that was found in the second floor middle bedroom with the liquid inside, was discarded immediately by the staff member. Afterwards, the staff member spoke with the resident and [redacted] agreed to use other bathrooms in the home if the nearby bathroom is occupied.*

## 85a - Sanitary Conditions (continued)

*B: The white dresser in the above-mentioned room, that was damaged by the Resident, was repaired, sanded and repainted by maintenance personnel.*
*C: On 4/20/2026, the paper towel was immediately replaced in the third floor bathroom by staff member (was previously removed by resident).*
*D: On 4/20/2026, the above-mentioned bag of flour was placed in a sealed storage container. The above-mentioned spices and herbs were placed in a sealed plastic container by the staff member and the area was cleaned.*
*E: On 4/20/2026, the bucket catching the dripping water from the water cooler was emptied, cleaned and sanitized by the staff member.*
*To prevent these violations from occurring in the future, on 4/21/2026, a staff training/meeting was conducted by the Administrator in regard to sanitization and cleanliness. Also, a daily inspection will be conducted by the Administrator to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** *05/17/2026*

***Implemented ([redacted] - 06/23/2026)***

## 85e - Trash Outside Home

**8. Requirements**

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On the patio level beneath the exterior deck, four clear plastic bags containing bottles and cans were observed. These items were not stored in covered bins or appropriate refuse containers.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*Immediate action was taken on 4/21/2026 and all bottles and cans were removed from beneath the deck and are now placed in covered bins for recycling. To prevent this violation from reoccurring, all staff members were instructed by the Administrator regarding the proper storage of all debris including recyclable materials, sanitization and cleanliness. The Administrator will monitor the area daily for compliance on an ongoing basis.*

*Staff training occurred on 4/21/2026.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 87 - Lighting

**9. Requirements**

2600.
87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

**Description of Violation**

*The main stairway leading from the living room to the second floor was poorly illuminated, making it difficult to clearly see the dark wooden steps while ascending and descending the stairs.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*On 4/26/26, the maintenance personnel started the installation of a new stairway light to give additional*

## 87 - Lighting (continued)

*illumination while ascending and descending the stairs. Also, on 4/20/26, all other areas in the home were checked by the Administrator for sufficient illumination.*

*A weekly checklist will be utilized by staff to ensure all lights are properly working.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 88a - Surfaces

**10. 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**

*In the second-floor bathroom, the ceiling light fixture was missing both a cover and a lightbulb.*

**Plan of Correction** ***Accept ([redacted] - 05/20/2026)***

*On 4/22/2026, maintenance personnel installed a new light fixture in the second floor bathroom that included a cover. To prevent this from reoccurring, on 4/20/26, all staff members were instructed by the Administrator to report (to Administrator) any lighting defects or issues that are observed while completing their daily inspections. The Administrator will double check these area daily (on an on-going basis) for compliance.*

**Licensee's Proposed Overall Completion Date:** *05/17/2026*

***Implemented ([redacted] - 06/23/2026)***

## 92 - Windows

**11. Requirements**

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

*In the second-floor bathroom, the window was open and did not have a screen installed. The vestibule directly inside the front entrance had several window screens that were torn in places or had holes.*

*There is a missing pane of glass in the interior front door. The opening has been covered with a sheet of plastic.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*On 4/22/2026, the maintenance personnel replaced the missing screen in the window in the second floor bathroom as well as the screen in the vestibule front entrance. To prevent this from reoccurring, on 4/20/26, all staff members were instructed by the Administrator to report (to Administrator) any damages or missing screens that are observed while completing their daily inspections. The Administrator will double check these area daily (on an on-going basis) for compliance.*

*On 4/22/2026, the maintenance personnel did install the missing door glass in the vestibule.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 95 - Furniture and Equipment

**12. Requirements**

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*In the basement freezer, there was a significant accumulation of ice inside the unit. Additionally, the freezer door did not remain closed and was being held shut with a five-gallon bucket placed against it.*

**Plan of Correction** ***Accept ( [redacted] - 05/29/2026)***

*Immediate action was taken on 4/20/26 and the basement freezer was defrosted and was leveled so that the freezer door is able to stay closed on its own. To prevent this from reoccurring in the future, on 4/20/26 all staff were instructed by the Administrator to check and report any malfunctions or hazardous conditions to the Administrator.*

*On 5/21/2026, the Administrator created a weekly checklist to audit all areas of the home to ensure all furniture and equipment is functioning properly.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ( [redacted] - 06/23/2026)***

## 101j3 - Bed/Linens/Pillows/Blankets

**13. Requirements**

2600.
101.j. Each resident shall have the following in the bedroom:
3. Pillows, bed linens and blankets that are clean and in good repair.

**Description of Violation**

*In the third-floor front bedroom, the bed linens were soiled in multiple areas, exhibiting light brown, rust-colored staining. Additionally, a blue towel positioned near the upper middle portion of the bed appeared to be soiled. Two of the beds were missing comforters and/or sheets.*

*Repeated Violation- 5/8/25*

**Plan of Correction** ***Accept ( [redacted] - 05/29/2026)***

*In the early morning of 4/20/2026, staff member was preparing to do their daily room checks which include cleaning the bedrooms, dusting and changing bed linens. At this time, the staff member had to stop to assist the DHS inspector which in turn prevented them from continuing to complete their daily duties. All beds are made up up after the Resident leaves their rooms (which is normal protocol). I am asking that this violation be rescinded as we were in the process of addressing the rooms at the time of the inspection.*

*On 5/21/2026 an all staff training was conducted by the Administrator regarding housekeeping. Starting on 5/21/2026, and moving forward, a daily checklist was created for bedrooms to be monitored by the Administrator for compliance.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ( [redacted] - 06/23/2026)***

## 101j7 - Lighting/Operable Lamp

**14. Requirements**

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident 1 did not have access to a source of light that can be turned on/off at bedside.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*Resident 1 had broken the table lamp that is normally at [redacted] bedside. To prevent this from reoccurring, on 4/26/26, maintenance personnel started the installation of a new permanent bedside wall lamp that can be turned on and off by the Resident.*

*Resident 1 bedside lamp was intalled on 4/26/26. A weekly audit will be conducted of all the areas of the home to ensure that all residents have proper bedside working lighting/lamps.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 101o - Walls, Floors, Ceilings

**15. Requirements**

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

**Description of Violation**

*In the third-floor rear bedroom, a section of vinyl flooring at the room's entrance, was torn away and missing. The section measured approximately 4in x 8in.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*On 4/21/26, the floor in the third floor bedroom has been patched up by maintenance personnel. To prevent this from reoccurring in the future, all flooring in the building will be checked on an ongoing basis by the Administrator for compliance.*

*Floor checks will be completed daily during routine bedroom and building checks.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 102h - Toilet Paper

**16. Requirements**

2600.
102.h. Toilet paper shall be provided for every toilet.

**Description of Violation**

*In the 3rd floor bathroom, there was no toilet paper available for use.*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*Previously, each Resident was getting their own toilet tissue roll due to toilet tissue going missing if left in the bathroom. On 4/20/26, toilet tissue has been placed back in all 3 bathrooms by staff. To prevent this violation from*

## 102h Toilet Paper (continued)

*reoccurring, maintenance personnel is in the process of installing new locked toilet paper holders in each bathroom (to ensure compliance).*

*On 5/19/2026, tiolet paper locking devices were installed in all bathrooms. A daily checklist was created by the Administrator to monitor ongoing compliance.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 103g - Storing Food

**17. Requirements**

2600.
103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*In the kitchen area, an opened, unsealed, bag of animal crackers was observed on the second shelf. Additionally, an unsealed bag of frozen peaches was observed in the chest freezer.*

*Repeated Violation 5/8/25*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*On 4/20/26, the above mentioned items were removed from the shelf and freezer by the Administrator. After an investigation, it was brought to the Administrators attention that the above mentioned unsealed bag of animal crackers and frozen peaches were personal snacks placed on the shelf and in the freezer by a Resident, unbeknownst to staff. To prevent this from reoccurring in the future, Residents were instructed that they are not to place any personal snacks onto the shelf or in the freezer without notifying staff.*

*A daily checklist was created by the Administrator to ensure ongoing compliance for all food storage areas, refrigerators, freezers, proper labeling and storage of food iteams.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 103i - Outdated Food

**18. Requirements**

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*In the kitchen area, a yogurt container partially filled with dried rice was observed without a label or date. Additionally, the chest freezer contained several unlabeled and undated bags of frozen meatballs, as well as a bag of an unidentified brown substance that appeared to be vegetable stew.*

**Plan of Correction** ***Accept ([redacted] - 05/20/2026)***

*As of 4/21/26, all of the above mentioned food items (the rice, meatballs and stew) were dated and labeled appropriately and placed in their respective places. To prevent this violation from reoccurring in the future, all staff have been reeducated/retrained on the appropriate manner of storing food in the refrigerator and freezer and Administrator will monitor daily for compliance.*

## 103i - Outdated Food *(continued)*

**Licensee's Proposed Overall Completion Date:** *05/17/2026*

***Implemented ([redacted] - 06/23/2026)***

## 107b - Emergency Procedures

**19. Requirements**

2600.
107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

**Description of Violation**

*The home's written emergency procedures do not include contact information for each resident's designated person, the home's plan to provide the emergency medical information for each resident that ensures confidentiality, and means of transportation in the event that relocation is required .*

**Plan of Correction** ***Accept ([redacted] - 05/29/2026)***

*The home emergency procedure plan is presently in the process of being updated to include contact information for each resident's designated person, the home's plan to provide emergency medical information for each resident that ensures confidentiality and means of transportation in the event that relocation is required.*

*As of 5/25/2026, the updated emergency procedure plan was submitted to the Office of Emergency Management which included the methods that staff would take, in an emergency, to ensure that all Resident's designated contact persons' contact information is obtained, the plan to provide the medical information for each Resident and information regarding means of transportation in the event that a relocation is required.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***

## 121a - Unobstructed Egress

**20. Requirements**

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

**Description of Violation**

*The back stairwell door in the kitchen leading from the second floor to the kitchen was obstructed by a large gray trash can. The door could not fully open unless the trash can was completely moved.*

*Inside the same stairwell, several bags, mops, and brooms were stored at the base of the stairs. These items obstructed a significant portion of the landing floor space, creating a tripping hazard and impeding egress.*

## 121a - Unobstructed Egress *(continued)*

**Plan of Correction** ***Accept ( [redacted] - 05/29/2026)***

*Immediate action was taken on 4/20/26 and the trash can that was behind the door, along with all the other items that were at the bottom of the landing stairs, were removed by the Administrator. All staff were informed and instructed to keep the above-mentioned area clear at all times to prevent reoccurrence of this violation.*

*A daily checklist was created by the Administrator for the monitoring of all the exit areas by staff member on duty (to ensure that they are free and clear of any obstructions). Secondly, the Administrator will also on a daily basis, monitor the exit areas to ensure ongoing compliance in being met.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ( [redacted] - 06/23/2026)***

## 123b - Emergency Procedures Posted

**21. Requirements**

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

*The home's emergency procedures are not posted in a conspicuous and public place in the home.*

**Plan of Correction** ***Accept ( [redacted] - 05/20/2026)***

*On 4/23/2026, a copy of the current Home Emergency Procedures were posted by the Administrator in a conspicuous and public place. Once the Home Emergency Procedures are updated with required information, the current procedures will be replaced and the new procedures will be posted. To be in continued compliance with this regulation, all staff and the Administrator will monitor the area where procedures are posted on an ongoing basis.*

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

***Implemented ( [redacted] - 06/23/2026)***

## 127a - Portable Space Heaters

**22. Requirements**

2600.
127.a. Portable space heaters are prohibited.

**Description of Violation**

*Two portable space heaters were present in the basement.*

**Plan of Correction** ***Accept ( [redacted] - 05/29/2026)***

*On 4/20/26, the two portable space heaters were removed and taken off the property by the Administrator. To prevent this from reoccurring in the future, all staff were informed of the possible dangers of the space heaters starting a fire that a Resident could be impacted by.*

*A weekly routine inspection will be conducted by the Administrator throughout the home. This requirement was added to the weekly checklist to ensure ongoing compliance.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ( [redacted] - 06/23/2026)***

## 181f - Record of Medication

**23. 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**

*Resident 2 reported taking melatonin nightly, which is stored in their room. This medication is not listed on the resident's current list of medications.*

**Plan of Correction** ***Accept ( - 05/29/2026)***

*Resident 2 did not inform the home upon admission that was taking other over the counter medications. After speaking with the Resident, said that was taking the Melatonin as needed prior to admitting to the Home. After becoming aware of this on 4/20/26, the medication is now documented on the Resident's medication record. To prevent this from reoccurring in the future, both incoming and current Resident's will be asked to disclose if they have any other medications in their possession or are taking any over the counter medications so that the Administrator can take appropriate action.*

*On 5/21/2026, the Resident's Physician was notified that the Resident was taking Melatonin. The resident was instructed by the Physician that could continue to take the Melatonin. To ensure ongoing compliance, all staff have been trained on what to look for and report regarding medications during their daily room checks.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ( - 06/23/2026)***

## 187a - Medication Record

**24. 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 1 is prescribed nitroglycerin tablets; however, this medication is not documented on the resident's Medication Administration Record.*

**Plan of Correction** ***Accept ( - 05/29/2026)***

*As of 4/20/26 Resident 1's Nitroglycerin tablet is now documented on the Resident's medication administration*

*187a - Medication Record (continued)*

*record by the med tech. To prevent this violation from reoccurring, starting 4/20/26, the Administrator will inquire with both incoming and current residents, on a monthly basis, if they have additional medications in their possession so that appropriate actions can be taken.*

*All staff have been trained and educated regarding what to look for and report regarding medication (during their daily room checks) so that appropriate action can be taken to ensure ongoing compliance.*

**Licensee's Proposed Overall Completion Date:** *05/25/2026*

***Implemented ([redacted] - 06/23/2026)***