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

July 8, 2026

[redacted], EXECUTIVE DIRECTOR
MARIS GROVE INC
500 MARIS GROVE WAY
GLEN MILLS, PA, 19342

RE: MARIS GROVE INC, EVERGREEN POINTE
500 MARIS GROVE WAY
GLEN MILLS, PA, 19342
LICENSE/COC#: 14821

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: *MARIS GROVE INC, EVERGREEN POINTE* **License #**: *14821* **License Expiration**: *07/20/2027*

Address: *500 MARIS GROVE WAY, GLEN MILLS, PA 19342*

County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] *Assisted Living Manager* **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MARIS GROVE INC*

Address: *500 MARIS GROVE WAY, GLEN MILLS, PA, 19342*

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

Certificate(s) of Occupancy

Type: *I 2* **Date**: *06/28/2021* **Issued By**: *Concord Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *126* **Waking Staff**: *95*

Inspection Information

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

Reason: *Renewal, 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: *132* **Residents Served**: *90*

Special Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *90*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *36* **Have Physical Disability**: *0*

Inspections / Reviews

05/11/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/14/2026*

Inspections / Reviews *(continued)*

06/11/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/30/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/01/2026*

07/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/30/2026*

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

42c Dignity/Respect

1. Requirements

2800.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1's assessment and support plan (ASP) updated on [redacted] indicates that the resident needs assistance with getting to/from the dining room and cueing and supervision with transferring in/out of chair for safety. On 01/13/2026, resident #1 finished dinner in the dining room and waited approximately 22 minutes for assistance to return to their room. When staff A finally arrived at the dining room, the staff stood several feet away from where the resident sat and for roughly 2 1/2 minutes went back and forth with the resident, stating in a rude tone "just stand up" while the resident explained they were unable. Staff B, who had been observing the interaction, stepped in to assist the resident to transfer to their wheelchair. The resident stated that they were scared of staff A's size, demeanor, and the way staff A ordered them around in a loud and rough manner.

Plan of Correction ***Accept ([redacted] - 06/11/2026)***

Deficiency: 2800. 42.C. A Resident shall be treated with dignity and respect.
Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

Description of Violation
Resident #1's assessment and support plan (ASP) updated on [redacted] indicates that the resident needs assistance with getting to/from the dining room and cueing and supervision with transferring in/out of chair for safety. On 01/13/2026, resident #1 finished dinner in the dining room and waited approximately 22 minutes for assistance to return to their room. When staff A finally arrived at the dining room, the staff stood several feet away from where the resident sat and for roughly 2 1/2 minutes went back and forth with the resident, stating in a rude tone "just stand up" while the resident explained they were unable. Staff B, who had been observing the interaction, stepped in to assist the resident to transfer to their wheelchair. The resident stated that they were scared of staff A's size, demeanor, and the way staff A ordered them around in a loud and rough manner.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
Upon discovery of the deficit practice on [redacted] Assisted Living Manager suspended Staff person A for investigation. Staff person A was terminated by the Human Resources Manager from their position on [redacted] as a result of the internal investigation.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?
The Assisted Living Manager will review grievances weekly to determine if any are related to Dignity and Respect beginning the week of 6/8/26, for a period of 4 weeks. If any grievances are identified that relate to Dignity and Respect, they will be appropriately reported to DHS within 24 hours.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

42c Dignity/Respect (continued)

The Assisted Living Manager or designee will complete education on Dignity and Respect with the Assisted Living team and nurses. Goal for completion of the training will be June 30, 2026.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?
Compliance will be monitored by the Assisted Living Manager or Designee in May and June 2026 as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/01/2026)

65g Initial direct care training

2. Requirements

2800.
65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:
1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   i. Safe management techniques.
   ii. ADLs and IADLs
   iii. Personal hygiene.
   iv. Care of residents with mental illness, neurological impairments, an intellectual disability and other mental disabilities.
   v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   vi. Implementation of the initial assessment, annual assessment and support plan.
   vii. Nutrition, food handling and sanitation.
   viii. Recreation, socialization, community resources, social services and activities in the community.
   ix. Gerontology.
   x. Staff person supervision, if applicable.
   xi. Care and needs of residents with special emphasis on the residents being served in the residence.
   xii. Safety management and hazard prevention.
   xiii. Universal precautions.
   xiv. The requirements of this chapter.
   xv. The signs and symptoms of infections and infection control.
   xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
   xvii. Behavioral management techniques.
   xviii. Understanding of the resident's assessment and how to implement the resident's support plan.
   xix. Person-centered care and aging in place.

Description of Violation

Staff person B, who did not complete 18 hours of training as required by 2800.65g (1-3), and did not successfully complete the Department-approved direct care training course and pass the competency test provided unsupervised assisted living services on 01/13/2026 around 06:30 PM by assisting resident #1 to transfer from the dining room chair to their wheelchair.

65g Initial direct care training *(continued)*

Plan of Correction ***Accept ([redacted] - 06/11/2026)***

Deficiency:2800. 65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of
training in the following areas:
1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
i. Safe management techniques.
ii. ADLs and IADLs
iii. Personal hygiene.
iv. Care of residents with mental illness, neurological impairments, an intellectual disability and other mental disabilities.
v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
vi. Implementation of the initial assessment, annual assessment and support plan.
vii. Nutrition, food handling and sanitation.
viii. Recreation, socialization, community resources, social services and activities in the community.
ix. Gerontology.
x. Staff person supervision, if applicable.
xi. Care and needs of residents with special emphasis on the residents being served in the residence.
xii. Safety management and hazard prevention.
xiii. Universal precautions.
xiv. The requirements of this chapter.
xv. The signs and symptoms of infections and infection control.
xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
xvii. Behavioral management techniques.
xviii. Understanding of the resident's assessment and how to implement the resident's support plan.
xix. Person-centered care and aging in place.
Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

Description of Violation
Staff person B, who did not complete 18 hours of training as required by 2800.65g (1-3), and did not successfully complete the Department-approved direct care training course and pass the competency test provided unsupervised assisted living services on 01/13/2026 around 06:30 PM by assisting resident #1 to transfer from the dining room chair
to their wheelchair.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.
Staff person B, who is not a direct care staff person, has tendered [redacted] resignation and [redacted] last day of employment will be [redacted] Staff person B is unable to receive education prior to [redacted] last day of employment.

65g Initial direct care training (continued)

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?
The Dining Room staff working in Evergreen Pointe, will be educated by the Assisted Living Manager or Designee on regulation 2800.65g and will be instructed to call for a direct care staff person for assistance with direct care of residents, rather than assisting the residents themselves. Goal for completion of this education will be June 30, 2026.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?
Any Dining staff person continuing to engage in the deficient practice after receiving the education, will be performance managed by the Dining Room Manager or Designee moving forward.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?
Compliance will be monitored by the Assisted Living Manager or Designee in May and June 2026 as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/01/2026)

69 Dementia training

3. Requirements

2800.
69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person B, date of hire [redacted] received only 0.5 hours of dementia-specific training relating during training year 2025.

Repeat Violation - 04/08/2025 et al.

Plan of Correction ***Accept ([redacted] - 06/11/2026)***

Deficiency: 2800. 69 Additional Dementia specific training – Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel, and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.
Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

Description of Violation
Staff person B, date of hire [redacted] received only .5 hours of dementia specific training during training year 2025.

What corrective action(s) will be accomplished for those staff found to have been affected by the deficient practice?

69 Dementia training (continued)

Staff person B, has tendered [redacted] resignation and [redacted] last day of employment will be [redacted] Staff person B is unable to receive additional Dementia education prior to [redacted] last day of employment.

How will you identify other staff having the potential to be affected by the same deficient practice and what corrective action will be taken?
Training transcripts for the remaining Dining staff members working in Evergreen Pointe will be run by the Staff Development Coordinator or Designee to identify any further Dementia trainings not completed for the training year 2025.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?
Any Dining staff person identified as not having the required number of Dementia training hours completed for the training year 2025 will be scheduled to complete the required trainings by June 30, 2026, or they will be removed from the schedule by the Dining Room Manager until the trainings are completed.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?
Compliance will be monitored by the Assisted Living Manager or Designee in May and June 2026 as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)

141a Medical evaluation

4. Requirements

2800.
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.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident #2, dated [redacted] does not include the resident's electric scooter, sit-to-stand

141a Medical evaluation (continued)

lift, and hospital bed with bi lateral Ubars, which the resident utilizes for safe transfer. This area of the form only indicates 'assistance with transfer'.

Plan of Correction ***Accept ([redacted] - 06/11/2026)***

Deficiency: 2800.141a 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 resident's, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
11. An indication that a tuberculin skin test has been administered with negative results, within 2 years, or if the tuberculin skin test is positive, the result of a chest X ray in the event the tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day to day service needs.
Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

Description of Violation
The medical evaluation for resident #2, dated [redacted] does not include the resident's electric scooter, sit to stand lift, and hospital bed with bi lateral Ubars, which the resident utilizes for safe transfer. This area of the form only indicates 'assistance with transfer'.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
The form found to be affected by the deficient practice was corrected by the community and noted with the provider's initials and date added on the form in the section with the missing information.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?
The Assisted Living Manager or Designee will conduct an audit of all resident's DMEs to ensure that section 10 on all DME's have been filled out appropriately and that there is no missing information. Goal for this audit to be completed will be June 30th, 2026.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?
Education/re education will be provided by the Assisted Living Manager or Designee to all Medical Provider's who support Assisted Living on full and proper completion of DME's. The goal for this re education to be completed will

141a Medical evaluation (continued)

be June 30th, 2026.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?
Compliance will be monitored by the Assisted Living Manager or Designee in May and June 2026 as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)

183e Storing Medications

6. Requirements

2800.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 05/12/2026, resident #3's Eliquis 2.5 mg blister card was broken on the back at slot #2.

Morphine syringes prescribed for Resident #4 with expiration dates of 04/06/2026 and 03/13/2026 were still in the residence.

An unopened box of Rhopressa 0.02% eye drops prescribed for resident #5 was in the resident's medicine cabinet; however, the eye drop had an instruction of 'keep refrigerated until opened'.

Repeat Violation 04/08/2025 et al.

Plan of Correction ***Accept ([redacted] - 06/11/2026)***

Deficiency: 2800.183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.
Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

Description of Violation
On 05/12/2026, resident #3's Eliquis 2.5 mg blister card was broken on the back at slot #2.
Morphine syringes prescribed for Resident #4 with expiration dates of 04/06/2026 and 03/13/2026 were still in the residence.
An unopened box of Rhopressa 0.02% eye drops prescribed for resident #5 was in the resident's medicine cabinet; however, the eye drop had an instruction of 'keep refrigerated until opened'.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
Upon discovery of the broken Eliquis, the expired Morphine Syringes, and the unrefrigerated box of eye drops on

183e Storing Medications (continued)

5/12/26, the Wellness Manager immediately removed the medication and discarded the medication.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?
The Wellness Manager or Designee will complete an audit starting on 6/8/26 of 4 random medication cabinets a week for 4 weeks to ensure no blister packs are broken, and no unopened refrigerated medications are in the cabinet. The Wellness Manager or Designee will complete an additional audit starting on 6/8/26 of 2 random narcotic cabinets a week for four weeks to verify all narcotics are within their expiration range.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?
Medication Technicians working in Assisted Living will be re-educated by the Assisted Living Manager or Designee on ensuring they are checking medications for punctures, expiration dates, and instructions for refrigeration. Goal for completion of this education will be June 30, 2026. Any medication technician working in Assisted Living identified in any of the deficient practices after having been re-educated, will be performance managed by the Assisted Living Manager or Designee moving forward.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?
Compliance will be monitored by the Assisted Living Manager or Designee in May and June 2026 as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)

185a Storage procedures

7. Requirements

2800.
185.a. The residence 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 05/12/2026 at 11:07 AM, resident #5's glucometer was not calibrated to correct date and time. The glucometer displayed 05/11/2026 23:09.

Resident #6 is prescribed blood sugar checks twice per day. On 05/10/2026 at 07:34 AM, a glucometer reading of 139 was documented on the medication administration record (MAR) as 137. On 05/06/2026 at 08:47 AM, a glucometer reading of 184 was documented on the MAR as 183.

Repeat Violation - 04/08/2025 et al.

Plan of Correction ***Accept ([redacted] - 06/11/2026)***

Deficiency: 2800. 185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.
Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a

185a Storage procedures (continued)

matter of compliance with federal and/or state law.

Description of Violation
On 05/12/2026 at 11:07 AM, resident #5's glucometer was not calibrated to correct date and time. The glucometer displayed 05/11/2026 23:09.
Resident #6 is prescribed blood sugar checks twice per day. On 05/10/2026 at 07:34 AM, a glucometer reading of 139 was documented on the medication administration record (MAR) as 137. On 05/06/2026 at 08:47 AM, a glucometer reading of 184 was documented on the MAR as 183.

What corrective action(s) will be accomplished for those resident's found to have been affected by the deficient practice?
All medication technicians working in Assisted Living will be re educated by the Assisted Living Manager or Designee on Calibrating Glucometers. Goal for this education to be completed will be June 30, 2026.

How will you identify other resident's having the potential to be affected by the same deficient practice and what corrective action will be taken?
A random sample of 2 resident glucometers and two diabetic observation will be completed/audited weekly by the Wellness Manager or Designee, beginning the week of 6/8/26, and will continue for a period of 4 weeks, to ensure all glucometers are calibrated to the correct date and time and the proper glucometer reading is entered onto the MAR.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur.
Any staff person identified in either deficient practice after having been re educated, will be performance managed by the Assisted Living Manager or Designee moving forward.

How will the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?
Compliance will be monitored by the Assisted Living Manager or Designee in May and June 2026 as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)

187b Date/time of med admin

8. Requirements

2800.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #7 is prescribed Lorazepam 0.5 mg twice daily as needed. The resident's May MAR does not include the initials of staff C, who administered it on 05/04/2026 at 05:00 PM, 05/05/2026 at 04:00 PM, and 05/09/2026 at 04:50 PM.

Repeat Violation 04/08/2025 et al.

187b Date/time of med admin *(continued)*

Plan of Correction ***Accept ([redacted] - 06/11/2026)***

Deficiency: 2800.187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.
Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

Description of Violation
Resident #7 is prescribed Lorazepam 0.5 mg twice daily as needed. The resident's May MAR does not include the initials of staff C, who administered it on 05/04/2026 at 05:00 PM, 05/05/2026 at 04:00 PM, and 05/09/2026 at 04:50 PM.

What corrective action(s) will be accomplished for those resident's found to have been affected by the deficient practice?
Upon discovery of the deficit practice on 5/11/2026 Assisted Living Manager investigated residents MAR for further discrepancies and subsequently Team Member C was terminated from their position on 5/21/2026 based off of the internal investigation.

How will you identify other resident's having the potential to be affected by the same deficient practice and what corrective action will be taken?
The Assisted Living Manager or Designee will do a random audit of two Narcotic Cabinets one time per week beginning on 6/8/26 and will continue with the audits for a period of 4 weeks, to ensure the documentation of administration is on not only the Controlled Medication Utilization Record, but also on each resident's MAR. Additionally, all medication technicians will be re-educated by the Assisted Living Manager or Designee on real time documentation on both the Controlled Substance Utilization Record and the MAR. Goal for completion of this education will be June 30, 2026.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur.
Any medication technician working in Assisted Living identified in either deficient practice after having been re-educated, will be performance managed by the Assisted Living Manager or Designee moving forward.

How will the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?
Compliance will be monitored by the Assisted Living Manager or Designee in May and June 2026 as part of the facility Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)