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

September 2, 2026

[redacted], OWNER
JENNIE'S PERSONAL CARE HOME LLC
[redacted]

RE: JENNIE'S PERSONAL CARE HOME LLC
146 HATFIELD ROAD
SMOCK, PA, 15480
LICENSE/COC#: 45470

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: *JENNIE'S PERSONAL CARE HOME LLC* **License #**: *45470* **License Expiration**: *06/13/2026*

Address: *146 HATFIELD ROAD, SMOCK, PA 15480*

County: *FAYETTE* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *JENNIE'S PERSONAL CARE HOME LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *06/01/2023* **Issued By**: *Menallen Township*

Staffing Hours

Resident Support Staff: *12* **Total Daily Staff**: *29* **Waking Staff**: *22*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *04/30/2026*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served**: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *12*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *5* **Have Physical Disability**: *0*

Inspections / Reviews

04/30/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/22/2026*

05/27/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/26/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/02/2026*

Inspections / Reviews *(continued)*

06/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/04/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/15/2026*

09/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/19/2026*

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

16c - Written Incident Report

1. Requirements

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

Description of Violation

Resident #1 ceased to breathe on resident #1's date of death; however, this incident was not reported to the Department.

Resident #2 ceased to breathe on resident #2's date of death; however, this incident was not reported to the Department.

Plan of Correction ***Directed (- 06/05/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 (
In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:
on 05/21/2026 by the Administrator to Immediate action was taken and the two deaths were reported to the Department.
on [ ] by the [ ] to [ ]
To enhance the currently compliant operations, on 05/21/2026 the Administrator and Executive Director, Preventative action was taken and Regulation 2600.16c was reread by both parties, with a completion date of 05/21/2026.
Effective 05/21/2026 the Administrator and Executive Director will report a death of a resident to maintain ongoing compliance with reporting an 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, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

To enhance the currently compliant operations, on 05/29/2026 the Administrator will do daily audits to ensure any unusual incidents are reported within 24 hours to the department. The Administrator will also conduct a Quality Assurance meeting on June 1,2026 to discuss with the staff Regulation 2600.16 and all 19 insistences where an unusual incidence needs to be reported. We will also discuss how to report it and steps following the report that we must take. A sign in sheet will be kept with documentation on the meeting.

DIRECTED: By 6/15/26: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the review shall be kept. 6/5/26

DIRECTED: By 6/8/26: The administrator shall report the deaths of residents #1 and #2 to the Department. Documentation shall be kept in each resident's record. 6/5/26

Proposed Overall Completion Date: 06/04/2026

16c Written Incident Report *(continued)*

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

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.

Description of Violation

At 9:02am, a binder which contained documentation of charting toileting, brief changes and shower schedules for numerous residents, including residents #5, #6 and #7, was unlocked, unattended and accessible on the home's dining room table.

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 ([redacted]
In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the Administrator to Immediate action was taken and the binder was locked into the med cart.
To enhance the currently compliant operations, on 05/21/2026 the Administrator will monitor the home daily to ensure that all confidential records are locked and are stored in the right place. Administrator will also monitor staff to ensure all records are locked and secured in the right place, with a completion date of 05/21/2026.
Effective 05/21/2026 the Administrator will perform daily checks to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not allow access 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purpose

On June 1, 2026, a staff meeting will be held to discuss Regulation 2600.17, Confidentiality of records conducted by the Administrator, and documentation of the meeting will be kept.

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

25a - Written Contract and Review

3. 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

No resident-home contract was completed for resident #3, who was admitted to the home on [redacted]

Repeated Violation-4/22/2025

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 ([redacted]
In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2026 by the Administrator to contact the daughter to bring us a copy of the contract that the family received on the day of admission.
To enhance the currently compliant operations, on 05/22/2026 the Administrator will do an audit to ensure the contracts are with all of the residents files, with a completion date of 05/29/2026.
Effective 05/22/2026 the Administrator will perform monthly audit of all files to ensure each resident has a contract. of [ ], through 12/31/2026 to maintain ongoing compliance with putting in place a written resident-home contract between the resident and the home prior to admission, or within 24 hours after admission, and for the administrator or a designee to complete a contract review, and explaining its contents to the resident and the resident's designated person if any, prior to signature. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Resident #3 contract was misplaced at the time of inspection. The [redacted] was able to provide a copy of the contract that [redacted] brought back to the Administrator on 05/01/2026. It was completed and signed by all parties on [redacted]

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

41e Signed Statement

4. 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

Resident #3's record does not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e Signed Statement *(continued)*

Plan of Correction ***Directed (- 06/05/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 (
In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2026 by the Administrator to ask the family of Resident #3 to make us a copy of their contract that includes the resident rights and complaint procedures.
To enhance the currently compliant operations, on 05/22/2026 the Administrator will conduct an audit to ensure all residents have contracts in their files, with a completion date of 05/29/2026.
Effective 05/21/2026 the Administrator will perform monthly audit on all resident's folders to ensure they contain a contract of [ ], through 12/31/2026 to maintain ongoing compliance with keeping in the resident's record a statement signed by each resident and, if applicable, each resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Resident #3 contract was misplaced at the time of inspection. The was able to provide a copy of the contract that she brought back to the Administrator on 05/01/2026. It was completed and signed by all parties on

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented (- 09/02/2026)

60a - Staff/Support Plan

5. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On numerous occasions, to include the following dates/times, the home did not have a staff person present in the home who is qualified to administer medications; however, there are numerous residents present in the home who are unable to self administer medications and are prescribed pro re nata (PRN) medications, to include resident #3:

- *On 4/18/26 from approximately 10:30pm through 4/19/26 at approximately 6:30am*
- *On 4/17/26 from approximately 10:30pm through 4/18/26 at approximately 6:30am*
- *On 4/13/26 from approximately 10:30pm through 4/14/26 at approximately 6:30am*

Plan of Correction ***Directed (- 06/05/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 (
In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate

60a - Staff/Support Plan (continued)

action was taken on 04/30/2026 by the Executive Director/Nurse to add a midnight medication passer so that PRN medications can be passed during the midnight shift.
To enhance the currently compliant operations, on 04/30/2026 the Executive Director/Nurse will ensure that a medication passer is on shift 24 hours a day, with a completion date of 05/20/2026.
Effective 04/30/2026 the Executive Director/Nurse will perform weekly ensure a medication passer is on every shift of [ ], through 12/31/2026 to maintain ongoing compliance with ensuring staffing is provided to meet the needs of the residents as specified in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

The executive director will monitor the weekly schedule to ensure a medication passer is present on the midnight shift. The weekly reviews will continue to ensure long term compliance. (DIRECTED: Beginning on 6/8/26: The administrator/designee shall review the direct care staffing schedule weekly to ensure a direct care staff person that is qualified to administer medications is present in the home at all times. [redacted] 6/5/26).

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

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

At 9:49am, the hot water temperature at the sink in the pink common bathroom was 126.1 degrees Fahrenheit.

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 ([redacted]
In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the Adminstrator and Executive Director to Immediate action was taken and the hot water was adjusted to 118 degrees before the end of inspection, and inspector rechecked hot water.
To enhance the currently compliant operations, on 05/21/2026 the Executive Director will do weekly water checks to ensure the hot water stays below 120 degrees, with a completion date of 12/31/2026.
Effective 05/21/2026 the Executive Director will perform weekly checks through the end of the year to maintain ongoing compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes

89b - Hot Water Temperature (continued)

During the weekly audits both resident's restroom sinks will be checked and the audits will be documented for 2 months.

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

132c - Fire Drill Records

7. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 6/13, 7/23, 8/30, 9/13 and 10/22 do not include the year.

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 ([redacted]
In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2026 by the Administrator to add the year to the month and date of the fire drill.
To enhance the currently compliant operations, on 05/22/2026 the Adminisrtrator will do an audit of the fire drill record to ensure all information is complete, with a completion date of 05/29/2026.
Effective 05/21/2026 the Administrator will perform monthly audit to ensure all information is complete of [ ], through 12/31/2026 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

The monthly administrator audits will continue indefinitely to ensure long term compliance. The Administrator organizes and supervises the frill drills, but the staff on duty conducts the drill.

DIRECTED: By 6/15/26: The administrator shall re-educate all current staff persons on the home's fire drill procedures, which includes ensuring accurate and complete documentation is obtained in accordance with 2600.132c. Documentation of the staff education shall be kept. [redacted] *6/5/26*

Proposed Overall Completion Date: 06/04/2026

132c - Fire Drill Records *(continued)*

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

132d - Evacuation

8. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's most recent documentation from a fire safety expert, dated 5/15/25, indicates a maximum evacuation time of 3 minutes to "either a public thoroughfare or to a fire-safe area that is pre-designated"; however, the documentation does not indicate the location of the fire-safe areas.

Repeated Violation-4/22/2025

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 ([redacted]
In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/26/2026 by the Administrator to contact Chief [redacted] to clarify in an addendum to our original letter that the fire-safe area is the handicap parking spot in front of the building. Administrator is asking to have the addendum by May 31, 2026.

Effective 05/31/2026 the Administrator will perform [ ] [ ] of [ ], through [ ] to maintain ongoing compliance with ensuring residents are able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

The fire expert granted any area outside to be a safe haven as long that area is free from smoke. The letter was received on June 4, 2026.

The administrator will be preforming fire drills with the safe haven being the handicap parking spot. In the reality of a real fire the safe haven will be an area that is free from smoke. The Administrator organizes fire drills however the staff on duty conducts the fire drill.

DIRECTED: Beginning on 6/8/26: The administrator shall review all fire drill records monthly to ensure all residents evacuate to a public thoroughfare within the time specified by a fire safety expert within the past year in accordance with 2600.132d. [redacted] 6/5/26

132d - Evacuation (continued)

DIRECTED: By 6/15/26: The administrator shall re-educate all current staff persons on the home's fire drill procedures, which includes the location of the designated meeting place outside the building. Documentation of the staff education shall be kept. [redacted] 6/5/26

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

132f - Alternate Exit Routes

9. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Exit route #2 was the only exit route used during each monthly fire drill held from August 2025 through December 2025.

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 ([redacted]
In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/29/2026 by the Administrator to redo the yearly fire drill form. an error was made by the Administrator, and the wrong information was filled out in the wrong columns.
To enhance the currently compliant operations, on 05/29/2026 the Executive Director will review the fire drill log to ensure the right information is completed by the administrator, with a completion date of 05/29/2026.
Effective 05/29/2026 the Administrator will perform monthly review of multiple exits are used in monthly fire drills, through 12/31/2026 to maintain ongoing compliance with using alternate exit routes during fire drills. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

The monthly administrator audits will continue indefinitely to ensure long term compliance. The Administrator organizes and supervises the frill drills, but the staff on duty conducts the drill.

DIRECTED: By 6/15/26: The administrator shall re-educate all current staff persons on the home's fire drill procedures, which includes ensuring alternate exits are used during each fire drill in accordance with 2600.132f. Documentation of the staff education shall be kept. [redacted] 6/5/26

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

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

Resident #3's medical evaluation, dated [redacted] does not indicate if resident #3 needs can be met safely at the personal care home. This section of resident #3's medical evaluation is blank.

Plan of Correction

Directed ([redacted] - 06/05/2026)

HOME'S PREVIOUS PLAN OF CORRECTION, WHICH WAS SUBMITTED ON 5/26/26 ([redacted]

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/29/2026 by the Administrator to contact the residents PCP to fill out an addendum to ensure the residents needs can be met in a personal care home.

To enhance the currently compliant operations, on 05/29/2026 the Administrator will review all DMEs to ensure all areas are completed entirely, with a completion date of 06/05/2026.

Effective 06/05/2026 the Administrator will perform monthly review to make sure all areas are completed., through 12/31/2026 to maintain ongoing compliance with ensuring each resident has 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, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes

Resident #3's DME was returned from [redacted] PCP on June 4, 2026, filled out in entirely.

The administrator will do monthly audits on any new resident's DMEs that are admitted within that month to ensure all areas are filled out correctly. Monthly audits shall continue indefinitely to ensure long term compliance.

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

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

Implemented ([redacted] - 09/02/2026)

141b2 Medical Evaluation Changes

11. Requirements

2600.
141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #4's status change medical evaluation, dated [redacted] does not indicate if resident #4 can safely use or avoid poisonous materials. This section of resident #4's medical evaluation is blank.

Plan of Correction ***Accept ([redacted] - 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/29/2026 by the Administrator to contact the residents PCP to fill out an addendum to the medical evaluation to determine if the resident can safely use or avoid poisonous materials. The form was completed and returned 06/03/2026.

To enhance the currently compliant operations, on 05/29/2026 the Administrator will review all DMEs to ensure all information is filled out correctly and all areas are complete, with a completion date of 06/05/2026.

Effective 06/05/2026 the Administrator will perform monthly review all DMEs of are complete and will continue indefinitely to maintain ongoing compliance with ensuring each resident has a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The monthly audits shall continue indefinitely to ensure long term compliance.

Proposed Overall Completion Date: 06/04/2026

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

Implemented ([redacted] - 09/02/2026)

183d Prescription Current

12. 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 9/18/25, resident #5's APAP-325mg tablets were discontinued by the prescriber; however, the medication was present in the home's medication cart at the time of inspection.

183d - Prescription Current *(continued)*

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the Executive Director/Nurse to dispose of the OTC medication when inspectors were in the facility. On June 1, 2026, the Executive Director/Nurse and the Administrator, who is also a Train the Trainer re-educated the Med passers on the home's medication administration procedures. and the removal of medication immediately upon receipt of a discharge order.

To enhance the currently compliant operations, on 05/21/2026 the Executive Director/Nurse will monitor all discontinued medications are taken out of the med cart and are properly disposed of, with a completion date of 05/29/2026.
On June 1, 2026, Administrator and Executive Director/Nurse will re-educate staff on the home's medication administration procedures which includes the home's procedures for removing medication immediately upon receipt of the discharge order. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i.
[redacted] 6/5/26

Effective 05/21/2026 the Executive Director/Nurse will perform weekly monitor all discontinued medications. After 12/31/2026, audits will move to monthly to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home with weekly audits. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. On 12/31/2026 the audits will switch to monthly audits to continue long term compliance.

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

184a - Resident's Meds Labeled

13. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

At the time of inspection, no pharmacy label was present on resident #3's Novolog flex pen 100u/ml-Inject subcutaneously per sliding scale before meals and at bedtime.

Plan of Correction ***Accept ([redacted] - 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the Executive Director/Nurse to contact our pharmacy to have a label delivered to attach to the bag containing the Novolog pen. The label was delivered on May 15, 2025

184a - Resident's Meds Labeled (continued)

To enhance the currently compliant operations, on 05/26/2026 the Executive Director/Nurse will review with the med passers that medications must have the Residents name, the name of the medication, the date of the prescription was issued, the prescribed dosage and instructions for medications, and the name and prescribers, with a completion date of 05/26/2026 and documentation will be kept.

Effective 05/29/2026 the Executive Director/Nurse will perform weekly audit of all medication labels to ensure the 5 rights are included on each label, through 12/31/2026 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the name and title of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

On June 1, 2026, Administrator and Executive Director/Nurse shall re-educate the staff on the 5 rights of medication. The five rights must be included on all labels on each medication. Documentation will be kept.

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

Implemented ([redacted] - 09/02/2026)

185a - Implement Storage Procedures

14. 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 #3 is currently prescribed Albuterol HFA inhaler-Inhale 2 puffs by mouth every 4 hours as needed; however, this medication was not present in the home and available for administration at the time of inspection.

Repeated Violation-4/22/2025

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the Executive Director/Nurse to conduct Resident #3 PCP to order an Albuterol inhaler. After talking to the PCP, the order was discontinued on 05/01/2026. (DIRECTED: By 6/10/26: The administrator shall ensure a copy of the discontinued order of resident #3's Albuterol is present in resident #3's record. [redacted] 6/5/26).

To enhance the currently compliant operations, on 05/29/2026 the Executive Director/Nurse will review all residents' medications weekly to ensure all the residents have the medications they are ordered, with a completion date of 06/05/2026.

185a Implement Storage Procedures (continued)

Effective 05/29/2026 the Executive Director/Nurse will perform weekly audits compared to each resident's MAR to ensure each resident has each medication they need for daily prescription medication pass through 12/31/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. (DIRECTED: The weekly audits shall include a review of all medications for at least 5 different residents during each weekly audit to ensure compliance with 2600.185a. [redacted] 6/5/26). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED: By 6/15/26: The administrator shall re educate all staff persons qualified to administer medications on the home's medication administration procedures, which includes the home's procedures for reordering medications prior to depleting the current supply to ensure all resident medications are present in the home and available for administration. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 6/5/26

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

186a - Authorized Prescriber

15. Requirements

2600.
186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

At the time of inspection, there were 14 tablets of Mucinex rapid clear present in the home's medication cart for resident #3; however, there was no copy of a current physician order present in the home for this medication.

Plan of Correction ***Accept ([redacted] - 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the Executive Director/Nurse to dispose of the 14 tablets of Mucinex rapid clear while the inspectors were still present in the home.

To enhance the currently compliant operations, on 05/22/2026 the Executive Director/Nurse will do an audit of all medications to ensure we have a prescription for all OTC medications, with a completion date of 05/29/2026.

Effective 05/22/2026 the Executive Director/Nurse will perform weekly audit of all OTC medications. of [ ], through 12/31/2026 to maintain ongoing compliance with ensuring each prescription medication must be prescribed in writing by an authorized prescriber, and prescription orders are kept current. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Resident #3 was admitted with all medications brought from home in bottle containers. The bottle containers were kept in a locked cabinet in our office because the bottles didn't fit in our med cart. In that container was a box of Mucinex that was brought from home. The Mucinex was never added by a doctor. It was just something the family brought in. The Mucinex was not on the discharge orders of medications paper [redacted] where [redacted] came to us from.

186a - Authorized Prescriber (continued)

Education was conducted to reeducate staff that any OTC medications that are not ordered by the PCP needs to be sent back home with the family upon admission. This education was performed on June 1, 2026, conducted by Administrator and Executive Director/Nurse and documentation of the education will be kept.

Proposed Overall Completion Date: 06/04/2026

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

Implemented ([redacted] - 09/02/2026)

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's April 2026 medication administration record (MAR) does not include the initials of the staff person who administered Eliquis 5mg tablet-Take 1 tablet by mouth twice a day to resident #4 on 4/14/26 at 8:00am

Resident #5's April 2026 MAR does not include the initials of the staff person who administered Quetiapine 25mg tablet-Take 1/2 tablet by mouth twice a day to resident #5 on 4/8/26 at 1:00pm.

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/22/2026 by the Executive Director/Nurse a meeting was held with all medication passers to review the importance documentation when passing medications.

To enhance the currently compliant operations, on 05/29/2026 the Executive Director/ Nurse will review the MAR weekly to ensure there are no holes in the documentation on the MARs, with a completion date of 05/29/2026

Effective 05/22/2026 the Executive Director/ Nurse will perform weekly audits of the MAR to ensure all medications were signed off by the medication passers for all residents receiving medications, through 12/31/2026 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. (DIRECTED: At least 5 different resident MAR's shall be reviewed during each weekly audit to ensure compliance with 2600.187b. [redacted] 6/5/26). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

On June 1, 2026, the staff was re-education on the documentation of administering medication. Documentation will be kept on the class.

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

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

187d - Follow Prescriber's Orders

17. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is currently prescribed Folic Acid 1mg tablet-Take 1 tablet by mouth once a day as a vitamin supplement; however, from 4/16/26 through 4/30/26, resident #3 was administered Folic Acid 0.8mg tablets daily.

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the Executive Director/Nurse to order the correct dose of Folic Acid for Resident #3 it was delivered on May 1, 2026.

Staff will be re-educated on the homes medication administration procedures which include ensuring pharmacy labels and MARs are reviewed prior to administration to ensure accuracy. This will be conducted by the Administrator and Executive Director/Nurse and documentation will be kept. (DIRECTED: The staff education shall be completed by 6/15/26. [redacted] 6/5/26)

To enhance the currently compliant operations, on 05/22/2026 the Executive Director/Nurse will do an audit on all medications to ensure the residents have the right strength to their medications, with a completion date of 05/29/2026.

Effective 05/29/2026 the Executive Director/Nurse will perform monthly Audit on all medications to ensure we have the right dose of medications. The monthly audits shall continue indefinitely to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

All

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

225a - Assessment 15 Days

18. 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 #3's assessment, dated [redacted] does not include numerous diagnoses indicated on resident #3's medical evaluation, dated [redacted] to include urinary tract infection, Depression, seizures, unspecified asthma, history of falling

225a Assessment 15 Days (continued)

and Gastroesophageal Reflux Disease (GERD).

Repeated Violation 4/22/2025

Plan of Correction ***Directed ([redacted] - 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/22/2026 by the Executive Director/Nurse to add all diagnosis from the DME to the support plan for Resident #3.

To enhance the currently compliant operations, on 05/22/2026 the Executive Director/Nurse will conduct an audit of all assessments for every resident, so they have all the diagnoses from their DME, with a completion date of 05/29/2026.

Effective 05/22/2026 the Executive Director/Nurse will perform monthly doing an audit to ensure all diagnoses are on the assessment. (DIRECTED: A review of 5 different resident records shall be completed during each monthly audit to ensure accuracy and completeness in accordance with 2600.225a. [redacted] 6/5/26). The monthly audits will continue indefinitely to maintain ongoing compliance with ensuring each resident has 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)

227d - Support Plan Medical/Dental

19. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4 began receiving hospice services on [redacted] however, resident #4's most recent support plan, dated [redacted] does not include the specific services or frequency of services resident #4 is receiving from hospice.

Repeated Violation 4/22/2025

227d Support Plan Medical/Dental *(continued)*

Plan of Correction ***Directed (- 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/22/2026 by the Administrator a new RASP was generated for resident #4 to add the specific additional support that the resident is receiving from Hospice such as bathing, feeding, ect....

To enhance the currently compliant operations, on 05/22/2026 the Administrator will conduct an audit of all RASP to ensure all additional support a resident may receive will be included in the form, with a completion date of 05/29/2026.

Effective 05/22/2026 the Administrator will perform as needed or monthly audit of all RASPs of [ ], through 12/31/2026 to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All services that are received from any outside companies, such as Hospice, will be documented in the RASP as to what those services may be.

DIRECTED: Beginning on 6/15/26: The administrator shall review at least 5 different resident records each month to ensure accurate and complete support plans are present in accordance with 2600.227d. 6/5/26

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented (- 09/02/2026)

251c - Standardized Forms

20. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #5's medical evaluation, dated , is not completed on the Department's current medical evaluation form.

Plan of Correction ***Directed (- 06/05/2026)***

In response to the violation on 04/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2026 by the Administrator to have the correct medical evaluation form filled out by PCP. Resident #5 was , and the facility completed an out of date DME. The new DME will be returned by June 12,2026.

To enhance the currently compliant operations, on 05/21/2026 the Administrator will review all DMEs to ensure they are done on the new updated form provided by the Department, with a completion date of 05/29/2026.

251c - Standardized Forms (continued)

Effective 05/21/2026 the Administrator and Executive Director will perform monthly and upon new admissions review of all forms indefinitely to maintain ongoing compliance with using standardized forms to record information in the resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/04/2026

Directed Completion Date: *06/15/2026*

Implemented ([redacted] - 09/02/2026)