



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUNE 30, 2026

[REDACTED]
SMEM 1957 LLC
[REDACTED]

RE: Sharon's Personal Care Home
1441 Baltimore Pike
Hanover, PA 17331
License/COC #: 332391

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on April 30, 2026 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance License #332390 dated July 11, 2025 until July 11, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(5) and 55 Pa. Code § 20.71(a)(2); (3); (4) ;(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from JUNE 30, 2026 to DECEMBER 30, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
PH: [REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: SHARON'S PERSONAL CARE HOME License #: 33239 License Expiration: 07/11/2026
Address: 1441 BALTIMORE PIKE, HANOVER, PA 17331
County: YORK Region: CENTRAL

Administrator

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

Legal Entity

Name: SMEM 1957 LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 08/28/2001 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 05/06/2026

Inspection Dates and Department Representative

04/30/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 23 Residents Served: 14

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 14
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/30/2026 - Full

Lead Inspector: [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: 06/10/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/04/2026

06/10/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/10/2026
Reviewer: [REDACTED] Follow Up Type: Bypass Document Submission

06/10/2026 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 06/10/2026
Reviewer: [REDACTED] Follow Up Type: Enforcement

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

In December of 2023, the home contacted the Penn Township Police Department and the Office of Aging to report suspected financial abuse of Resident [REDACTED] by [REDACTED] power of attorney. The home did not report this allegation of abuse to the Department.

Plan of Correction

Directed [REDACTED] 06/10/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/22/26 Administrator will ensure that all concerns, complaints, and incidents of allegations for financial abuse are reported immediately. An incident report will submitted to the Department for the identified allegation.

To enhance the currently compliant operations, on 5/22/26 the Administrator will report all concerns, complaints, and incidents of allegations for financial abuse with a completion date of 5/30/26.

Effective 6/1/26 the Administrator will perform monthly audits of report all concerns, complaints, and incidents of allegations for financial abuse. Administrator will keep record of incident reports and the receipt that it was sent to the department to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to staff on 6/2/26 on written incident reports.
- Beginning no later than 7/10/26, the administrator will review any incidents that occurred the day prior with staff to ensure a reportable has been submitted timely to the Department for a minimum of 3 months.
- The incident identified in the violation will be reported to the Department no later than 7/10/26.
- Documentation of daily reviews of potential incidents, staff education and incidents submitted to the Department will be kept by the home and available for review by the Department.

Directed Completion Date: 07/10/2026

17 Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

17 - Record Confidentiality (continued)

Description of Violation

On [REDACTED] at 9:06 AM, the privacy coding page of the [REDACTED] License Inspection Summary (LIS) was unlocked, unattended, and accessible. Residents [REDACTED] and [REDACTED] were identified within the report.

On [REDACTED] at 9:15 AM, the May 2026 Medication Administration Records (MAR) for all current residents were observed unlocked, unattended, and accessible on the kitchen counter. Residents [REDACTED] and [REDACTED]'s names, dates of birth, current prescriptions, and diagnoses were included in the May 2026 MARs.

Plan of Correction**Directed [REDACTED] - 06/10/2026)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/23/2026 Administrator removed privacy coding page from the license Inspection Summary. Corrected on site. The Mars were immediately were put in the medication cart by the Administrator.

To enhance the currently compliant operations, on 4/30/26 the Administrator will ensure that the privacy coding page is removed when the License Inspection Summary is displayed with a completion date of 4/30/26

Effective 6/1/26 the Administrator will perform monthly Audits to ensure that the MARS are placed in the medication cart or in a locked area through the facility to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Effective 6/1/26 the Administrator will perform Annual Audits to ensure that the Privacy Coding Page is removed when the License Inspection Summary is displayed to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education on confidentiality was provided to all staff on 6/2/26.

Directed Completion Date: 06/04/2026

Not Implemented [REDACTED] - 06/10/2026)

20b7 - Power of Attorney

3. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

7. The legal entity, administrator and staff persons of the home are prohibited from being assigned power of attorney or guardianship of a resident or a resident's estate.

20b7 - Power of Attorney (continued)

Description of Violation

Staff Member A, the home's administrator, was assigned power of attorney of Resident [REDACTED] on [REDACTED]

Plan of Correction

Accepted [REDACTED] - 06/10/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/22/2026 Administrator informed Staff and residents that they are prohibited from serving as POA, guardian, or financial representative for any resident. As of March 9, 2026 The Administrator was no longer the POA and the Guardian was appointed.

To enhance the currently compliant operations, on 5/22/26 the Administrator conducted staff training and had a resident meeting that they are prohibited from serving as POA, guardian, or financial representative for any resident with a completion date of 5/30/26.

Effective 6/1/26 the Administrator will perform annual audit of Staff and residents that they are prohibited from serving as POA, guardian, or financial representative for any resident to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [REDACTED] - 06/10/2026)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] Staff Member A, the home's administrator, was assigned as Resident [REDACTED] Power of Attorney (POA) after Resident [REDACTED] previous POA was charged with elderly financial abuse. Staff member A put a lien on Resident [REDACTED] personal home. The home was then sold on [REDACTED] in the amount of [REDACTED]. The check for the sale of the home was written out to Staff Member A who deposited the check directly into [REDACTED] personal account. Per interview with Staff Member A, Resident [REDACTED] wanted to pay Staff Member A for helping [REDACTED] and on [REDACTED] gifted Staff Member A [REDACTED]. Staff Member A indicated during an interview that [REDACTED] used Resident [REDACTED] funds gradually and even tried to invest the money for Resident [REDACTED]. Per interview with Staff Member A, a financial advisor informed Staff Member A to remove Resident [REDACTED] funds from [REDACTED] personal account as Staff Member A would be taxed. Staff Member A completed 2 cash withdrawal transactions from the bank, exceeding [REDACTED], and stored the cash at [REDACTED] home. When making the cash withdrawals, Staff Member A informed the bank "I'm doing home improvements and I want cash". The bank alerted AAA who then notified the police department. The police department determined Staff Member A spent approximately [REDACTED] that was gifted to Staff Member A on food and tanning. In lieu of a theft charge for Staff Member A, Staff Member A was to pay all of the money back to Resident [REDACTED] and have the POA status revoked. On [REDACTED] Staff Member A deposited [REDACTED] into Resident [REDACTED] bank account. This lump sum also included [REDACTED] which was the remaining funds from the gifted [REDACTED]. On [REDACTED], Staff Member A wrote a check in the amount of [REDACTED] to Resident [REDACTED] to return the full gifted amount.

42b - Abuse (continued)

Plan of Correction**Directed [REDACTED] - 06/10/2026)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/27/2026 Administrator didn't want to be POA so the status was changed due to conflict of interest so the resident was assigned a legal guardian that is not connected to staff in the home.

To enhance the currently compliant operations, on 5/22/26 the Administrator will give education to all staff and residents in the home on the prohibition of staff person(s) being assigned power of attorney with a completion date of 5/30/26.

Effective 6/1/26 the Administrator will perform a of monthly audit to educate staff on any suspicion on abuse with the residents and their finances to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education will be provided to all staff, including the administrator, on regulations 2600.20(b) (1-10) and 2600.42(b) as well as Resident Rights. Education will be completed by 7/10/26.

Directed Completion Date: 07/10/2026

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Member B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct Care Staff Member B attended a non-U.S. educational institution and provides residents assistance with ADL's. The home does not have a Department-issued waiver for Staff Member B's employment

Repeated Violation- [REDACTED]

Plan of Correction**Directed [REDACTED] 06/10/2026)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2026 Administrator called to enroll staff member in GED classes. Orientation is 6/2/26 and classes starts on 7/6/26. Administrator emailed waiver and residents approval letter to the department on 5/28/26. On 6/2/26 Administrator did an audit of all staff qualifications. Administrator received an approval letter from Jill Kachmar authorizing that the staff member may continue to work while actively working toward completion of [REDACTED] GED. This approval has been documented and placed on file.

To enhance the currently compliant operations, on 5/15/26 the Administrator will ensure that staff will complete GED classes with a completion date of 1/1/27. Administrator will audit all staff qualifications on 6/2/26 to make sure all requires

54a - Direct Care Staff (continued)

Effective 6/1/26 the Administrator will perform monthly audits to make sure all staff have required qualifications to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to the administrator(s) on 6/2/26.

Directed Completion Date: 06/04/2026

Not Implemented [redacted] - 06/10/2026)

89b - Hot Water Temperature

6. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at 2:10 PM, the hot water temperature at the bathroom sink, near the dining room, measured 132.6 degrees Fahrenheit.

On [redacted] at 2:14 PM, the hot water temperature at the bathroom sink, near the second floor living room, measured 130.4 degrees Fahrenheit.

On [redacted] at 4:04 PM, the hot water temperature at the bathroom sink, near room [redacted] measured 138.2 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 05/29/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/19/2026 Administrator will adjust temperature on hot water heater and do water checks once a week for one month.

To enhance the currently compliant operations, on 5/19/26 the Administrator will make sure water temps are below 120 degrees with a completion date of 5/30/26.

Effective 7/1/26 the Administrator will perform monthly audits of water temperature checks to maintain ongoing compliance with 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

132g - Fire Drills Days/Times

9. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds sleeping fire drills every March and September [REDACTED] as evidenced by the following drills:
[REDACTED] at 8:15 PM, [REDACTED] 9:00 PM, [REDACTED] 9:00 PM, [REDACTED] 9:00 PM.

Plan of Correction

Directed [REDACTED] - 06/10/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/19/2026 by the Administrator to On 5/19/26 Administrator will be conduct night time fire drills at a different time of night and on a different day of the week than the previous drill.

To enhance the currently compliant operations, on 5/19/26 the Administrator will ensure that fire drills are done at a different time of night and on a different day of the week than the previous drill with a completion date of 5/30/26.

132g - Fire Drills Days/Times (continued)

Effective 6/1/26 the administrator will perform monthly audits of fire drills are done at a different time of night and on a different day of the week than the previous drill any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to all staff on alternate days and times on 6/2/26.
- The administrator or designee will complete a fire drill during sleeping hours no later than 7/10/26 between the hours of 11:00 PM and 5:00 AM.

Directed Completion Date: 07/10/2026

141a 1-10 Medical Evaluation Information

10. Requirements

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

The medical evaluation for Resident [REDACTED], dated [REDACTED], did not include the resident's ability to self-administer medications as this section was blank.

Plan of Correction

Accepted [REDACTED] - 06/10/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/19/2026 by the Administrator will ensure that the physician will complete each section of the Medical Evaluation Form. On 5/27/26 Physician corrected Medical evaluation. On 6/3/26 Administrator did an initial audit to make sure all residents are in compliance.

To enhance the currently compliant operations, on 5/19/26 the Administrator will make sure the physician completes all the sections to the Medical Evaluation form with a completion date of 5/30/26.

Effective 6/1/26 the Administrator will perform monthly audits of the medical evaluation form and make sure all sections are are completed to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 06/04/2026

Not Implemented (█ - 06/10/2026)

142b - Refusal-Medical Treatment

11. Requirements

2600.

142.b. If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

Description of Violation

Resident █ has a history of █ ordered and is in need of routine █ and █. On █, the physician ordered a █ and indicated "patient in need of routine █ and █. Have requested multiple times". Per Staff Member A, Resident █ has refused to leave the home for █ and █ scan appointments on multiple occasions. However, there is no documentation in the resident's record of the home's continued attempts to educate and inform the resident about the need for health care.

Plan of Correction

Directed █ 06/10/2026)

In response to the violation on █ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/19/2026 Administrator will ensure to have documentation for the resident for the refusal of medical treatment. Administrator will ensure that at the resident's next physician appointment which is scheduled for 6/24/26, any recommended medical treatment is fully explained to the resident. Administrator will review the physician's instructions with the resident in a manner the resident can understand and will explain how the recommended treatment will benefit the resident's health and overall well-being. This discussion will be documented in the resident's record.

To enhance the currently compliant operations, on 5/19/26 the administrator will document when resident refuses medical treatment with a completion date of 5/30/26.

Effective 6/1/26 the administrator will perform quarterly audits for making sure that refusal of medical treatment is documented to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to the administrators on 6/2/26.
- Beginning no later than 7/10/26, the administrator will complete quarterly audits to ensure the resident's record includes the resident's refusal for medical care as well as attempts to educate and inform the resident about the need for health care in the resident's record.
- By 7/10/26, the administrator or designee will reassess Resident █'s needs to determine if the home can continue to meet the resident's needs if █ continues to refuse medical examinations.

Directed Completion Date: 07/10/2026

183b Meds and Syringes Locked

12. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at 9:30 AM, a 3-drawer plastic storage tower was unlocked, unattended, and accessible in the boiler room. The following medications were observed within the tower drawers:

- [REDACTED]
[REDACTED]
[REDACTED]

Plan of Correction

Directed [REDACTED] - 06/10/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 Administrator properly disposed of expired medications. Corrected on site. On 6/1/26 Administrator did an initial audit to ensure all medications are kept in a locked area.

To enhance the currently compliant operations, on 4/30/26 the Administrator will make sure all expired medications are disposed of properly with a completion date of 4/30/26.

Effective 6/1/26 the Administrator will perform Monthly audits to make sure that all expired medications are disposed of properly and are kept in a locked area to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to all staff on keeping medications and syringes in a locked area on 6/2/26.

Directed Completion Date: 06/04/2026

Not Implemented [REDACTED] - 06/10/2026)

183d Prescription Current

13. Requirements

2600.

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

Description of Violation

On [REDACTED] at 9:30 AM, [REDACTED] prescribed for Resident [REDACTED], was in the home; however, Resident [REDACTED] no longer resides in the home.

183d - Prescription Current (continued)

Plan of Correction**Accepted** [REDACTED] - 06/10/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 Administrator properly disposed of expired medications. Corrected on site. On 6/1/26

Administrator has removed all medications belonging to residents who no longer reside in the home. A full audit of the medication storage area was completed, and all medications currently in the home were reviewed. Administrator verified that all medications for current residents are within expiration dates and appropriate for use will continue to do ongoing steps to stay in compliance with both expired medications and medications for resident who no longer reside in the home. Documentation of the audit has been completed and is maintained on file.

To enhance the currently compliant operations, on 4/30/26 the Administrator will make sure all expired medications are disposed of properly with a completion date of 4/30/26.

Effective 6/1/26 the Administrator will perform Monthly audits to make sure that all expired medications are disposed of properly to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/04/2026

Not Implemented [REDACTED] - 06/10/2026)

183e - Storing Medications

14. Requirements

2600.

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

Description of Violation

On [REDACTED] at 1:15 PM, Resident [REDACTED] was actively in use but not dated with the date it was opened. According to the manufacturer's instructions, this medication must be used within 45 days after opening.

Repeated Violation - [REDACTED]

Plan of Correction**Directed** [REDACTED] - 06/10/2026)

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/19/2026 Administrator will ensure that medication will be dated when it is opened According to the manufacturer's instructions. On 5/22/26 Administrator called pharmacy to have them refill the eye drops and pharmacy delivered them the same day. On 6/2/26 Administrator did an initial audit on all current medications to make sure they were dated when opened.

183e Storing Medications (continued)

To enhance the currently compliant operations, on 5/19/26 the Administrator will ensure that all medications will be dated when opened According to the manufacturer's instructions with a completion date of 5/30/26.

Effective 6/1/26 the Administrator will perform monthly audits making sure all medications will be dated when opened According to the manufacturer's instructions to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to staff on 6/2/26.

Directed Completion Date: 06/02/2026

Not Implemented [redacted] 06/10/2026)

184a - Resident's Meds Labeled

15. Requirements

2600.

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

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for Resident [redacted] does not include the special instructions to hold the medication if blood glucose is below [redacted]

The pharmacy label for Resident [redacted] does not include the special instructions to hold the medication if systolic blood pressure is below [redacted] mmHg.

The pharmacy label for Resident [redacted] does not include the special instructions to hold the medication if systolic blood pressure is below [redacted] mmHg.

Repeated Violation [redacted]

Plan of Correction

Directed [redacted] 06/10/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2026 Administrator will ensure that pharmacy has the correct instructions pharmacy labels. on 5/20/26 Administrator contacted the pharmacy to verify that all resident medications, pharmacy labels, and Medication Administration Records (MARs) contain the correct and up to date instructions for administering each medication. The pharmacy reviewed and confirmed the accuracy of all directions, and any discrepancies were corrected immediately. Documentation of this verification has been completed and placed on file.

To enhance the currently compliant operations, on 5/20/26 the Administrator will ensure that pharmacy has the correct instructions pharmacy labels. with a completion date of 5/30/26.

184a - Resident's Meds Labeled (continued)

Effective 6/1/26 the Administrator will perform monthly audits making sure pharmacy labels have correct instruction for medication to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to staff resident medication labels on 6/2/26.

Directed Completion Date: 06/01/2026

Not Implemented (████) - 06/10/2026)

187b - Date/Time of Medication Admin.

16. Requirements

2600.

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

Description of Violation

Resident █████ is prescribed █████, take 1 tablet by mouth at 8AM and 8PM daily. Resident █████ April 2026 Medication Administration Record does not include the initials of the staff person who administered this medication from █████ through █████ at 8:00 AM.

Plan of Correction

Accept (████) - 05/29/2026)

In response to the violation on █████ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/01/2026 Administrator verbally trained the staff to make sure they are following the 15 steps to medication administration.

To enhance the currently compliant operations, on 5/1/26 the Administrator will train staff to follow the 15 steps to medication administration, with a completion date of 5/30/26.

Effective 6/1/26 the Administrator will perform monthly audit to ensure staff records at the time the medication is administered to maintain ongoing compliance any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/19/2026

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

Not Implemented (████) 06/10/2026)

187d - Follow Prescriber's Orders

17. Requirements

2600.

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

187d Follow Prescriber's Orders (continued)

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], one tablet orally each morning to be held if systolic blood pressure is below [REDACTED] and [REDACTED], one tablet by mouth in the morning, to be held if systolic blood pressure is below [REDACTED] mmHg. On [REDACTED] at 8:00 AM, Resident [REDACTED]'s systolic blood pressure was [REDACTED]. However, both medications were administered and not held per the prescriber's order.

Repeated Violation [REDACTED]**Plan of Correction****Directed [REDACTED] - 06/10/2026)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/19/26 Administrator verbally trained the staff to make sure they are following the 15 steps to medication administration. Administrator will monitor that medications are being administered per physician orders. On 6/4/26 Administrator submitted the incident report to the Department of Human Services (DHS). On 6/4/26 Administrator also spoke directly with the resident, the designated person, and the prescriber to review the incident.

To enhance the currently compliant operations, on 5/1/26 the Administrator will train staff to follow the 15 steps to medication administration, with a completion date of 5/30/26.

Effective 6/1/26 the Administrator will perform monthly audit to ensure staff records at the time the medication is administered to maintain ongoing compliance any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Beginning no later than 7/10/26, the administrator or designee will audit all resident medication administration records at least once weekly to ensure medications were administered as prescribed.

Directed Completion Date: 07/10/2026

190c - Record of Training

18. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The Summary and Requalification Form for Medication Administration Training Annual Practicum for Staff Members B and D was not completed for training year 2025.

190c - Record of Training (continued)

Plan of Correction

Directed [redacted] - 06/10/2026

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2026 Administrator will ensure that the Annual Practicum form for Medication Administration is filled out correctly and mar reviews are done quarterly. On 6/1/26 Administrator completed the training documentation that was required for Staff B and D for year 2025. On 6/3/26 Administrator completed and audit on all staff Medication Administration Trainings.

To enhance the currently compliant operations, on 5/20/26 the Administrator will ensure that the Annual Practicum form for Medication Administration is filled out correctly with a completion date of 5/20/26.

Effective 6/1/26 the Administrator will perform monthly Audits of making sure that The Annual Practicum for Medication Administration to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to the administrator(s) on 6/2/26.

Directed Completion Date: 06/04/2026

Not Implemented [redacted] - 06/10/2026

225a - Assessment 15 Days

19. 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 [redacted] medical evaluation, dated [redacted] indicated a dietary need of heart healthy, no concentrated sweets, and low cholesterol. However, Resident [redacted] assessment, dated [redacted], indicated no dietary needs.

Resident [redacted]' assessment, dated [redacted] indicated the resident has no personal care needs related to ambulation. However, Resident [redacted] utilizes a walker to assist with ambulation.

Resident [redacted] medical evaluation, dated [redacted] indicated a diagnosis of [redacted]. However, Resident [redacted]'s assessment, dated [redacted] states the resident has no mental health needs.

Plan of Correction

Directed [redacted] - 06/10/2026

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/19/2026 Administrator will ensure that all assessments coincide with the medical evaluations. On 5/27/26 Administrator updated the assessment for resident [redacted]. On 6/3/26 the Administrator did an initial audit on all residents making sure that it reflects the residents current needs

225a - Assessment 15 Days (continued)

To enhance the currently compliant operations, on 5/19/26 the Administrator will make sure the assessments coincide with the medical evaluations with a completion date of 5/30/26.

Effective 6/1/26 the Administrator will perform monthly audits ensuring the assessments coincide with the medical evaluation to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to the administrator(s) on "Assessment 15 days" on 6/2/26.

Directed Completion Date: 06/03/2026

Not Implemented [REDACTED] - 06/10/2026

225c - Additional Assessment

20. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [REDACTED] Resident [REDACTED] completed the Saint Louis University Mental Status (SLUMS) exam and scored a [REDACTED]. On [REDACTED], the resident scored a [REDACTED] on the SLUMS exam. Resident [REDACTED]'s assessment was not updated to reflect the resident's behavioral or cognitive needs as follows:

-Resident [REDACTED]'s assessment, dated [REDACTED], indicated the resident has no needs related to Orientation. However, within the medical visit summary, dated [REDACTED] the Physician described the resident as "oriented to person but not to time or place". On [REDACTED] during a visit with the CRNP, the resident reported having a [REDACTED]. During an interview with an agent of the Department on [REDACTED], Resident [REDACTED] spoke of this [REDACTED] as if [REDACTED] was a small child. Interviews with staff confirmed the resident speaks of the past as if it is the present.

- Resident [REDACTED]'s assessment, dated [REDACTED], indicated the resident has no needs related to Irritability or Agitation. On [REDACTED], Staff Member A stated Resident [REDACTED] does not like leaving the home and becomes anxious and agitated. Staff avoid taking Resident [REDACTED] out of the home and have canceled medical appointments due to this behavior. The resident's [REDACTED] medical appointment summary indicates "staff reported that the patient becomes distraught and anxious with even pleasurable excursions away from the home. "Staff also reported heightened anxiety, tearfulness, and perseverative worry/paranoia even with home visits. "

- Resident [REDACTED] assessment, dated [REDACTED], indicated the resident has no needs related to Short-Term Memory. However, the resident's medical visit summaries from [REDACTED] to present indicate the resident has a short-term memory impairment. During an interview with an agent of the Department, Resident [REDACTED] struggled to recall the names of staff members and family members. On [REDACTED], the resident was described as having a "severe memory impairment", by the CRNP.

The assessment for Resident [REDACTED] dated [REDACTED] does not indicate if the resident has a need related to the ability to

225c Additional Assessment (continued)

use and avoid poisonous materials. This section was not completed and left blank.

Plan of Correction**Directed** [REDACTED] **06/10/2026)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/19/2026 Administrator will ensure that all assessments coincide with the medical evaluations. On 5/27/26 Administrator updated the assessment for resident [REDACTED] On 6/3/26 the Administrator did an initial audit on all residents making sure that it reflects the residents current needs

To enhance the currently compliant operations, on 5/19/26 the Administrator will make sure the assessments coincide with the medical evaluations with a completion date of 5/30/26.

Effective 6/1/26 the Administrator will perform monthly audits ensuring the assessments coincide with the medical evaluation to maintain ongoing compliance with any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Education was provided to the administrator(s) on 6/2/26.

Directed Completion Date: 06/03/2026

Not Implemented [REDACTED] **- 06/10/2026)**