

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

September 18, 2026

[REDACTED] PRESIDENT/CEO
ST. ANNE HOME INC
685 ANGELA DRIVE
GREENSBURG, PA, 15601

RE: VILLA ANGELA AT ST. ANNE HOME
685 ANGELA DRIVE
GREENSBURG, PA, 15601
LICENSE/COC#: 42804

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2026 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: VILLA ANGELA AT ST. ANNE HOME

License #: 42804

License Expiration: 08/15/2026

Address: 685 ANGELA DRIVE, GREENSBURG, PA 15601

County: WESTMORELAND

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: ST. ANNE HOME INC

Address: 685 ANGELA DRIVE, GREENSBURG, PA, 15601

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2

Date: 12/01/2010

Issued By: City of Greensburg

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 56

Waking Staff: 42

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint, Incident

Exit Conference Date: 05/05/2026

Inspection Dates and Department Representative

04/30/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 54

Residents Served: 40

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 40

Diagnosed with Mental Illness: 17

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 16

Have Physical Disability: 1

Inspections / Reviews

04/30/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/05/2026

06/22/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/29/2026

Inspections / Reviews (*continued*)

07/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/18/2026

09/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report**1. Requirements**

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 3/18/26 at approximately 11:45 a.m., resident #1's personal trainer reported to the administrator that an envelope containing \$240 was taken off resident #1's bedroom dresser. However, the home did not report this allegation to the local Area Agency on Aging.

Plan of Correction**Accept () - 07/20/2026)**

The Administrator or designee is responsible for reporting all incidents of abuse in accordance with OAPSA and the Pa. Code. In this instance, the Administrator mistakenly believed that satisfied reporting duty by contacting local police and accompanying them on their investigation. The Administrator required retraining on resident abuse reporting and completed trainings on this subject on June 24, 2026. The trainings were provided by Relias (Abuse, Neglect, and Exploitation in the Elder Care Setting) and the Pennsylvania Department of Aging Learning and Management System website (PS Mandatory Abuse Reporting Training Course). Please see the attached certificates.

Administrator or designee will reeducate all current staff regarding the requirement that any suspected abuse of a resident served in the home is immediately reported to the appropriate services agency. Each staff member will be required to complete the PS Mandatory Abuse Reporting Training Course, and the Relias Abuse, Neglect, and Exploitation in the Elder Care Setting Training Course referenced above no later than August 15, 2026. Administrator or designee will retain the documentation of these trainings.

As a part of our QAPI (Quality Assurance and Performance Improvement) system, the Administrator or designee will conduct weekly audits of all incidents reports to ensure that any that are suspected abuse are immediately reported to the appropriate protective services agency. The Administrator will retain the documentation of these audits. These audits will begin no later than July 15, 2026, and will continue indefinitely.

Licensee's Proposed Overall Completion Date: 08/15/2026**Implemented () - 09/18/2026)****16b - Incident Policies****2. Requirements**

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The homes policy for Reportable Situations does not include a process for investigating reportable incidents. On 3/18/26 at approximately 11:45 a.m., resident #1's personal trainer reported to the administrator that an envelope containing \$240 was taken off resident #1's bedroom dresser. However, the home did not investigate this allegation.

Plan of Correction**Accept () - 07/20/2026)**

The Reportable Situations Policy (VA.ADM.NO.004) has been revised to include language and direction regarding the investigation process. Please see the attached revised Policy. The language regarding investigations appears on

16b - Incident Policies (continued)

page 3 of 4. That policy is currently in effect.

All staff will be retrained by the Administrator or designee by July 25th regarding the requirement that reportable incidents and conditions must be reported to the Department within 24 hours.

The Administrator will audit all reportable incidents and conditions to ensure reportable incidents and conditions are reported to the Department within 24 hours. These weekly audits will begin by July 25th and will continue until the end of the calendar year.

Documentation of the education and audits of the reportable incidents and conditions will be retained by the Administrator.

Licensee's Proposed Overall Completion Date: 07/25/2026

Implemented () - 09/18/2026)

23a - Activities of Daily Living Assistance**3. Requirements**

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #2's annual assessment and support plan, dated (), indicates a diagnosis of chronic respiratory failure with hypoxia. To meet this need, staff will monitor the resident's oxygen levels daily, ensure the resident is wearing oxygen as ordered by MD, and that it is working properly. Resident #2 is prescribed oxygen at 2 liters per minute via nasal canula in the morning. However, on multiple dates and times during the month April 2026, the resident did not receive this assistance as required.

Plan of Correction

Accept () - 06/22/2026)

The monitoring of Resident #2's oxygen is currently documented in the Treatment Book on () floor () Floor) and is completed by the Resident Aide assigned to that floor. Each current Resident Aide will be trained by the Administrator or designee on the completion of the Treatment books no later than July 1, 2026.

Beginning no later than July 1, 2026, at the end of each shift, each Resident Aide will present () Treatment Book to the Resident Care Coordinator on duty for inspection to ensure that all items assigned for that shift have been completed and documented properly. Both the Resident Aide and Resident Care Coordinator will sign the attached Treatment Book Acknowledgement Form indicating that the documentation has been completed and verified by both parties.

No Resident Aide will be permitted to leave () shift until the Treatment Book tasks and documentation have been completed and verified by the Resident Care Coordinator.

Each completed Treatment Book Acknowledgement Form will be submitted to the Administrator or designee. The Administrator or designee will conduct audits of the Treatment Books on the following schedule:

Daily (M-F) for 30 days beginning June 15, 2026

Weekly for 12 weeks beginning July 15, 2026 (if PCC is not operational)

Twice per month for 3 months beginning October 15, 2026 (if PCC is not operational)

Monthly for 3 months beginning January 15, 2027. (if PCC is not operational)

23a - Activities of Daily Living Assistance (continued)

Please note that we are in the process of switching to PointClickCare (PCC) for our medication administration record (MAR) and treatment administration record (TAR). This process should be completed sometime in July. When the process is completed, we will no longer be using the Treatment Books but will instead be using PCC for documentation of all administration. The Resident Care Coordinator will be responsible for ensuring that all treatments assigned on that shift have been completed and were properly documented by checking PCC assignments of each Resident Aide.

The Resident Care Coordinator can accomplish this by running a Medication Administration Report in PCC, searching for any treatments that were assigned but not documented by the Resident Aide. If there are treatments not completed, the Resident Aide will not be permitted to leave until they are completed and properly documented. When PCC is operational, the Administrator or designee will run the Medication Administration Report daily (everyday, no later than the following day at noon) to determine if any treatments were not documented. Please see the attached forms (Treatment Book Acknowledgement Form & Treatment Book Audit Form) regarding this plan of correction.

Licensee's Proposed Overall Completion Date: 07/15/2026

Implemented () - 09/18/2026

25b - Contract Signatures**4. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #3 was admitted to the home on [REDACTED] However, the resident-home contract was not signed by the resident until [REDACTED]

Plan of Correction

Accept () - 06/22/2026

Administrator or designee will audit all current resident agreements by July 10, 2026, to determine which, if any are not executed by the date of admission. If any are found, the Administrator or designee will present a list of those resident agreements to the Department.

The Administrator or designee will inspect all future agreements upon execution to ensure that all signatures correspond with the admission date.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented () - 09/18/2026

65e - 12 Hours Annual Training**5. Requirements**

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A did not receive 12 hours of annual training in training year 1/1/25 to 12/31/25.

65e 12 Hours Annual Training (continued)**Plan of Correction**

Accept () - 07/20/2026)

Staff member A resigned [redacted] position [redacted] that prevented [redacted] from working from [redacted]. Therefore, there was no opportunity to resolve this violation since Staff member A was never again present in the home.

The 2025 Staff Training Plan utilized a paper system that proved cumbersome and ineffective. The 2026 Staff Training Plan utilizes Relias online training system that is significantly easier to manage and monitor. The current Staff Training Plan is populated by modules that are directly related to the training topics that satisfy the regulatory requirements. Because the Relias online training system was not operational at our home until mid June, the current Staff Training Plan needs to be completed from July 1 until the end of the calendar year.

The 2026 Staff Training Plan is attached. Administrator or designee will ensure that all direct care staff will comply with future Staff Training Plans and the annual training requirements.

Administrator will educate all staff on the new Relias online training system and how to use it no later than July 15, 2026. The Administrator will retain these training records.

Administrator or designee will conduct monthly audits of the current staff annual training to ensure the current Staff Training Plan is being followed and will be completed by each current employee by the end of the calendar year. The monthly audits of current staff member completion of the training will be completed on the following schedule:

July 2026: August 15, 2026

August 2026: September 15, 2026

September 2026: October 15, 2026

October 2026: November 15, 2026

November 2026: December 5, 2026

All Months: December 28, 2026

Administrator or designee will ensure that all annual training requirements are met before 12/31/2026.

If any current staff member fails to complete the required training modules by its deadline, that staff member will face the consequences of the disciplinary ladder (verbal warning, followed by written warnings, followed by unpaid suspension, followed by termination of employment).

Licensee's Proposed Overall Completion Date: 07/15/2026

Implemented () - 09/18/2026)

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.

65f - Training Topics (*continued*)

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 A did not receive training in any of the training topics as required in §2600.65(f)(1- 7) during training year 1/1/25 to 12/31/25.

Plan of Correction

Accept () - 07/20/2026)

Staff member A resigned [REDACTED] position [REDACTED] that prevented [REDACTED] from working from [REDACTED]. Therefore, there was no opportunity to resolve this violation since Staff member A was never again present in the home.

The 2025 Staff Training Plan utilized a paper system that proved cumbersome and ineffective. The 2026 Staff Training Plan utilizes Relias online training system that is significantly easier to manage and monitor. The current Staff Training Plan is populated by modules that are directly related to the training topics that satisfy the regulatory requirements. Because the Relias online training system was not operational at our home until mid-June, the current Staff Training Plan needs to be completed from July 1 until the end of the calendar year.

The 2026 Staff Training Plan is attached. Administrator or designee will ensure that all direct care staff will comply with future Staff Training Plans and the annual training requirements.

Administrator will educate all staff on the new Relias online training system and how to use it no later than July 15, 2026. The Administrator will retain these training records.

Administrator or designee will conduct monthly audits of the current staff annual training to ensure the current Staff Training Plan is being followed and will be completed by each current employee by the end of the calendar year. The monthly audits of current staff member completion of the training will be completed on the following schedule:

July 2026: August 15, 2026

August 2026: September 15, 2026

September 2026: October 15, 2026

October 2026: November 15, 2026

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All Months: December 28, 2026

Administrator or designee will ensure that all annual training requirements are met before 12/31/2026.

If any current staff member fails to complete the required training modules by its deadline, that staff member will face the consequences of the disciplinary ladder (verbal warning, followed by written warnings, followed by unpaid suspension, followed by termination of employment).

Licensee's Proposed Overall Completion Date: 07/15/2026

Implemented () - 09/18/2026)

65i - Training Record

7. Requirements

65i - Training Record (continued)

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include the length of each course.

Plan of Correction**Accept () - 06/22/2026)**

We are utilizing the Relias training system for our 2026 Staff Training Plan which satisfy the requirements of 65i. Relias is currently operational, but no certificates have been earned. When certificates are earned, the Administrator will provide a copy to the Department as proof that they satisfy the requirements.

Administrator or designee will be responsible for maintaining copies of any certificates received.

Licensee's Proposed Overall Completion Date: 07/15/2026

Implemented () - 09/18/2026)**85d - Trash Receptacles****8. 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

At 10:00 a.m., there were 2 full, uncovered, unattended trash cans in the main kitchen area.

Plan of Correction**Accept () - 07/20/2026)**

The Director of Dining Services covered the trash receptacles within minutes of being alerted by the Licensing Inspector that they were uncovered. That occurred on April 30, 2026. The following day, May 1, 2026, the Administrator and Director of Dining Services met to discuss the violation. It was agreed by both parties that the inspection schedule detailed below was the best plan to correct the violation in the short and medium term.

To ensure that the receptacles are covered, the Administrator or designee will conduct inspections of the trash receptacles in the main kitchen on the following schedule:

Daily (M-F) for 30 days beginning June 15, 2026

Weekly for 12 weeks beginning July 15, 2026

Please see that attached Main Kitchen Trash Receptacles Audit Form. The audit forms will be retained by the Administrator.

Licensee's Proposed Overall Completion Date: 07/15/2026

Implemented () - 09/18/2026)**95 - Furniture and Equipment****9. Requirements**

2600.

95 Furniture and Equipment (*continued*)

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

Description of Violation

The grab bar was unsecured, next to the toilet in bedroom #009.

Plan of Correction

Accept () - 07/20/2026)

The grab bar next to the toilet in bedroom #009 was tightened by the Maintenance Department on May 1, 2026.

The Administrator or designee will conduct monthly inspections of each grab bar in every occupied resident room beginning the week of July 15, 2026. Any grab bars that are found to be loose will be immediately referred to the Maintenance Department for repair.

Please see that attached Grab Bar Audit Form. The Administrator will retain the audit forms.

Licensee's Proposed Overall Completion Date: 07/15/2026

Implemented () - 09/18/2026)

103f - Refrigerator/Freezer Temps**10. 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

At 10:50 a.m., the temperature in the refrigerator section of the refrigerator/freezer in the ground floor common area was 52 degrees Fahrenheit, and at 3:40 p.m., the temperature was 45 degrees Fahrenheit.

Plan of Correction

Accept () - 06/22/2026)

The refrigerator on the ground floor common was properly adjusted to within 24 hours of the end of the Licensing Inspection. Please see the attached Refrigerator/Freezer Temperature Log for May for that refrigerator to verify that the temperatures have remained safe.

Overnight staff conduct daily temperature checks on all refrigerators/freezers which could potentially contain resident food items. The current temperature logs are in a monthly format. We have changed the temperature logs to a weekly format. Each Monday morning, the overnight staff will be required to submit the temperature logs to the Administrator or designee so that the logs are reviewed at least weekly.

The Administrator or designee will also conduct weekly temperature checks for 12 weeks on each Refrigerator/Freezer unit on all three floors to verify that the daily temperature checks are accurate.

Please see that attached revised Weekly Refrigerator/Freezer Temperature Form and the Weekly Refrigerator/Freezer Temperature Audit Form.

Licensee's Proposed Overall Completion Date: 07/15/2026

Implemented () - 09/18/2026)

141a 1-10 Medical Evaluation Information**11. Requirements**

2600.

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

- 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 #4's initial medical evaluation, dated [REDACTED], indicated to "see attached: in the section for medication; however, nothing was attached.

Plan of Correction

Accept ([REDACTED] - 07/20/2026)

The Administrator attached the medication list to the medical evaluation May 1, 2026.

The Administrator or designee will conduct an audit by July 10, 2026, of all current resident records to determine if any resident medical evaluation forms that indicate that resident information is attached and is, in fact not attached.

Beginning July 1, 2026, The Administrator or designee will inspect all future medical evaluation forms to ensure that required information is either on the form itself or is attached to the form.

Each medical evaluation form will be inspected by the Administrator before it enters the resident record. They will be inspected prior to or upon each admission, prior to entering the resident record for each annual update, or prior to entering the resident record for each update due to a substantial change to resident condition.

This inspection process will begin no later than July 1, 2026, and will continue indefinitely.

Please see the attached Medical Evaluation Audit Form.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented ([REDACTED] - 09/18/2026)

141b1 - Annual Medical Evaluation

12. Requirements

2600.

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

Description of Violation

Resident #2's annual medical evaluation, dated [REDACTED] indicated "see med list"; however, no list was attached.

Plan of Correction

Accept ([REDACTED] - 07/20/2026)

The Administrator attached the medication list to the medical evaluation May 1, 2026.

The Administrator or designee will conduct an audit by July 10, 2026, of all current resident records to determine if

141b1 Annual Medical Evaluation (continued)

any resident medical evaluation forms that indicate that resident information is attached and is, in fact not attached.

Beginning July 1, 2026, The Administrator or designee will inspect all future medical evaluation forms to ensure that required information is either on the form itself or is attached to the form.

Each medical evaluation form will be inspected by the Administrator before it enters the resident record. They will be inspected prior to or upon each admission, prior to entering the resident record for each annual update, or prior to entering the resident record for each update due to a substantial change to resident condition.

This inspection process will begin no later than July 1, 2026, and will continue indefinitely.

Please see the attached Medical Evaluation Audit Form.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented () - 09/18/2026)

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

The first floor medication cart included pantoprazole 40mg for resident #4; however, the resident does not have a current order for the medication.

Repeated Violation 5/6/2025

Plan of Correction

Accept () - 07/20/2026)

Resident #4's pantoprazole 40mg was removed from the cart the day of the Licensing Inspection (4/30/26). Resident #4's family mistakenly brought the medication in from home the date of admission and the Resident Care Coordinator did not notice it when the medications were transferred to the cart. It remained in the cart in error until the date of the Licensing Inspection.

The Administrator or designee will conduct a medication cart audit no later than June 15, 2026, to determine if any medications are present without a current order. If any such medications are present, they will be removed from the medication carts until such time as a current order can be obtained by the provider.

Weekly medication cart audits will be conducted by the Administrator or designee beginning no later than July 1, 2026, to ensure that no medications are present in the medication carts without a current order.

The completed Medication Cart Audit Forms will be submitted to the Administrator. The Administrator will review and retain the completed forms.

Please see the attached Medication Cart Audit Form.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/18/2026)

184a - Resident's Meds Labeled

14. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed albuterol HFA 90mcg inhaler inhale 2 puffs by mouth as needed 4 times per day; however, the medication's pharmacy label does not indicate four times a day.

Plan of Correction

Accept () - 07/20/2026

A change of direction sticker was placed on the inhaler 4/30/26 to indicate it is to be given 4 times per day.

The Administrator or designee will conduct a medication cart audit no later than June 15, 2026, to determine if any current medication labels are present in the home that are inconsistent with the supporting current order. If any such medications are present, they will be removed from the medication carts until such time as a current order can be obtained by the provider.

Weekly medication cart audits will be conducted by the Administrator or designee beginning no later than July 1, 2026, to ensure that no medication labels that are inconsistent with the current supporting order are present in the medication carts.

The completed Medication Cart Audit Forms will be submitted to the Administrator. The Administrator will review and retain the completed forms.

Please see the attached Medication Cart Audit Form.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/18/2026

185a - Implement Storage Procedures

15. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5 is prescribed Albuterol Sulfate 2.5mg/3ml, inhale 1 vial every 4 hours as needed for wheezing. However, the medication was not available in the home.

Resident #5 is prescribed guaifenesin 100 mg/5 ml syrup, give 10ml by mouth every 6 hours as needed for cough. However, the medication was not available in the home.

Repeated Violation - 5/6/2025

Plan of Correction

Accept () - 07/20/2026

The Albuterol Sulfate 2.5mg/3ml was discontinued by the provider on 5/1/26.

185a - Implement Storage Procedures (continued)

The guaifenesin 100 mg/5 ml syrup was discontinued by the provider on 5/1/26.

The Administrator or designee will conduct a medication cart audit no later than June 15, 2026, to determine if any medications appear on the MAR and are not present in the home. If any such medications are not present, they will be ordered for immediate delivery from the pharmacy, and the Department will be notified of the Reportable Incident.

Weekly medication cart audits will be conducted by the Administrator or designee beginning no later than July 1, 2026, to ensure that all resident medications that appear on the MAR are present in the home.

The completed Medication Cart Audit Forms will be submitted to the Administrator. The Administrator will review and retain the completed forms.

Please see the attached Medication Cart Audit Form.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/18/2026)

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 #4 is prescribed Florastar 250mg capsule, take 1 capsule by mouth twice daily. Resident #4's April 2026 medication administration record does not include the initials of the staff person who administered this medication on 4/28/26 at 8:00 p.m.

Plan of Correction

Accept () - 07/20/2026)

The provider was contacted 5/1/26 to alert () of the missing documentation because it could not be proven that the medication was administered. The provider did not order any further action.

The plan of correction for this violation will be separated into two categories: 1) current use of paper MAR; 2) future use of Pointclickcare (PCC) EMAR. As noted above, we are transitioning to PCC EMAR and it should be operational sometime in July 2026.

Paper MAR: When one medication administrator relinquishes control of () medication cart, the medication administrator taking control of the cart will conduct a spot check of the paper MARs to verify the documentation of all medications that have been administered on the previous shift.

If any of the MARs indicate medications were not administered or documented as administered, then the medication administrator being relieved must rectify the issue before leaving the shift. If this lapse in time results in a late administration of any medications, the Administrator or designee must be notified immediately so the incident can be reported to the Department.

Both medication administrators will complete and sign the attached MAR Verification Form. The Administrator or designee will review these forms daily (M-F) and retain them.

PCC EMAR: When the PCC EMAR is operational, what follows will be the changes to the above plan. When there is

187b - Date/Time of Medication Admin. (continued)

a shift change between medication administrators, the administrator taking control of the cart will verify that all medications have been documented as being administered by confirming that all resident statuses are green. A green resident status indicates that all administrations have been documented.

Both medication administrators will complete and sign the attached MAR Verification Form. The Administrator or designee will review these forms daily (M-F) and retain them.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/18/2026)

187c - Refusal of Medication**17. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

From 4/1/26 - 4/29/26, resident #4 refused to take scheduled doses of Liraglutide 1.2mg. The home did not have documentation that the refusals were reported to the prescriber.

Plan of Correction

Accept () - 07/20/2026)

The Liraglutide 1.2mg was discontinued by the provider 4/30/26.

The plan of correction for this violation will be separated into two categories: 1) current use of paper MAR; 2) future use of Pointclickcare (PCC) EMAR. As noted above, we are transitioning to PCC EMAR, and it should be operational sometime in July 2026.

Paper MAR: When one medication administrator relinquishes control of medication cart, the medication administrator taking control of the cart will check the paper MARs to determine if there are any refusals documented. Both medication administrators will complete and sign the attached MAR Verification Form. The Administrator or designee will review these forms daily (M-F) and retain them.

PCC EMAR: When the PCC EMAR is operational, what follows will be the changes to the above plan. The medication administrator taking control of the cart will run a Medication Administration Audit Report in PCC to determine if any medications during the preceding shift had been documented as being administered late or had been refused by the resident.

If any medications were administered late, the Administrator must be notified immediately so the incident can be reported to the Department.

If any medications were refused, the administrator taking control of the cart must verify that the previous administrator notified the resident's provider, and that the notification was documented in the resident record. The administrator being relieved may not leave shift until the providers have been notified of any refusals, and the notifications are documented in the resident record.

Both medication administrators will complete and sign the attached MAR Verification Form. The Administrator or

187c Refusal of Medication (continued)

designee will review these forms daily (M F) and retain them.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/18/2026)

187d - Follow Prescriber's Orders**18. Requirements**

2600.

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

Description of Violation

Resident #4 is prescribed Famotidine 10 mg, take by mouth daily. However, on 4/30/25 at 12:00 p.m., the medication was not available in the home.

Plan of Correction

Accept () - 07/20/2026)

The Famotidine 10mg was discontinued by the provider 5/1/26.

The Administrator or designee will conduct a medication cart audit no later than June 15, 2026, to determine if any medications appear on the MAR and are not present in the home. If any such medications are not present, they will be ordered for immediate delivery from the pharmacy, and the Department will be notified of the Reportable Incident.

Weekly medication cart audits will be conducted by the Administrator or designee beginning no later than July 1, 2026, to ensure that all resident medications that appear on the MAR are present in the home.

The completed Medication Cart Audit Forms will be submitted to the Administrator. The Administrator will review and retain the completed forms.

Please see the attached Medication Cart Audit Form.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/18/2026)

190a - Completion Medication Course**19. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff person B completed the Medication Administration course on [REDACTED] However, there is no record of the staff person completing annual practicum observations until April 2026. Direct care staff person B administered medications to multiple residents on multiple dates to include Resident #2 Atenolol 50mg on 4/1/26 and 4/5/26 at

190a Completion Medication Course (continued)

1:00 p.m., Artificial Tears on 4/1/26 and 4/5/26 at 4:00 p.m. and 8:00 p.m., and Irbesartan 150mg on 4/1/26 and 4/5/26 at 8:00 p.m.

Plan of Correction**Accept () - 07/20/2026)**

The completed Medication Administration recertification of Staff Person B is attached. () 2025 certificate is also attached as well as () Annual Observations from 2025 and 2026.

Staff Member B was prohibited from administering medications until proper documentation of certification was obtained by Administrator. Administrator has the documentation and will retain it.

Beginning July 1, 2026, and continuing indefinitely, all future Medication Administrators will be required to present proof of annual practicum observations for each year dating back to the date that they were certified as a Medication Administrator. If no sufficient proof exists, they will be prevented from administering medications until a recertification can be completed.

The Administrator or designee is responsible for ensuring that all proof described above is available and retained in that staff member's personnel file before () is permitted to administer medications.

Administrator will conduct an audit by July 20, 2026, of staff records of all who are qualified to administer medications to ensure that each has completed the approved medication administration course and have annual practicums on file. If any lack the requisite information in their personnel file, they will be prohibited from administering medication until such information is obtained by the Administrator.

Licensee's Proposed Overall Completion Date: 07/20/2026

Implemented () - 09/18/2026)**225a - Assessment 15 Days****20. 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 #4's initial assessment, dated () does not address the resident's social and recreational needs. Theses sections of the form are blank.

Plan of Correction**Accept () - 07/20/2026)**

Resident #4's RASP was updated on 6/1/2026 by Resident Care Coordinator (RCC)/LPN.

Please see the revised assessment for Resident #4 which addresses the resident's social and recreational needs.

The Administrator or designee will conduct an audit current resident RASPs to determine if there are any other current resident RASPs that lack proper assessments. This audit will be completed by July 10, 2026.

225a Assessment 15 Days (continued)

If any current resident RASPs with improper or missing assessments, they will be revised and presented to the resident and/or responsible party for signature and explanation for the error. Any RASPs with improper or missing assessments will be revised and presented to the resident and/or responsible party for signature no later than July 20, 2026.

All future initial assessments will be reviewed by the Administrator or designee to ensure that they are properly completed and executed within 15 days of the resident admission.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented () - 09/18/2026)

227a - Support Plan 30 Days**21. 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 #4's initial assessment, dated [REDACTED] indicates the resident requires total physical assistance with toileting; however, the resident's initial support plan, dated [REDACTED] does not indicate how this need will be met.

Resident #4's initial assessment, dated [REDACTED] indicates the resident requires some physical assistance with with bladder management; however, the resident's initial support plan, dated [REDACTED] indicates "N/A" for how this need will be met.

Plan of Correction

Accept () - 07/20/2026)

Resident #4's RASP was updated on 6/1/2026 by Resident Care Coordinator (RCC)/LPN.

Please see the revised support plan for Resident #4 which provides details as to how the resident's needs will be met for each category assessed.

The Administrator or designee will conduct an audit of current resident RASPs to determine if any lack proper support plans for how each assessed resident need will be met. This audit will be completed by July 10, 2026.

If any current resident RASPs are lacking detailed care plans regarding how resident needs will be met, they will be revised and presented to the resident and/or responsible party for signature and explanation for the error.

All future support plans will be reviewed by the Administrator or designee to ensure that they are properly completed and executed within 30 days of the resident admission.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented () - 09/18/2026)