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

July 14, 2026

[redacted], ADMINISTRATOR
CHRISTIAN LIFE SERVICES INC
[redacted]

RE: CHRISTIAN LIFE SERVICES
3408 -10 NORTH 19TH STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 13279

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2026, 04/24/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CHRISTIAN LIFE SERVICES* **License #**: *13279* **License Expiration**: *07/25/2026*

Address: *3408 10 NORTH 19TH STREET, PHILADELPHIA, PA 19140*

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

Administrator

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

Legal Entity

Name: *CHRISTIAN LIFE SERVICES INC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *02/03/2015* **Issued By**: *City of Philadelphia, L&I*

Staffing Hours

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

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *04/24/2026*

Inspection Dates and Department Representative

04/23/2026 - On-Site: [redacted]

04/24/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* **Residents Served**: *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* **Are 60 Years of Age or Older**: *14*

Diagnosed with Mental Illness: *29* **Diagnosed with Intellectual Disability**: *0*

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

Inspections / Reviews

04/23/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/24/2026*

06/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/14/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/19/2026*

Inspections / Reviews *(continued)*

07/14/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *07/14/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

07/14/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *07/14/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 04/23/26, the home's current violation report, dated 09/09/25, was not posted in a conspicuous and public place in the home.

Repeated Violation - 06/05/2025, et al., 04/10/2025.

Plan of Correction ***Accept (- 06/15/2026)***

On 4/23/26 CLS office manager immediately reposted the cited deficiency on the day of inspection 4/23/2026 in the T.V.room on the bulletin board in a conspicuous and public place.
The home's office manager will conduct a weekly inspection to ensure the summary will remain visible at all times. The administrator or designee will verify that the following items are posted and current: Current license, Current inspection summary, Current violation report and a copy of Chapter 2600 regulations.

Licensee's Proposed Overall Completion Date: *06/02/2026*

Implemented (- 07/14/2026)

25a - Written Contract and Review

2. Requirements

2600.
25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [redacted] did not have a resident-home contract completed. The contract in the resident's file is blank.

Resident #2, whose date of admission is listed as [redacted] on the resident census, does not have a resident-home contract completed. The resident's file contains a "Residential Rental Agreement Form" signed by the resident and a representative of the home on [redacted] This form indicates only how much rent is to be paid to the home. Services provided by the home; meals, assistance with activities of daily living, medication management..., are not included.

Plan of Correction ***Accept (- 06/15/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [04/24/2026] by the [administrator] to [ensure there all contracts were signed and put back in all charts]

To enhance the currently compliant operations, on [06/15/2026] the [office manager] will [audit the charts monthly] with a completion date of [07/15/2026].

25a - Written Contract and Review (continued)

Effective [06/01/2026] the [admin/designee] will perform [monthly audits] for next 3 months to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/01/2026*

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

41e - Signed Statement

3. Requirements

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

The records for residents #1 and #2 do not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [04/24/2026] by the [administrator] to [ensure all signatures were updated]

To enhance the currently compliant operations, on [04/25/2026] the [admin] will [ensure all signatures] with a completion date of [04/25/2026].

Effective [06/01/2026] the [admin/ designee] will perform [monthly audits] maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *09/01/2026*

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

42r - Visitation

4. Requirements

2600.
42.r. A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.

Description of Violation

The home's visiting hours, as posted on the "Home Rules", are listed as "9:00 a.m. to 8:00 p.m. unless otherwise agreed". This does not meet the minimum daily requirement of 12 hours.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [4/23/2026] by the [administrator] to [change the time to 9 am to 9pm]. There was a typo error.

42r Visitation (continued)

Effective immediately the office manager will perform monthly checks of the visitation], through [2026] to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/03/2026*

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

44g - Telephone Number

5. 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 protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP), 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] - 06/16/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [04/23/2026] by the [admin] to [ensure there was a posting of DRP, local law enforcement agency, commonwealth information center and personal care home complaint hotline are posted]

To enhance the currently compliant operations, office manager/ designee will ensure that the numbers are not taken down and are posted on a weekly basis for 1 month, effective 05/01/2026 until 06/01/2026.

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

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

85b - Infestation

6. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 04/23/26, at approximately 10:20 am, rodent droppings were observed on the floor of the pantry closet in the dining room.

Repeated Violation 06/05/2025, et al.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

On 04/23/26, the administrator immediately cleaned and disinfected the pantry closet floor where droppings were observed. A licensed pest control contractor was contacted the same day and completed an emergency inspection and treatment of the affected area. All food items in the pantry were checked for contamination and restored.

85b Infestation (continued)

There is a pest control contractor that comes out monthly to do inspections and pest control. The pest control contractor is due to come out on 06/11/2026.

Licensee's Proposed Overall Completion Date: *06/11/2026*

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

85d - Trash Receptacles

7. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 04/23/26, at approximately 9:49 am, there was a partially full, uncovered, unattended trash can in the 1st floor bathroom.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [day of inspection] by contacting [maintenance] to [replace all trashcans]

Staff will conduct shift inspections to ensure all trashcans have lids and contact admin immediately if trashcans do not so they can be replaced within 24hr.

Licensee's Proposed Overall Completion Date: *06/10/2026*

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

95 - Furniture and Equipment

8. Requirements

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

Description of Violation

There are four red chairs in the home's TV room. All four chairs had red duct tape over the seat cushion of the chair and several rips and tears were on each chair. On one of the chairs, the seat cushion was sunken in so far that the chair was unusable.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

On 04/24/26 all damaged chairs were removed and replaced with new chairs. 04/25/26 staff will conduct rounds to make sure that all furniture, equipment and electrical outlets are in good
repair
Any deficiencies will be reported to the administrator/designee immediately for repair.
Effective 04/25/26 administrator/designee will conduct rounds weekly to make sure all furniture/ equipment, and all outlets are in good repair and free of hazards.

Licensee's Proposed Overall Completion Date: *06/15/2026*

95 - Furniture and Equipment *(continued)*

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

101j2 - Bedroom Chairs

9. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #3 on the 3410 side of the home is occupied by 2 residents; however, there is only 1 chair in this room.

Bedroom #5 on the 3410 side of the home is occupied by 3 residents; however, there are 0 chairs in this room.

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

1. Corrective Action Taken to Immediately Address the Violation
• On 04/23/2026, the maintenance staff immediately placed the required number of chairs in Bedroom #3 and Bedroom #5 to ensure each resident had an individual chair that meets their needs.
• All bedrooms in the home were checked the same day to confirm that each resident had an appropriate chair in their assigned room.
• Staff were reminded that bedroom furniture must remain in resident bedrooms and may not be removed for any reason.
2. Measures Put in Place to Prevent Recurrence
• The administrator implemented a Bedroom Furniture Inventory Log for all resident bedrooms. This log includes verification of required furniture items, including chairs.
• Staff were retrained that chairs may not be removed from bedrooms for smoking, outdoor use, or any other purpose.
• Additional outdoor seating was placed in designated outdoor areas to eliminate the need for residents to remove bedroom chairs.
• A written directive was issued to all staff stating that any missing furniture must be reported to the administrator immediately.
3. Monitoring to Ensure Ongoing Compliance
• The administrator or designee will conduct weekly bedroom inspections for 30 days, verifying that each resident has a chair in their bedroom.
• Any future deficiency will result in immediate correction and staff retraining.
Immediate corrective actions were completed on 04/23/2026. Monitoring procedures began 04/24/2026 and will continue for next 30 days.
Proposed Overall Completion Date: 05/29/2026

Licensee's Proposed Overall Completion Date: *07/11/2026*

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

101j7 - Lighting/Operable Lamp

10. Requirements

2600.

101j7 - Lighting/Operable Lamp *(continued)*

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

Residents in bed #1 and bed #2 in room #5 on the 3408 side of the home do not have access to a source of light that can be turned on/off at bedside.

Repeated Violation - 06/05/2025, et al., 04/10/2025.

Plan of Correction ***Accept (- 06/16/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/23/2026 by maintenance personnel. The inoperable lamps were replaced by new batteries. Maintenance assessed all lighting/ lamps to ensure that they are working properly. This will be completed by 06/15/2026. The maintenance team will check weekly to ensure all lighting is working properly.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/14/2026)

102h - Toilet Paper

11. Requirements

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

Description of Violation

On 04/23/26, at approximately 9:49 am, there was no toilet paper for the toilet in the second floor bathroom on the 3408 side of the home.

Repeated Violation - 04/10/2025.

Plan of Correction ***Accept (- 06/16/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/23/2026 by the DCM to toilet paper was replaced and restocked for the week.

To enhance the currently compliant operations, on 04/23/2026 the house manager/designee will check all bathrooms on each shift and restock as needed daily, with a completion date of [06/15/2026].

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/14/2026)

103d - Storing Food Off Floor

12. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

103d Storing Food Off Floor (continued)

On 04/24/26, at 10:18 am, several cases of canned goods, including sweet potatoes, green beans, and diced tomatoes, were stored on the floor in the 3408 basement.

Repeated Violation 09/09/2025, 06/05/2025, et al.

Plan of Correction ***Accept (- 06/16/2026)***

Maintenance bought in another food pallet immediately during the inspection on 04/23/26.
All food was removed from the floor immediately during the inspection on 04/23/26.
Going forward effective on 04/24/26 the staff will conduct rounds when food is being delivered to make sure all food is being stored off the basement floor monthly, on the 3rd Wednesday of each month.
Effective 04/24/26 The administrator/designee will conduct rounds weekly to ensure all food is being properly stored off of the floor properly

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/14/2026)

103f - Refrigerator/Freezer Temps

13. Requirements

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

Description of Violation

The home has six box freezers in the 3410 basement numbered 1 through 6 right to left. On 04/24/26, at 10:31 am, there was no thermometer in freezer #2 and freezer #4. Freezers 3, 5 and 6 were not in working order.

Repeated Violation 09/09/2025, 06/05/2025, et al.

Plan of Correction ***Accept (- 06/16/2026)***

On 04/25/26 the Administrator ordered two new thermometers and replaced them back into the freezers on 04/26/26
Staff will check the freezers weekly to make sure the thermometers are present. Any missing thermometers will be replaced immediately.
The administrator/designee will conduct rounds weekly to make sure there is thermometers in all freezers at all times.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/14/2026)

103i - Outdated Food

14. Requirements

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

Description of Violation

Three dented cans; 2 Muir Glen Chili Starters, 1 Bianco Dinapoli Crushed Tomatoes, were observed in the pantry closet in the dining room.

103i - Outdated Food (continued)

A bottle of Banana Nut Bread syrup, a bottle of Great Value Worcestershire Sauce and a bottle of Great Value Original Syrup were open and undated in the pantry closet in the dining room.

There was an unlabeled, undated bag of meat in basement freezer #1.

There was an unlabeled, undated bag of rolls in basement freezer #2.

Repeated Violation - 06/05/2025, et al., 04/10/2025

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [day of inspection] by the [admin] to [throw away all unlabeled food]

To enhance the currently compliant operations, on [day of inspection] a full inspection of food in the kitchen and freezer was completed to ensure compliance. Staff will be retrained and instructed on the importance of food safety/ labeling on 06/12/2026.

Licensee's Proposed Overall Completion Date: *06/12/2026*

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

107d - Procedure Emergency Management Agency Submission

15. Requirements

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

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 03/01/24.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

On 05/29/26, the administrator reviewed and updated the home's written emergency procedures and submitted the complete emergency plan packet to the local emergency management agency for their records.
There will be a yearly audit to ensure that all documents are submitted properly.

Licensee's Proposed Overall Completion Date: *05/29/2026*

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

127a - Portable Space Heaters

16. Requirements

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

Description of Violation

On 04/24/26, at approximately 9:15 am, an electric portable space heater was in use in the main office.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

Office manager was trained on the importance of not having portable space heaters. The space heater was thrown

127a - Portable Space Heaters (continued)

away the day of inspection on 04/23/2026.

Licensee's Proposed Overall Completion Date: *05/29/2026*

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

131f - Fire Extinguisher Inspection

17. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the 3410 basement has not been inspected by a fire safety expert since September 2024.

Repeated Violation - 06/05/2025, et al.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [04/23/2026] by administrator. The expired fire extinguishers outside and in the basement were replaced day of inspection to ensure compliance. Extra fire extinguishers will be re-tagged and inspected in August 2026 during our regular inspection with emergency response company. Weekly inspections of all fire extinguishers will be conducted by admin/ designee beginning 06/05/2026.

Licensee's Proposed Overall Completion Date: *08/31/2026*

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

132e - Fire Drill Sleeping Hours

18. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 04/18/26 at 11:20 PM. The previous sleeping hours fire drill was conducted on 09/11/25 at 1:00 AM.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [4/29/26] by the [Philadelphia Fire Department] to [observe the homes fire drill in the morning and the home also conducted another fire drill at 11:35 pm on 4/29/26 by Administrator.] CLS will maintain written documentation showing the dates for all fire drills, residents participating, evacuation routes used and problems identified and a corrective action

Licensee's Proposed Overall Completion Date: *05/29/2026*

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

141a 1-10 Medical Evaluation Information

19. Requirements

141a 1-10 Medical Evaluation Information *(continued)*

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated [redacted] does not include a determination that the resident's needs can be met safely at the Personal Care Home.

Resident #2's medical evaluation, dated [redacted], did not include immunization history.

Resident #3's medical evaluation, dated [redacted], did not include immunization history.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

This was fixed on the day of inspection by the nurse in front of the inspector. The admin/designee will conduct monthly inspections to verify all medical evaluation contain the required documents. Ongoing monitoring will begin 06/01/2026.

Licensee's Proposed Overall Completion Date: *05/29/2026*

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

144c1 - Smoking Area Guidelines

20. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area does not have a fire extinguisher.

Repeated Violation - 06/05/2025, et al.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

In response to the violation on 04/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [04/23/2026] by administrator. The expired fire extinguishers outside and in the basement were replaced day of inspection to ensure compliance. Extra fire extinguishers will be re-tagged and inspected in August 2026 during our regular inspection with emergency response company. Weekly inspections of all fire extinguishers

144c1 - Smoking Area Guidelines (continued)

will be conducted by admin/ designee beginning 06/05/2026.

Licensee's Proposed Overall Completion Date: *05/29/2026*

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

144d - Smoking Outside

21. Requirements

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 04/23/26, at approximately 9:23 am, a physical inspection of the home was being completed starting with room 5 on the 3rd floor of the 3408 side of the home. When the bedroom door was opened, cigarette smoke was visible and there was an odor of cigarette smoke in the room. Staff person A was present and witnessed the cigarette smoke in the room. This is not the home's designated smoking area. The home's designated smoking area is in the back yard.

Repeated Violation - 04/10/2025.

Plan of Correction ***Accept ([redacted] - 06/16/2026)***

On 04/23/26, staff immediately ventilated the room and inspected the area for any lit or recently extinguished smoking materials. No active smoking materials were found. Staff checked adjacent rooms and hallways to ensure no resident was smoking in a non-designated area. Staff were re-educated on monitoring for smoke odors and immediately investigating the source. On-going monitoring will continue as safety and maintaining compliance is our top priority.

Licensee's Proposed Overall Completion Date: *05/29/2026*

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

183e - Storing Medications

22. Requirements

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

Description of Violation

Resident #4 has a Glargine-yfgn Injection pen with a straight order of 26 units at bedtime. There was no opening date on the pen. Per manufacturer's instructions, the Insulin Glargine-yfgn Injection pen should be discarded 28 days after opening.

Plan of Correction ***Accept ([redacted] - 07/14/2026)***

Plan of Correction – 2600.183(e) Storing Medications
Violation: Resident #4 had an Insulin Glargine yfgn injection pen with no opening date. Manufacturer instructions require discarding 28 days after opening.
1. Immediate Corrective Action Taken
• On 04/23/2026, the administrator and medication nurse immediately reviewed all insulin pens in the medication refrigerator.

183e - Storing Medications (continued)

• The insulin pen for Resident #4 was labeled with the correct opening date and verified for safe use.
• All other refrigerated medications were checked to ensure proper dating, storage conditions, and organization.
• The medication refrigerator was reorganized to ensure all medications are stored in clear labeled bins and sealed plastic zip locked bags to protect from moisture while maintaining proper storage conditions and labels.
Completion Date: 04/23/2026
2. Long Term Preventive Measures
• A Medication Dating Protocol has been implemented requiring staff to label all insulin pens, inhalers, eye drops, and other time sensitive medications immediately upon opening, using facility issued, water resistant labels.
• A Medication Storage Checklist has been added to the medication room procedures, including verification of:
o Opening dates on insulin pens
o Proper refrigeration temperature
3. Monitoring & Ongoing Compliance
To ensure sustained compliance, the following monitoring system has been implemented:
Weekly Medication Storage Audit
• Responsible Person: Medication Nurse or Designee
• Frequency: Every Wednesday
• Start Date: 07/15/2026
• Process:
o Review all refrigerated medications for proper dating, organization, and storage conditions.
o Document findings on the Weekly Medication Storage Audit Log.
o Correct any issues immediately and report repeated concerns to the administrator.
Quarterly Competency Checks
• Responsible Person: nurse, med tech or Administrator
• Frequency: Quarterly, beginning 07/15/2026
• Process:
o Conduct hands on competency checks with medication staff focusing on dating, storage, and manufacturer instructions for insulin pens.
o Document competencies and retrain staff as needed.
4. Completion Dates
• Immediate corrective action: Completed 04/23/2026
• Weekly audits: Begin 07/15/2026 and ongoing
• Monthly administrator reviews: Begin 07/15/2026 and ongoing

Licensee's Proposed Overall Completion Date: *07/11/2026*

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

191 - Resident Right to Refuse

23. Requirements

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

191 Resident Right to Refuse *(continued)*

Description of Violation

Resident #1, admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. There was no signed documentation.

Resident #2, whose date of admission is listed as [redacted] on the resident census, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. There was no signed documentation.

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

The admin/designee will educate the residents on their rights to question or refusal of medication on 6/12/26.Resident's rights education will be completed upon admission and signed. this information will remain in the resident chart and checked annually and as needed.
Admin/designee will audit all charts within the next 10 days beginning 6/2/26 to verify documentation is present. Monthly audits will continue for the next 2 months
The admin/designee will conduct monthly inspections to verify all contain the required documents. Ongoing monitoring will begin 06/01/2026.

Licensee's Proposed Overall Completion Date: *05/29/2026*

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

224a - Preadmission Screen Form

24. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's date of admission is listed as [redacted] on the resident census; however, the resident's preadmission screening form was completed on [redacted] There is an additional preadmission screening form in the resident's file, but this form is not dated.

Repeated Violation 06/05/2025, et al.

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

The date was corrected on site the day of inspection on 04/23/26 in front of inspector.
The inspector went over with the staff and nurse why it was a violation.
All staff/nurses will sign and date all preadmission screen forms after completing them.
The administrator/designee will check preadmission screen forms upon completing to make sure all paperwork is dated and signed in its
proper timeframe.
All new preadmission screen forms will be audited within 30 days of admission by administrator/office manager beginning 6/2/26

224a Preadmission Screen Form *(continued)*

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/14/2026)

225a - Assessment 15 Days

25. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's date of admission is listed as [redacted] on the resident census; however, the resident's assessment was not completed until [redacted] There are no additional assessments in the resident's file.

Repeated Violation 09/09/2025, 04/10/2025.

Plan of Correction ***Accept (- 06/17/2026)***

The date was corrected on site the day of inspection on 04/23/26 in front of inspector.
The inspector went over with the staff and nurse why it was a violation.
All staff/nurses will sign and date all Rasp after completing them.
The administrator/designee will check Rasp upon completing to make sure all paperwork is dated and signed in its proper timeframe.
All new Rasp will be audited within 30 days of admission by administrator/office manager

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 07/14/2026)

227a - Support Plan 30 Days

26. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2's date of admission is listed as [redacted] on the resident census; however, the resident's initial support plan was not completed until [redacted] There are no additional support plans in the resident's file.

Plan of Correction ***Accept (- 06/17/2026)***

Resident 2 was independent. Due to my last year POC which was indicated on all of residents 2 file. Admin made [redacted] a personal care client to comply with the POC.
Administrator/designee will revise the admission process checklist for new clients as the RASP are completed within 30 days of admission. Audits will be done within 10 days beginning 06/02/2026.

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented (- 07/14/2026)

227g -Support Plan Signatures

27. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 participated in the development of their support plan on [redacted] However, the resident did not sign the support plan.

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

The missing signature was a human error. The admin signed the support plan during the inspection. The designee will sign the support plan after completing them. The admin/designee will check the support plans upon completing to make sure that they are signed by the resident/assessor. All resident records will be audited at least annually to make sure that they are in compliance.

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

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