

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

September 14, 2026

[REDACTED], ADMINISTRATOR
OUR HOME OF HOPE INC
223-225 CHERRY STREET
COLUMBIA, PA, 17512

RE: OUR HOME OF HOPE
223-225 CHERRY STREET
COLUMBIA, PA, 17512
LICENSE/COC#: 33322

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: OUR HOME OF HOPE

License #: 33322

License Expiration: 06/13/2026

Address: 223 225 CHERRY STREET, COLUMBIA, PA 17512

County: LANCASTER

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: OUR HOME OF HOPE INC

Address: 223-225 CHERRY STREET, COLUMBIA, PA, 17512

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/14/1994

Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 26

Waking Staff: 20

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

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: 30

Residents Served: 26

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 24

Are 60 Years of Age or Older: 21

Diagnosed with Mental Illness: 14

Diagnosed with Intellectual Disability: 7

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

05/11/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/11/2026

Inspections / Reviews (*continued*)

06/22/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/27/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/29/2026

07/01/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/27/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 07/23/2026

09/14/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 07/27/2026
Reviewer: [REDACTED] Follow Up Type: Not Required

17 - Record Confidentiality

1. 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

On 5/11/26 at 9:17 AM, the staff laptop containing residents' medication information to include Resident #1 and Resident #2's medication administration record, as well as the home's controlled drug log, containing residents' narcotic prescriptions to include Resident #3's, were unlocked, unattended and accessible on the medication cart.

Plan of Correction

Accept () - 07/01/2026

- On 5/11/2026 at 9:17am Staff Member Immediately logged out of E-Mar on staff laptop
- On 5/11/2026 Administrator or designated person moved Controlled drug log book to drawer in the Med Cart
- Administrator or designated person educated Med Tech staff at each change of shift to ensure DHS compliance
- On 6/25/2026 Administrator educated Med Tech's at Med Tech meeting on 6/25/2026.

- On 6/22/2026 Clinical Nurse Supervisor started daily Audit for on-going monitoring

- Administrator will include Staff education and documentation to be reviewed at next QA meeting scheduled 7/23/2026.

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

Implemented () - 09/14/2026

20b1 - Financial Records

2. Requirements

2600.

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

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for Resident #4. The financial record provided was dated 10/13/25, showing a balance of \$561.36. On or about 5/2/26, the resident made a request to withdraw \$160 from this account. However, the financial record for Resident #4 did not include the withdraw amount from the resident's account.

Plan of Correction

Accept () - 07/01/2026

- On 5/11/2026 Administrator and Executive Director immediately reviewed all current resident balances. Statements for all residents that Our Home of Hope is holding funds will be provided by Executive Director to Administrator on a quarterly basis for resident's file.
- Administrator/ Executive Director will continue to provide resident statements upon request by resident or Designated person/ POA at any time throughout the quarter.

20b1 Financial Records (continued)

Executive Director will provide Administrator with a monthly update of account balances (see attached spreadsheet) around the 1st of the month and quarterly statements for resident's files.

1.) Executive Director will provide Administrator statements for all residents that Our Home of Hope is holding funds, on a quarterly basis for residents' record.

2.) Executive Director/Administrator will continue to provide resident statements upon request by resident or designated person/POA at any time throughout quarter.

3.) Executive Director will provide Administrator with a monthly update of account balances around the 1st of the month and quarterly statements for residents' record.

Education for staff responsible for compliance

A.) Executive Director will be trained by Our Home of Hope's Business Office Manager on the creation and review of the residents' statement via Quick books. Initial training will be performed by July 1, 2026 and annual training will be performed by June 1st of each year thereafter. The DHS Regulations section 20b1 will be reviewed by Executive Director and Business Office Manager by July 1, 2026 and each year thereafter.

B.) Monthly statements will be provided by the Executive Director to the Administrator by the 15th of every month, starting with July 2026. The 15th of the month will allow for the posting of interest from the interest bearing savings account for accurate statements.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

20b2 - Access to Money**3. Requirements**

2600.

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

2. Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

Description of Violation

Residents who receive financial management from the home often receive the money requested in approximately 2 days after requested because the home has to cut a check.

Plan of Correction

Accept () - 07/01/2026)

Access to Money Resident funds shall be disbursed during normal business hours within 24 hours of resident's request.

Administrator/ Executive Director will Implement a new Resident Cash Request Voucher for documenting resident withdrawing funds out of their bank account. (see attached voucher).

Administrator will keep \$600 in safe (replenishing to maintain balance) to offer 24 hour turn around for requests if a request is made before a holiday or start of a weekend.

1.) Resident funds shall be disbursed during normal business hours within 24 hours of residents' request.

2.) Administrator/Executive Director will implement a new Resident Cash Request Voucher for documenting resident withdrawing funds out of their bank account (see attached voucher).

20b2 - Access to Money (continued)

3.) Administrator will keep \$600 in safe (replenishing to maintain balance) to offer 24 -hour turnaround for requests if a request is made before a holiday or start of a weekend.

Education for staff responsible for compliance –

A.) Administrator will receive training from the Executive Director, who created the Resident Cash Request Voucher, on the importance of meeting the 24- hour turnaround for requests, completion of new Resident Cash Request Voucher, importance of maintaining records of each transaction, and attaching completed vouchers to monthly statements. Training will also include review of DHS Regulations section 20b2 and be completed by July 1, 2026 and annual training will be performed by June 1st of each year thereafter.

B.) Executive Director will perform quarterly audits to confirm requests are made within 24 hours via Resident Cash Request Voucher and fully executed vouchers are maintained in residents' record by comparing to statement withdrawals, including attaching vouchers to monthly statements. Voucher system started June 18, 2026. First quarterly audit will be conducted by September 15, 2026 and performed every quarter thereafter.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

20b5 - No Commingling**4. Requirements**

2600.

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

5. Commingling of resident funds and home funds is prohibited.

Description of Violation

Residents' rebate checks are deposited and kept in one account under the home's name, including Residents #4, #7 and #8's rebate checks.

Plan of Correction

Accept () - 07/01/2026)

- On 5/11/2026 Executive Director immediately transferred resident funds from Our Home of Hope business account to current Rep Payee account, which does not include any OHOH business funds.

- Executive Director and Bank Manager will be set up new interest- bearing accounts for resident funds to include (stimulus, rent rebates, pharmacy deposit/ and payments, gifts, etc.). Interest will be added to resident funds accordingly each month.

- Executive Director/Business Office Manager are currently tracked resident funds through Quickbooks and will continue to be tracked through Quickbooks so statements can be generated on a monthly, quarterly, and as needed basis for resident files.

- Executive Director Business Office Manager will complete audit of resident interest- bearing accounts, resident

20b5 No Commingling (continued)

funds, and resident's monthly allowance funds (kept in our office safe) will be performed on a quarterly basis.

On 5/11/2026 Executive Director immediately transferred resident funds from Our Home of Hope business account to current Rep Payee account, which does not include any OHOH business funds.

Executive Director and Bank Manager will be set up new interest bearing accounts for resident funds to include (stimulus, rent rebates, pharmacy deposit/ and payments, gifts, etc.). Interest will be added to resident funds accordingly each month.

Executive Director/Business Office Manager are currently tracked resident funds through Quick books and will continue to be tracked through Quick books so statements can be generated on a monthly, quarterly, and as needed basis for resident files.

Executive Director Business Office Manager will complete audit of resident interest bearing accounts, resident funds, and resident's monthly allowance funds (kept in our office safe) will be performed on a quarterly basis.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

20b9 - Record Keeping**5. Requirements**

2600.

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

9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

There is no copy of the quarterly account of financial transactions in resident records, including Residents #4, #7 and #8, for the period of 01/2026 to 05/2026 showing the itemized account for residents' expenditures related to their rent rebate account.

Plan of Correction

Accept () - 07/01/2026)

Executive Director to provide Administrator with a statement of resident's funds accounting on a quarterly basis for resident's records. Statements will also be available upon request by resident or Administrator anytime throughout the quarter.

Executive Director will provide Administrator with a spreadsheet (see attached) showing the balance held for each resident on a monthly basis around the first of each month.

1.) Executive Director to provide Administrator with a statement of resident's funds accounting on a quarterly basis for resident's records. Statements will also be available upon request by resident or Administrator anytime throughout the quarter.

2.) Executive Director will provide Administrator with a spreadsheet (see attached) showing the balance held for each resident on a monthly basis around the first of each month.

Education for staff responsible for compliance

A.) Executive Director and Administrator will work together to create a tickler system to ensure record keeping is completed monthly. Statements will be printed monthly by Executive Director and provided to the Administrator along with the monthly spreadsheet. The Administrator is responsible for filing the statements in the residents' record each month. This record keeping will start in July 2026 and continuing each month thereafter.

B.) The Administrator will review quarterly statements with the residents starting July 2026 and continuing each

20b9 - Record Keeping (continued)

quarter thereafter.

C.) Training will consist of the Executive Director and Administrator reviewing our filing system to ensure compliance, reviewing the regulations, discussing the importance of maintaining and monitoring accurate and complete resident records, and review of the DHS Regulations 20b9 by July 1, 2026 and every year thereafter. Executive Director will review resident records quarterly for compliance.

D.) Compliance will be confirmed by complete itemized statements in resident records monthly and review of statements with residents quarterly.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

54a - Direct Care Staff**6. Requirements**

2600.

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

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

Description of Violation

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

Plan of Correction

Accept () - 07/01/2026)

- Administrator on 5/11/2026 immediately spoke with staff member about obtaining () High School Diploma, and () contacted () high school and awaiting response from staff member.
- On 6/22/2026 Staff Member B will not provide any kind of services unsupervised while waiting for documentation.
- Administrator will continue to complete a Staff Audit to ensure all staff documentation is completed and is in compliance with State Regulation.
- On 6/22/2026 Administrator will continue on-going quarterly monitoring audit.
- On 6/25/2026 Administrator will re-educate staff member responsible for compliance.
- Administrator will include Staff Audit and documentation in next QA meeting scheduled 7/23/2026.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

85b - Infestation**7. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 5/12/26 at 11:29 AM, there were live bed bugs crawling on two of the beds in resident room [REDACTED] occupied by Residents #6, #7 and #8.

Plan of Correction**Accept ([REDACTED] - 07/01/2026)**

- Administrator on 5/11/2026 immediately contacted Pest Control Company and scheduled service for 6/11/2026 and 6/12/2026.*
- On 6/15/2026 Maintenance worker and housekeeping will continue on-going monitoring daily audit.*
- Administrator will educate on Bed Bugs Education at next Staff Meeting scheduled 7/9/2026.*
- Administrator will re-educate residents on Bed Bugs at next Resident meeting scheduled 7/14/2026.*
- Administrator will include and review all documentation in next QA meeting scheduled 7/23/2026*

Licensee's Proposed Overall Completion Date: 07/23/2026**Implemented ([REDACTED] - 09/14/2026)****89b - Hot Water Temperature****8. Requirements**

2600.

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

Description of Violation

On 5/11/26 at 11:20 AM, the hot water temperature in the shower near resident room #106 measured 138.9 degrees Fahrenheit.

On 5/11/26 at 11:23 AM, the hot water temperature in the 2nd floor shower near resident room #208 measured 144.8 degrees Fahrenheit.

Plan of Correction**Accept ([REDACTED] - 07/01/2026)**

- Administrator on 5/11/2026 immediately had maintenance worker check all hot water heaters to ensure water temperature did not exceed 120 degree F.*
- Administrator/ Executive Director on 6/8/2026 contacted Plumbing Company for Services about recommendations on how to better monitor the hot water heaters water temperatures*
- On 6/22/2026 Administrator educated staff on DHS Regulations Hot water temperature on 6/22/2026.*
- On 6/19/2026 Administrator will continue a weekly audit to monitor water temperature*
- Administrator will have the Maintenance worker continue to monitor water temperatures weekly until resolved with Plumbing Company*
- Administrator will include and review all documentation in next QA meeting scheduled 7/23/2026*

89b - Hot Water Temperature (continued)

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026

103f - Refrigerator/Freezer Temps**9. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/11/26 at 11:02 AM, the temperature in the freezer #2 was 10 degrees Fahrenheit and at 3:24 PM, it was 10 degrees Fahrenheit.

On 5/11/26 at 11:02 AM, the temperature in the freezer #3 was 4 degrees Fahrenheit and at 3:24 PM, it was 8 degrees Fahrenheit.

On 5/11/26 at 11:03 AM, the temperature in the freezer #5 was 6 degrees Fahrenheit and at 3:25 PM, it was 2 degrees Fahrenheit.

Repeated Violation - 6/16/25

Plan of Correction

Accept () - 07/01/2026

- Administrator on 5/11/2026 immediately contacted Service Company to have all freezers/ refrigerators serviced and maintenance completed on 5/12/2026.
- On 5/12/2026 Maintenance worker and kitchen cook will continue on-going monitoring daily.
- Administrator on 5/14/2026 had Maintenance worker replace all thermometer(s) with new units.
- On 6/25/2026 Administrator educated staff on DHS Regulations on 6/25/2026
- Administrator will include updated information to be reviewed at next QA meeting scheduled 7/23/26

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026

103g - Storing Food**10. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 5/11/26 at 11:10 AM, a half block of butter, and a can of whip cream was observed opened and unsealed in the kitchen refrigerator.

103g Storing Food (continued)

Plan of Correction

Accept () - 07/01/2026)

Administrator on 5/11/2026 immediately had kitchen Cook clean out kitchen refrigerators
 On 5/12/2026 Maintenance worker and kitchen cook will continue on going monitoring daily.
 Administrator rechecked refrigerator to ensure kitchen signs were still in place
 On 6/25/2026 Administrator re educated staff on DHS State Regulation Compliance
 Administrator will include updated information to be reviewed at next QA meeting scheduled 7/23/2026.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

107d - Procedure Emergency Management Agency Submission

11. 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 have not been reviewed, updated and submitted to the local emergency management agency since 2024.

Plan of Correction

Accept () - 06/22/2026)

Administrator on 5/11/2026 immediately contacted Columbia Fire Company Fire Chief to verify receiving Emergency Management Procedure and Floor plans at Annual Fire Drill/ Training. (See attached).
 Administrator will continue to forward Our Home of Hope Emergency Management Procedure to Local Fire Chief to maintain compliance with State Regulation.
 Administrator will continue to be responsible for scheduling annual training with local fire chief.
 Administrator will include Emergency Management to review at next QA meeting scheduled 7/23/2026.

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

Implemented () - 09/14/2026)

121a - Unobstructed Egress

12. Requirements

2600.
 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 5/11/26 at 9:14 AM, a powered wheelchair was blocking the egress from the home's medication room area to the exterior of the home.

121a - Unobstructed Egress (*continued*)**Plan of Correction**

Accept () - 07/01/2026)

- Administrator on 5/11/2026 immediately moved power-chair from blocking the egress medication room door to the exterior/ outside.
- On 6/22/2026 Maintenance Worker will continue weekly audits to ensure DHS Regulation Compliance.
- On 6/25/2026 Administrator will educate staff on Unobstructed Egress to ensure DHS Regulation
- Administrator will include an audit to review at next QA meeting schedule 7/23/2026.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

126a - Furnace Inspection

13. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last annual inspection of the furnace was conducted on 1/29/25.

Plan of Correction

Accept () - 06/22/2026)

- Administrator on 5/11/2026 immediately contacted Heating and Cooling Company to schedule missed maintenance visited. Service was scheduled for 6/12/2026.
- Administrator on 5/11/2026 discussed with Heating and Cooling Company a every 6 months service contacted to ensure scheduled maintenance is not missed, and to ensure compliance with DHS Regulations.
- Administrator will include DHS Regulation to be reviewed and documentation at next QA meeting scheduled 7/23/2026.

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

Implemented () - 09/14/2026)

126b - Furnace Cleaning

14. Requirements

2600.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The furnace was last cleaned on 1/29/25.

Plan of Correction

Accept () - 06/22/2026)

- Administrator on 5/11/2026 immediately contacted Heating and Cooling Company to schedule missed maintenance visited. Service was scheduled for 6/12/2026.
- Administrator on 5/11/2026 discussed with Heating and Cooling Company a every 6 months service contacted to

126b - Furnace Cleaning (continued)

ensure scheduled maintenance is not missed, and to ensure compliance with DHS Regulations.
 - Administrator will include DHS Regulation to be reviewed at next QA meeting scheduled 7/23/2026.

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

Implemented () - 09/14/2026)

141a 1-10 Medical Evaluation Information**15. 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 #9's initial medical evaluation, dated , did not include the height, weight, pulse rate, blood pressure, temperature and cognitive functioning

Plan of Correction

Accept () - 07/01/2026)

- Administrator on 5/11/2026 immediately reviewed resident's medical evaluation that were completed on or before admission to Our Home of Hope
- On 5/11/2026 Administrator updated Resident #9 medical evaluation to ensure Regulation Compliance
- On 6/22/2026 Administrator will re-educate staff responsible for compliance of medical evaluation to ensure DHS Regulation Compliance
- On 5/11/2026 Administrator completed initial audit, and will continue to complete Resident Admission Audit to ensure compliance with State Regulations
- On 5/11/2026 Administrator will have a second check completed by Clinical Nurse Supervisor to ensure compliance. Then, Administrator will continue ongoing monitoring quarterly to ensure DHS Regulation Compliance.
- Administrator will include Resident Admission Audit and documentation to be reviewed at next QA meeting scheduled 7/23/2026.

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026

183c - Refrigerated Meds Locked

16. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 5/11/26 at 11:34 AM, Insulin Lispro 100 unit/ML injection pens, prescribed to Resident #5, were unlocked and accessible in the refrigerator located in the medication area which is between the kitchen and dining areas.

Plan of Correction

Accept () - 07/01/2026

- Administrator on 5/11/2026 immediately obtained locked container for additional medications.
- Administrator on 5/12/2026 purchased two new medication locked boxes
- On 6/22/2026 Administrator will continue on-going monitoring audit weekly.
- On 6/25/2026 Administrator will educate staff at Med Tech meeting scheduled on 6/25/2026.
- Administrator/ Clinical Nurse Supervisor will educate med tech staff to ensure all medication stored in refrigerator is kept in a locked container
- Administrator will discuss progress at next QA meeting scheduled 7/23/2026

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026

183d - Prescription Current

17. 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 5/11/26 at 11:34 AM, Insulin Lispro 100 unit/ML injection pens, prescribed for Resident #5, was in the home's medication refrigerator. However, this medication was discontinued on 12/16/25.

Plan of Correction

Accept () - 06/22/2026

- Clinical Nurse Supervisor on 5/11/2026 immediately disposed of insulin pens
- Clinical Nurse Supervisor will continue with monthly Med Cart Audits.
- Administrator/ Clinical Nurse Supervisor will re- educate Med Tech Staff at next Med Tech meeting scheduled 6/23/2026.
- Administrator will include in Med Cart Audit at next QA meeting scheduled 7/23/2026

Licensee's Proposed Overall Completion Date: 07/23/2026

183d - Prescription Current (*continued*)

Implemented (████ - 09/14/2026)

183e - Storing Medications

18. Requirements

2600.

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

Description of Violation

On 5/11/26 at 2:56 PM, a loose pill labeled "K11" was located in the medication cart.

Plan of Correction

Accept (████ - 07/01/2026)

- Administrator/ Clinical Nurse Supervisor on 5/11/2026 immediately removed and disposed of loose medication upon finding meds in Med Cart completed 5/11/2026.
- Administrator/ Clinical Nurse Supervisor will re-educate all Med Tech's on proper medication administration and compliance.
- On 6/25/2026 Administrator will educate staff at Med Tech meeting scheduled on 6/25/2026.
- Administrator/ Clinical Nurse Supervisor will continue to conduct monthly Med Cart Audits to ensure prescriptions are current MAR's are compliant, and maintain medications under proper conditions.
- Administrator/ Clinical Nurse Supervisor will include Med Cart Audit's and documentation at next QA meeting scheduled 7/23/2026.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented (████ - 09/14/2026)

185a - Implement Storage Procedures

19. 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

The following blood sugar readings were in Resident #10's glucometer but were not documented in Resident #10's May 2026 Medication Administration Record:

- On 5/2/26 at 4:19 PM, a blood sugar reading of 198.
- On 5/3/26 at 3:59 PM, a blood sugar reading of 183.
- On 5/4/26 at 11:11 AM, a blood sugar reading of 85.
- On 5/4/26 at 4:50 PM, a blood sugar reading of 131.
- On 5/5/26 at 5:27 PM, a blood sugar reading of 185.
- On 5/6/26 at 4:14 PM, a blood sugar reading of 157.
- On 5/7/26 at 4:30 PM, a blood sugar reading of 108.

185a Implement Storage Procedures (continued)

Resident 11 is prescribed Ondansetron 4mg and Cyclobenzaprine 10mg as needed; however, the medications were not found in the medication cart or otherwise in the home.

Repeated Violation 6/16/25

Plan of Correction

Accepted () - 07/01/2026)

Clinical Nurse Supervisor on 5/11/2026 immediately contacted PCP for clarification

Administrator/ Clinical Nurse Supervisor will re train all Med Tech's to ensure proper medication administration and to maintain medication compliance based on DHS Regulatory Compliance

On 6/25/2026 Administrator will educate staff at Med Tech meeting scheduled on 6/25/2026.

Clinical Nurse Supervisor will continue Monthly Med Cart Audits to ensure all current prescribed medications and are available on site started on 5/11/2026.

Administrator or Clinical Nurse Supervisor will continue to Audit MAR's monthly starting 5/11/2026.

Administrator or Clinical Nurse Supervisor audits and documentation will be included in the next QA meeting scheduled 7/23/2026

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

187d - Follow Prescriber's Orders**20. Requirements**

2600.

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

Description of Violation

Resident #10 is prescribed Bupropion SR 100mg with orders to take 1 tablet by mouth daily and Nifedipine ER 30mg with orders to take 1 tablet by mouth daily. However, the resident was not administered these medications on 5/11/26 at 7:30 AM, as these pills were still located in the pill packs during the medication audit on the afternoon of 5/11/26.

Plan of Correction

Directed () - 07/01/2026)

Administrator or Clinical Nurse Supervisor will re educate and train Med Tech's on proper medication administration and compliance

Administrator or Clinical Nurse Supervisor will have Med Tech check med cart after med pass to ensure all medications were given at scheduled time.

On 6/25/2026 Administrator will educate staff at Med Tech meeting scheduled on 6/25/2026.

On 6/25/2026 Administrator or Clinical Nurse Supervisor will continue on going monitoring to ensure DHS Regulation Compliance.

Administrator or Clinical Nurse Supervisor will include Med Tech Training Material in the next QA meeting scheduled 7/23/2026

187d - Follow Prescriber's Orders (continued)*[Directed]*

- In addition to the steps above, med techs will complete med cart audits after each med pass to ensure all medications were given at the scheduled time. This is to start by no later than 7/23/26. Documentation of these audits will be kept and available for review by the Department.
- The administrator or designee will audit the daily med cart audits completed by med techs on a weekly basis. This is to start by no later than 7/23/26. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 07/23/2026**Implemented () - 09/14/2026)****190a - Completion Medication Course****21. Requirements**

2600.

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

Description of Violation

Staff Member C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- On 5/1/26 and 5/9/26 at 8:00 PM, administered Acetaminophen 500mg to Resident # 6.
- On 5/1/26 and 5/9/26 at 8:00 PM, administered Buspirone 15mg to Resident # 6.
- On 5/1/26, 5/5/26 and 5/9/26 at 8:00 PM, administered Eliquis 5mg to Resident # 6.

Plan of Correction**Directed () - 07/01/2026)**

- Administrator on 5/11/2026 spoke with Med Tech about obtaining additional documentation/ training material from Med Tech training Site and awaiting response, Med Tech completed Medication Administration on 1/3/2025. (See attached).
- On 5/12/2026 Administrator completed initial audit of all current Med Tech Certifications should be completed to ensure all med tech's have completed the standard medication administration course completed.
- Administrator will ensure all Med Tech's receive the required training at next med Tech meeting scheduled 6/25/2026.
- On 6/25/2026 Administrator will educate Staff at Med Tech meeting scheduled 6/25/2026.
- On 6/15/2026 Administrator will continue on-going monitoring quarterly to ensure DHS Regulation Compliance.
- Administrator will include all documentation in the next QA meeting scheduled 7/23/2026

[Directed]

- In addition to the steps above, Staff Member C will immediately be pulled from passing medications until there is proof that this staff member is up to date on all medication administration requirements (including a completed annual practicum requirements for the year 1/3/25 - 1/3/26) or the staff member completes the initial medication administration requirements if that is what is required per remediation.

190a - Completion Medication Course (*continued*)

Directed Completion Date: 07/23/2026

Implemented () - 09/14/2026)

190c - Record of Training

22. Requirements

2600.

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

Description of Violation

The home's medication administration training record for Staff Member D does not include the Medication Administration Practicum Review and Observation Checklists, dated 01/2026 or 04/2026.

Plan of Correction

Accept () - 07/01/2026)

- Administrator on 5/11/2026 immediately reviewed all Med Tech's medication administration training record and observation checklist to ensure the complete date was listed.
- Administrator will continue to keep a separate file folder for each Our Home of Hope Med Tech to include trainer, the date, source, and documentation that courses are successfully completed.
- On 6/22/2026 Administrator will continue quarterly audits to ensure DHS Regulation Compliance
- Administrator will continue to complete a Med Tech Audit quarterly to ensure DHS Regulation Compliance
- On 6/25/2026 Administrator will re-educate to ensure DHS Regulation Compliance
- Administrator or Clinical Nurse Supervisor will include Med Tech Audit at the next QA meeting scheduled 7/23/2026.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

224a - Preadmission Screen Form

23. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #6's preadmission screening form, dated () does not include a determination that the needs of the resident can be met by the services provided by the home.

Repeated Violation - 6/16/25

Plan of Correction

Directed () - 07/01/2026)

- Administrator on 5/11/2026 immediately completed pre-admission screening(s) audit.
- Administrator will continue to ensure pre-admission screenings are completed within 30 days prior to admission and will continue to. Maintain compliance.

224a Preadmission Screen Form (continued)

On 5/12/2026 Administrator completed re education on DHS Regulation Compliance for Pre Admission Screening form.

On 6/22/2026 Administrator implemented additional step, then audit will be completed weekly until audit is complete. Then audit will resume upon admission.

Administrator will continue to complete Resident Admission Audit, added step administrator will have Clinical Nurse Supervisor review preadmission screening prior to resident admission.

Administrator will include pre admission screening audit, Resident Admission Audit, and notes to be reviewed at next QA meeting scheduled 7/23/2026.

Directed Completion Date: 07/23/2026

Implemented () - 09/14/2026)

225a - Assessment 15 Days**24. 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 #5's initial medical evaluation, dated [REDACTED] indicates the resident cannot safely use or avoid poisonous material. However, Resident #5's initial assessment, dated [REDACTED] indicates "Not Problem" under "Ability to Use and Avoid Poisonous Materials".

Resident #9's initial medical evaluation, dated [REDACTED] indicates the resident cannot safely use or avoid poisonous material. However, Resident #9's initial assessment, dated [REDACTED] indicates "Not Applicable" under "Ability to Use and Avoid Poisonous Materials".

Resident #9's initial medical evaluation, dated [REDACTED], indicates "None" under "Special Health or Dietary Needs". However, Resident #9's initial assessment, dated [REDACTED] indicates "HTN" under "Dietary Need" and states, "Monitor soda intake caffeine, salt" under the support plan.

Resident #11's initial medical evaluation, dated [REDACTED] indicates a special diet of "No Concentrated Sweets". However, Resident #5's initial assessment, dated [REDACTED], is blank under "Dietary Need".

Plan of Correction

Accept () - 07/01/2026)

On 5/11/2026 Administrator and Clinical Nurse Supervisor completed initial audit review of completed written initial assessment form within 15 days of admission for all residents.

On 5/11/2026 Administrator updated Resident #10 assessment to ensure Regulation Compliance

On 5/12/2026 Administrator and Clinical Nurse Supervisor completed re education on DHS Regulation Compliance for Initial/ Annual Assessment form.

On 6/22/2026 Administrator and Clinical Nurse Supervisor will meet quarterly to review Pre Admission

225a - Assessment 15 Days (continued)

screening, MA-51, DME, and RASP on each resident

- Administrator will include audit review and quarterly meeting notes to be reviewed at next QA meeting scheduled 7/23/2026.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

225c - Additional Assessment**25. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #10 's current medical evaluation, dated [REDACTED], indicates "None" under "Special Health or Dietary Needs". However, Resident #10's current assessment, dated [REDACTED], indicates "Diabetes", "Diarrhea", "HTN" and "GERD" and states, "low fat, low carbohydrate, low sugar."

Plan of Correction

Accept () - 07/01/2026)

On 5/11/2026 Administrator and Clinical Nurse Supervisor completed initial audit review of completed written initial assessment form within 15 days of admission for all residents.

- On 5/11/2026 Administrator updated Resident #10 assessment to ensure Regulation Compliance

- On 5/12/2026 Administrator and Clinical Nurse Supervisor completed re-education on DHS Regulation Compliance for Initial/ Annual Assessment form.

- On 6/22/2026 Administrator and Clinical Nurse Supervisor will meet quarterly to review Pre-Admission screening, MA-51, DME, and RASP on each resident

- Administrator will to be include audit review and quarterly meeting notes to be reviewed at next QA meeting scheduled 7/23/2026.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 09/14/2026)

251b - Record Entries Legible

26. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on Resident #5's initial assessment, dated [REDACTED] on page 6 under the "Neuropathy" diagnosis.

Plan of Correction**Accept ([REDACTED] - 07/01/2026)**

- Clinical Nurse Supervisor on 5/11/2026 State Surveyor educated nurse immediately during annual survey.*
- Clinical Nurse Supervisor on 5/12/2026 completed RASP Audit to ensure entries are permanent, legible, dated and signed by the Staff person making the entry. "Permanent means that entries are not erased or covered with correction fluid/ tape.*
- On 5/12/2026 Administrator and Clinical Nurse Supervisor completed re-education on DHS Regulation Compliance for RASP document.*
- On 6/15/2026 Administrator will continue on-going monitoring monthly audit.*
- Administrator will include audit to be reviewed at next QA meeting scheduled 7/23/2026.*

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented ([REDACTED] - 09/14/2026)