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

July 13, 2026

[redacted], DIVISION DIRECTOR, RESIDENT CARE
HIDDEN MEADOWS OPCO LLC
[redacted]

RE: HIDDEN MEADOWS ON THE RIDGE
340 FARMERS LANE
SELLERSVILLE, PA, 18960
LICENSE/COC#: 14523

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2026, 05/12/2026 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: *HIDDEN MEADOWS ON THE RIDGE* **License #**: *14523* **License Expiration**: *07/20/2026*

Address: *340 FARMERS LANE, SELLERSVILLE, PA 18960*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *HIDDEN MEADOWS OPCO LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *09/02/2010* **Issued By**: *West Rockhill Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *60* **Waking Staff**: *45*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *05/12/2026*

Inspection Dates and Department Representative

05/11/2026 - On-Site: [redacted]

05/12/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *46*

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**: *46*

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

Have Mobility Need: *14* **Have Physical Disability**: *3*

Inspections / Reviews

05/11/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/12/2026*

06/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/26/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/26/2026*

Inspections / Reviews *(continued)*

07/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/26/2026*

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

15b - Supervisor Plan

1. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] resident #1 reported that someone had stolen $1,400.00 from the resident's nightstand drawer. Once police arrived, resident #1 indicated that they felt staff member A took the money. The home did not develop and implement a plan of supervision or suspend staff member A.

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

- On 5/12/2026, after finishing their investigation, the Department determined the allegation was unfounded. Staff Member A was removed from this resident's assignment and retrained on regulation 2600.42.b on 3/23/2026 as a precautionary measure but continues to work in the community.
- On 5/12/2026, the Divisional Director of Resident Care (DDRC) retrained the Executive Director (ED) on regulation 2600.15.b including the need to immediately suspend any staff member involved in an abuse allegation or place the staff member on a plan of supervision. DDRC explained despite the police's investigation and our internal investigation deeming the allegation unfounded, the staff member needs to remain suspended until the Department comes out to investigate. If after the Department investigates, they deem it unfounded then the staff member can be brought back to work.
- Documentation of training and/or meetings will be maintained.

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

Implemented ([redacted] - 07/13/2026)

23a - Activities of Daily Living Assistance

2. 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

The assessment and support plan, dated [redacted] for resident #2 indicates the resident requires assistance with transferring in/out of bed/chair and toileting. On several occasions resident #2 is forced to wait in excess of 30 minutes for assistance. This wait time is verified through the home's call bell system where the following wait times are documented:

- *On 05/11/26 at 6:39 AM, the resident waited 56 minutes for assistance,*
- *On 05/10/26 at 11:39 AM, the resident waited 50 minutes for assistance,*
- *On 05/07/26 at 9:30 PM, the resident waited 56 minutes for assistance.*

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

- On 5/12/2026, the DDRC provided retraining to the ED on the requirements of regulation 2600.23.a.
- On 5/12/2026, the ED provided training to the community leadership team on the requirements of regulation 2600.23.a.
- On 5/27/2026, during a staff meeting, the ED conducted a training session for the community team on the requirements of regulation 2600.23.a.
- On 6/9/2026, the ED provided training to the Assistant Director of Health and Wellness (ADHW) on the requirements of regulation 2600.23.a.

23a Activities of Daily Living Assistance (continued)

Starting the week of 6/15/2026, the call bell report will be reviewed during the department director meeting three times weekly for 4 weeks, then twice weekly for 4 weeks, and finally weekly for 4 weeks to ensure ongoing compliance with regulation 2600.23.a.

Documentation of training and/or meetings will be maintained.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/13/2026)

26a - Quality Management Plan

3. Requirements

2600.
26.a. The home shall establish and implement a quality management plan.

Description of Violation

Prior to a meeting this year on 04/21/26, the home has not implemented it's quality management plan as it has not conducted a quality management review since 01/25/24.

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

During a community audit, the ED discovered the previous year's Quality Management Plan was not conducted by the previous ED. An updated Quality Management Plan was conducted on 4/21/2026.?

On 4/21/2026, the ED provided retraining to the community leadership team on the requirements of regulation 260026.a.

On 6/3/2026, the current Quality Management Plan policy for the community has been updated and reviewed by the management company's? COO and DDRC to ensure compliance with 2600.26.a.

On 6/12/2026, the ED provided retraining to the community leadership team on the updated Quality Management Plan policy.

Documentation of training and/or meetings will be maintained.

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

Implemented (- 07/13/2026)

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 , staff member B a former employee, had an altercation with resident #2. Staff member B screamed at resident #2, took the resident out of their room and made them sit at a table by the cafe. When the resident requested to return to their room staff member B and would not allow them to do so or allow other staff to take them back. This caused resident #2 physical pain due to a health condition. The resident stated they were also afraid of staff member B and suffered mental anguish from the treatment of staff member B.

42b Abuse *(continued)*

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

On [redacted], as soon as the ED was made aware of this incident, resident 2 was assessed by the interim Director of Health and Wellness. During the assessment, no injuries were noted and resident 2 denied pain. Resident 2's responsible party and primary care physician were notified. No new orders were received.

On [redacted] as soon as the ED was made aware of this incident, staff member B was suspended pending an investigation. Staff member B was subsequently terminated on [redacted]

On 5/12/2026, the DDRC provided retraining to the ED on the requirements of regulation 2600.42b.

On 5/12/2026, the ED conducted a retraining for the community leadership team on the requirements of regulation 2600.42b.

Starting on 5/27/22026, the ED began retraining the staff on the requirements of regulation 2600.42b.

On 5/27/2026, the ED started conducting monthly staff trainings on the Older Adult Protective Services Act (OAPSA) and mandatory abuse reporting. This monthly training by the ED or designee will continue through October 2026.

Starting the week of 6/15/2026, the DHW, ADHW, and/or designee will conduct 2 resident and 2 staff interviews regarding abuse weekly for 12 weeks to ensure ongoing compliance with regulation 2600.42b.

Documentation of trainings and interviews will be maintained.

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

Implemented (- 07/13/2026)

42x - Safeguard

5. Requirements

2600.
42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

On page 7 of the home's "Addendum H House Rules" under the "Personal Funds; Personal Valuables" the rules state The Community does not provide storage of jewelry or other valuables and cannot guarantee your personal property will not be lost, damaged or stolen." There is no indication that the home provides a system to safeguard the residents' money and property.

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

On 5/12/2026, the DDRC provided retraining to the ED on the requirements of regulation 2600.42.x.

On 5/12/2026, the ED provided training to the leadership team on the requirements of regulation 2600.42.x.

On 5/27/2026, the ED conducted training for the community staff on the requirements of regulation 2600.42.x.

By 6/19/2026, ED, Maintenance Tech or designee will conduct a walkthrough of resident rooms to identify residents who need a system to safeguard money and property. Any rooms found without a system to safeguard money and property will be provided with a system immediately.

Starting the week of 6/22/2026, Maintenance Tech or designee will audit 3 resident rooms to ensure there is a system to safeguard residents' money and property weekly for 6 weeks then biweekly for 6 weeks to ensure ongoing compliance with regulation 2600.42x.

Documentation of training and audits will be maintained.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented (- 07/13/2026)

60a - Staff/Support Plan

6. 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 [redacted] 1 Care Manager and 2 Medtechs were in the building. Resident #2 needed assistance with transfers and toileting as required by their assessment and support plan dated [redacted] Due to staff taking too long resident #2 attempted to get up from the sofa but fell to the floor. The resident was not injured in the fall. On 05/11/26, 05/10/26 and 05/07/26, resident #2 did not receive assistance with their ADL's timely.

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

- On 5/12/2026, the DDRC provided retraining to the ED on the requirements of regulation 2600.60.a.
- On 5/12/2026, the ED provided training to the leadership team on the requirements of regulation 2600.60.a.
- On 6/9/2026, the ED provided training to the ADHW on the requirements of regulation 2600.60.a.
- Starting the week of 6/15/2026, the DHW, ADHW and Memory Care Director will meet weekly for the next 2 months to review the direct care staff schedule and the needs of the current residents to ensure ongoing compliance with regulation 2600.60.a.
- Documentation of training and/or meetings will be maintained.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented ([redacted] - 07/13/2026)

65f - Training Topics

7. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person C did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and personal care service needs of the resident during training year 2025.

Direct care staff person D did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2025.

Direct care staff person E did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2025.

65f - Training Topics (continued)

Repeated Violation - 05/12/2025, et al.

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

- On 2/25/2026, Staff person C was trained by the ED on the requirements of regulation 2600.65.f.
- On 2/11/2026, Staff person D was trained by the DHW and Memory Care Director on the requirements of regulation 2600.65.f.
- On 2/25/2026, Staff person E was trained by the ED on the requirements of regulation 2600.65.f.
- On 5/12/2026, the DDRC provided a retraining to the ED on the requirements of regulation 2600.65.f.
- On 5/12/2026, the ED provided training to the leadership team on the requirements of regulation 2600.65.f
- On 5/27/2026, the ED provided training to the BOD on the requirements of regulation 2600. 65.f.
- By 6/12/2026, BOD or designee will audit current employees' files to verify compliance with regulation 2600.65.f.
- Starting the week of 6/15/2026, the BOD or designee will audit 3 staff files twice weekly for 4 weeks then weekly for 4 weeks then biweekly for 2 months to ensure ongoing compliance with regulation 2600.65.f.
- Documentation of training and meetings will be maintained.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/13/2026)

65g - Annual Training Content

8. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons A, C, and D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights during training year 2025.

Staff person E did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2025.

Repeated Violation - 05/12/2025, et al.

65g - Annual Training Content *(continued)*

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

- On 4/29/2026, Staff person A was trained by staff trained by the fire safety expert on the requirements of regulation 2600.65.g.
- On 2/25/2026, Staff person C was trained by the fire safety expert on the requirements of regulation 2600.65.g.
- On 3/25/2026, Staff person D was trained by the fire safety expert on the requirements of regulation 2600.65.g.
- On 2/25/2026, Staff person E was trained by the fire safety expert on the requirements of regulation 2600.65.g.
- On 5/12/2026, the DDRC provided retraining to the ED on the requirements of regulation 2600. 65.g.
- On 5/12/2026, the Executive Director conducted a retraining for the community leadership team on the requirements of regulation 2600.65.g.
- On 5/27/2026, the ED provided training to the BOD on the requirements of regulation 2600.65.g.
- On 6/9/2026, ED provided training to the new ADHW on the requirements of regulation 2600.65.g.
- By 6/12/2026, BOD or designee will audit current employees' files to verify compliance with regulation 2600.65g.
- Starting the week of 6/15/2026, the BOD or designee will audit 3 staff files twice weekly for 4 weeks then weekly for 4 weeks then biweekly for 2 months to ensure ongoing compliance with regulation 2600.65g.
- Documentation of training and meetings will be maintained.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented ([redacted] - 07/13/2026)

66b - Training Plan Content

9. Requirements

2600.
66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the name, position and duties of each direct care staff person, the required training courses for each staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year.

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

- On 5/12/2026, at the time of the inspection, the annual training plan was updated to include the following:
1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.
- On 5/12/2026, the DDRC provided retraining to the ED on the requirements of regulation 2600.66.b.
- On 5/12/2026, ED provided retraining to the community's leadership team on the requirements of regulation 2600.66.b.
- On 5/27/2026, the ED provided training to the BOD on the requirements of regulation 2600.66.b.
- On 6/9/2026, ED provided training to the new ADHW on the requirements of regulation 2600.66.b.
- Before 12/31/2026, ED or designee will ensure the community's 2027 Annual Training Plan meets the requirements of regulation 2600.66b.
- Documentation of training and meetings will be maintained.

66b Training Plan Content *(continued)*

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

Implemented ([redacted] - 07/13/2026)

107d - Procedure Emergency Management Agency Submission

10. Requirements

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

Description of Violation

The home's written emergency procedures were submitted on 01/08/26. The previous submission was 03/02/23.

Repeated Violation 05/12/2025, et al.

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

During an audit in January of 2026, it was discovered that the home's emergency procedures were not reviewed, updated and submitted annually to the local emergency management agency. On 1/8/2026, the interim ED reviewed, updated and submitted the community's emergency procedures to the local emergency management agency.

On 5/12/2026, the DDRC provided retraining to the ED on the requirements of regulation 2600.107.d

On 5/12/2026, ED provided retraining to the community's leadership team on the requirements of regulation 2600.107.d.

On 6/9/2026, ED provided training to the new ADHW on the requirements of regulation 2600.107.d.

Before 12/31/2026, ED or designee will ensure the community's emergency procedures are reviewed, updated and submitted to the local emergency management agency to ensure compliance with regulation 2600.107.d.

Documentation of training and meetings will be maintained.

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

Implemented ([redacted] - 07/13/2026)

181f - Record of Medication

11. Requirements

2600.
181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 05/12/26, resident #3's record did not include a current list of medications. The list in the resident's record included Flonase nasal spray which the resident did not have in their medication box. The resident did have Afrin nasal spray which is not on resident #3's medication list.

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

On 5/12/2026, Resident Care Specialist (RCS) spoke to resident #3 who stated [redacted] preferred to use Afrin nasal spray instead of Flonase nasal spray. RCS contacted the PCP, relayed that information and obtained an order to discontinue Flonase nasal spray and an order to start Afrin 0.05% nasal spray Use two sprays in each nostril once daily as needed for seasonal allergies. RCS notified resident #3 of the order changes.

On 5/12/2026, DDRC provided retraining to ED on the requirements of regulation 2600.181f.

181f - Record of Medication (continued)

- On 5/12/2026, ED provided retraining to the community's leadership team on the requirements of regulation 2600.181.f.
- On 6/9/2026, ED provided training to the new ADHW on the requirements of regulation 2600.181.f.
- By 6/12/2026, DHW, ADHW or designee will perform a self-medication evaluation on each resident that self-medicates to ensure the resident's current list of prescription, CAM and OTC medications matches the medications they have secured in their rooms. During these evaluations, DHW, ADHW or designee will also educate each self-medicating resident on the requirements of regulation 2600.181.f.
- Starting the week of 6/15/2026, DHW, ADHW or designee will audit the current list of prescription, CAM and OTC medications for 2 self-medicating residents to ensure they match the medications the residents have secured in their rooms weekly for 4 weeks then biweekly for 4 weeks then monthly for 1 month to ensure ongoing compliance with regulation 2600.181f.
- Documentation of training and audits will be maintained.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented ([redacted] - 07/13/2026)

185a - Implement Storage Procedures

12. 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 #4 is prescribed Bumetanide 1 mg Tablet, Robafen DM 200-20 mg, and Docusate Sodium 100 mg soft gel as needed. On 05/12/26 these medication(s) were not available in the home.

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

- On 5/12/2026, RCS contacted resident #4's PCP and obtained an order to discontinue the Robafen DM 200-20mg. During that call with the PCP, RCS also confirmed the PCP wants the as needed order for Bumetanide 1mg and Docusate Sodium 100mg to continue so these medications were ordered from the pharmacy and received in the community.
- On 5/13/2026, the medication technician who documented the incorrect glucometer reading on 5/4/2026 at 12pm and the medication technician who documented the incorrect glucometer reading on 5/9/2026 attended a diabetic training with a diabetic educator.
- On 5/13/2026, the medication technician who documented the incorrect glucometer reading on 5/4/2026 at 12pm corrected the documentation in the eMAR to reflect the correct glucometer reading.
- On 5/13/2026, the medication technician who documented the incorrect glucometer reading on 5/9/2026 at 12pm corrected the documentation in the eMAR to reflect the correct glucometer reading.
- On 5/12/2026, DDRC provided retraining to ED on the requirements of regulation 2600.185a.
- On 5/12/2026, ED provided retraining to the community leadership team on the requirements of regulation 2600.185a.
- On 6/9/2026, ED provided training to the new ADHW on the requirements of regulation 2600.185.a.
- By 6/19/2026, DHW, ADHW, Healthcare Coordinator (HCC) or designee will perform electronic medication

185a Implement Storage Procedures (continued)

administration record (eMAR) to medication cart audit for all current residents to ensure compliance with regulation 2600.185.a.

Starting the week of 6/22/2026, DHW, ADHW, HCC or designee will perform eMAR to medication cart audit on one medication cart weekly for 12 weeks to ensure ongoing compliance with regulation 2600.185a.

Documentation of training and audits will be maintained.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented (- 07/13/2026)

13. 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

On 5/4/2026, the 12:00 pm glucometer reading for resident #4 was 203; however it was documented on the medication administration record (MAR) as 201,
On 5/9/2026, the 12:00 pm glucometer reading for resident #4 was 158; however it was was documented on the MAR as 180.

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

On 5/12/2026, RCS contacted resident #4's PCP and obtained an order to discontinue the Robafen DM 200 20mg. During that call with the PCP, RCS also confirmed the PCP wants the as needed order for Bumetanide 1mg and Docusate Sodium 100mg to continue so these medications were ordered from the pharmacy and received in the community.

On 5/13/2026, the medication technician who documented the incorrect glucometer reading on 5/4/2026 at 12pm and the medication technician who documented the incorrect glucometer reading on 5/9/2026 attended a diabetic training with a diabetic educator.

On 5/13/2026, the medication technician who documented the incorrect glucometer reading on 5/4/2026 at 12pm corrected the documentation in the eMAR to reflect the correct glucometer reading.

On 5/13/2026, the medication technician who documented the incorrect glucometer reading on 5/9/2026 at 12pm corrected the documentation in the eMAR to reflect the correct glucometer reading.

On 5/12/2026, DDRC provided retraining to ED on the requirements of regulation 2600.185a.

On 5/12/2026, ED provided retraining to the community leadership team on the requirements of regulation 2600.185a.

On 6/9/2026, ED provided training to the new ADHW on the requirements of regulation 2600.185.a.

By 6/19/2026, DHW, ADHW, Healthcare Coordinator (HCC) or designee will perform electronic medication administration record (eMAR) to medication cart audit for all current residents to ensure compliance with regulation 2600.185.a.

Starting the week of 6/22/2026, DHW, ADHW, HCC or designee will perform eMAR to medication cart audit on one medication cart weekly for 12 weeks to ensure ongoing compliance with regulation 2600.185a.

Documentation of training and audits will be maintained.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented (- 07/13/2026)

202 - Prohibitions

14. Requirements

2600.
202. The following procedures are prohibited:

Description of Violation

On [redacted], staff member B a former employee was yelling at resident #2 for ringing their call bell. Sometime after dinner, staff member B pushed resident #2 out of the resident's room and made the resident sit in their wheelchair in the common area alone. When resident #2 requested to return to their room, they were denied by staff member B until approximately 9:00 PM.

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

- On [redacted] as soon as the ED was made aware of this incident, resident 2 was assessed by the interim Director of Health and Wellness. During the assessment, no injuries were noted and resident 2 denied pain. Resident 2's responsible party and primary care physician were notified. No new orders were received.
- On [redacted], as soon as the ED was made aware of this incident, staff member B was suspended pending an investigation. Staff member B was subsequently terminated on [redacted]
- On 5/12/2026, the DDRC provided retraining to the ED on the requirements of regulation 2600.202.
- On 5/12/2026, the ED conducted a retraining for the community leadership team on the requirements of regulation 2600.202.
- On 6/9/2026, ED provided training to the new ADHW on the requirements of regulation 2600.202.
- Starting on 5/27/2026, the ED began retraining the community staff on the requirements of regulation 2600.202.
- Starting in June 2026, the ED or designee will conduct monthly staff trainings on the requirements of regulation 2600.202 for 3 months.
- Starting the week of 6/15/2026, the DHW, ADHW, and/or designee will conduct 2 resident and 2 staff interviews regarding prohibitions weekly for 12 weeks to ensure ongoing compliance with regulation 2600.202.
- Documentation of training and interviews will be maintained.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented ([redacted] - 07/13/2026)

227d Support Plan Medical/Dental

15. 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

The assessment for resident #2, dated [redacted] is incomplete. The Personal Care Need and Degree column for Securing health care" is blank.

Repeated Violation - 05/12/2025, et al.

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

- On 5/12/2026, the Personal Care Need and Degree column for securing healthcare in the RASP for resident #2 was updated by the Division Director of Resident Care (DDRC) with the date and initials noted next to the update. On that same day, a note was also added to the RASP addendum for resident #2 about this update by the DDRC.
- On 5/12/2026, DDCS retrained ED and DHW on the requirements of regulation 2600.227d.
- On 5/12/2026, the ED conducted a retraining for the community leadership team on the requirements of

227d Support Plan Medical/Dental (continued)

regulation 2600.227.d.

On 6/9/2026, ED provided training to ADHW on the requirements of regulation 2600.227.d.

By 6/19/2026, DHW, ADHW or designee will audit current resident's RASPs to ensure compliance with regulation 2600.227d. Any areas of non compliance will be addressed immediately.

Starting the week of 6/22/2026, DHW, ADHW or designee will audit 4 RASPs weekly for 3 months to ensure ongoing compliance with regulation 2600.227d.

Documentation will be maintained.

Proposed Overall Completion Date: 06/26/2026

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented (- 07/13/2026)