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

July 20, 2026

[redacted]
KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC
[redacted]

RE: SPRING MILL SENIOR LIVING
3000 BALFOUR CIRCLE
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14632

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2026, 05/19/2026 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: *SPRING MILL SENIOR LIVING* **License #**: *14632* **License Expiration**: *05/05/2026*

Address: *3000 BALFOUR CIRCLE, PHOENIXVILLE, PA 19460*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *09/10/2009* **Issued By**: *East Pikeland Township*

Type: *I-2* **Date**: *09/10/2009* **Issued By**: *East Pikeland Township*

Type: *Other* **Date**: *09/10/2009* **Issued By**: *East Pikeland Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *104* **Waking Staff**: *78*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *05/19/2026*

Inspection Dates and Department Representative

05/18/2026 - On-Site: [redacted]

05/19/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* **Residents Served**: *70*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *22* **Residents Served**: *18*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *70*

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

Have Mobility Need: *34* **Have Physical Disability**: *0*

Inspections / Reviews

05/18/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/25/2026*

Inspections / Reviews *(continued)*

06/30/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/18/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/18/2026*

07/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/18/2026*

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

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [redacted] was unable to receive their [redacted] on [redacted] at 6:00 am due to their nebulizer machine being inoperable.

Repeated Violation - [redacted] et al.

Plan of Correction ***Accept [redacted] - 06/30/2026)***

• 4/11/2026: As a result of ongoing internal QA reporting, Resident [redacted]s nebulizer was replaced by Healthcare Coordinator.
• 5/27/2026 – 5/31/2026: Initial audit of the care treatment history for the 3 residents with nebulizer orders who reside in the community, confirming all treatments were provided and nebulizers were in working order.
• Starting 6/1/2026: Clinical Specialist or designee will conduct weekly audits of care history treatments for residents utilizing a nebulizer x 4 weeks x 2 months. Results will be reviewed during corresponding monthly QA meetings x 2 months.
• 6/2/2025: Regional nurse purchased 2 new nebulizers to replenish community inventory.
• Starting 6/14/2026: To ensure ongoing compliance medication administration staff members will be in-serviced by the Executive Director, or designee on how to conduct assigned POS to MAR to CART to ROOM audits. In-service will include the expected documentation and follow-up for 81b, that the auditor must enter resident's unit, identify that any wheelchairs, walkers, nebulizer and any other apparatus used by resident is in good repair. If a nebulizer or if any other apparatus is found to be inoperable the staff must immediately notify a supervisor who will replace the broken nebulizer with a nebulizer from the community's inventory.
• Starting 6/14/2026 the Executive Director or designee will assign 10 audits weekly x 10 weeks. Results of these audits will be reviewed during corresponding QA meeting x 2 months.
• Starting 6/21/2026: Resident Care Coordinator (RCC) or designee will review the audits weekly x 10 weeks and report concerns identified to the Director of Health & Wellness (DHW) or designee for immediate action. Results will be reviewed during weekly meeting between Executive Director (ED), Resident Care Coordinator and DHW weekly x 10 weeks. Results will be reviewed during corresponding monthly QA meetings x 2 months.
• Starting 6/21/2026: Executive Director or designee will in-service medication administration staff to the 5/18/2026 LIS violation report to ensure there is department wide understanding of this regulation and how the POS to MAR to CART to ROOM audits are in place to ensure ongoing compliance.
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 07/20/2026)

82c - Locking Poisonous Materials

2. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

82c Locking Poisonous Materials *(continued)*

Description of Violation

Head and Shoulders 2 in 1, with a manufacture's label indicating "if swallowed get medical help or contact a poison control center right away", was unlocked, unattended, and accessible to residents in resident room [redacted] Not all the residents of the home, including resident [redacted] have been assessed capable of recognizing and using poisons safely.

Colgate Optic White, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible to residents in resident room [redacted] Not all the residents of the home, including resident [redacted] have been assessed capable of recognizing and using poisons safely.

Repeated Violation [redacted], et al.

Plan of Correction ***Accept [redacted] - 06/30/2026)***

• 5/18/2026: Resident [redacted] shampoo was locked in cabinet in the presence of the department representative.
• 5/18/2026: Resident [redacted] Colgate Optic White was locked in cabinet in the presence of the department representative.
• 5/18/2026: Executive Director notified Resident [redacted]s POA that the resident's spouse, a personal care resident choosing to live with [redacted] in memory care, was no longer permitted to reside in memory care because [redacted] continued to unlock cabinets in the memory care unit occupied by Resident [redacted] Personal care spouse visits [redacted] in memory care as frequently as desired.
• 5/19/2026: Resident [redacted] spouse and personal belongings relocated to personal care. Executive Director audited memory care unit in its entirety to confirm all poisonous materials were secured behind a locked door or cabinet.
• Starting 5/19/2026: Identifying Poisonous Materials In Service for care staff, medication administration staff and housekeeping staff. In service will be ongoing until all care staff, medication administration staff and housekeeping staff have been trained.
• 5/28/2026: Executive Director in serviced staff during monthly Town Hall Identifying Poisonous Materials. In service will be ongoing until all care staff, medication administration staff and housekeeping staff have been trained.
• Starting 5/24/2026: Executive Director or designee in serviced Supervising Healthcare Coordinators to regulation 82c and the requirement to conduct compliance rounds in memory care daily. Memory Care Compliance Round added to the Daily Shift Report Supervising HCC are required to complete and turn in daily.
• Starting 6/24/2026: Executive Director and designee in service multiple team members across departments to conduct Memory Care 82c Verification Checklist Audits. Audits will take place 2 x a week x 10 weeks and be reviewed during corresponding QA meetings x 2 months.
• 6/24/2026: Executive Director prepared and Lead Concierges emailed notification to memory care responsible parties reviewing this violation and the requirement that poisonous materials be kept locked and inaccessible to residents unless all residents have been assessed as able to safely recognize and avoid such materials.
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] 07/20/2026)

141b2 - Medical Evaluation Changes

3. Requirements

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

Description of Violation

Resident [redacted]s most recent medical evaluation dated [redacted] did not have the medication addendum completed.

Plan of Correction ***Accept [redacted] - 06/30/2026)***

• 5/18/2026: During licensing inspection Resident [redacted] most recent medical evaluation with the attached medication addendum was presented to the department's representative.
• 6/19/2026: Compliance monitor for the community evaluated the LIS report, cross-referenced the POC audit that is part of on-going compliance efforts and refuted the accuracy of this tag. Executive Director emailed DHW Licensing Supervisor with a request to remove this tag, attached in the email was the DME dated 2/2/2026 and the Medication Addendum dated 2/5/2026.
• Starting June QA Meetings: Audit of new admissions DME, annual DME and change of condition DME will be reviewed to verify compliance x 2 months.
• Starting 6/29/2026: Clinical Specialist or designee will audit 8 current resident's DME's to ensure all DMEs have medication addendum completed weekly x 7 weeks (anticipated completion date for full audit).
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Proposed Overall Completion Date: 07/18/2026

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] 07/20/2026)

183b Meds and Syringes Locked

4. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted], at approximately 10:05 am, Voltaren Gel and Visine Eye Drops were unlocked, unattended, and accessible in resident [redacted]s room. Resident [redacted] has not been assessed to self-administer.

Repeated Violation - [redacted], et al.

Plan of Correction ***Accept [redacted] - 06/30/2026)***

• 5/18/2026: Voltaren Gel and Visine Eye Drops were removed from resident [redacted]s room.
• 5/18/2026: Regional nurse completed self-medication assessment for Resident [redacted].
• 5/18/2026: Regional nurse obtained order from PCP for resident to self-administer [redacted] and Visine Red Eye. These medications are available to resident to self-administer.
• Starting 5/19/2026: Identifying Poisonous Materials In-Service for care staff, medication administration staff and housekeeping staff. In-service will be ongoing until all care staff, medication administration staff and housekeeping

183b - Meds and Syringes Locked (continued)

staff have been trained.
• 5/28/2026: Town Hall included Identifying Poisonous Materials.
• 5/26/2026: Email family notification and posting alerting and reminding family and friends of the regulation that all ordered medications, over-the-counter medications, vitamins, supplements, eye drops, medicated creams and lotions, and herbal products, are only permitted in the community if delivered directly to the nursing team, reviewed, inventoried and obtained by the nursing team.
• 5/27/2026: Invitation to residents and family members to attend an information session with Executive Director and Ombudsman.
• 5/29/2026: Executive Director and Ombudsman discussed this requirement with personal care residents.
• 6/5 – 6/10/26: The Executive Director and designee conducted room checks in all personal care apartments to identify any prescription, OTC, CAM medications or syringes.
• Starting 6/14/2026 and ongoing: Clinical Specialist, Supervising HCC, DHW or designee will obtain any physician orders needed for any prescription, OTC, CAM medications to ensure compliance with this regulation.
• Starting 6/14/2026: To ensure ongoing compliance medication administration Executive Director or designee will in-service medication administration staff members on the requirement to conduct assigned POS to MAR to CART to ROOM audits. Specifically: 183b – Verify there are no OTC, Prescribed or CAM (complimentary alternative medicine) in residents' apartment that are not on the POS. Staff will be instructed to identify any of these medications on the audit forms, review the audit sheet with a supervisor for immediate action.
• Executive Director or designee will assign 10 audits weekly x 10 weeks.
• Starting 6/21/2026: RCC or designee will review the audits weekly x 10 weeks and report concerns identified to the DHW or designee for immediate action. Orders for residents to self-administer medications obtained as needed and if resident is assessed to do so. Results will be reviewed during weekly meeting between RCC and DHW weekly x 10 weeks. Results will be reviewed during corresponding monthly QA meetings x 2 months.
• Starting 6/21/2026: Executive Director or designee will in-service medication administration staff to the 5/18/2026 LIS violation report to ensure there is department wide understanding of this regulation and how the POS to MAR to CART to ROOM audits are in place to ensure ongoing compliance.
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 07/20/2026)

183e - Storing Medications

5. 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 [redacted] capsule belonging to resident [redacted] was punctured in spot 6 of the blister pack. The pill remained in the pack.

On [redacted] tablet belonging to resident [redacted] was punctured in spot 10 of the blister pack. The pill remained in the pack.

183e - Storing Medications (continued)

On [redacted] tablet belonging to resident [redacted] had punctures in spots 23 and 25 of the blister pack. The pills remained in the pack.

On [redacted] tablet belonging to resident [redacted] had a puncture in spot 19 of the blister pack. The pill remained in the pack.

Repeated Violation - [redacted], et al.

Plan of Correction ***Accept [redacted] - 06/30/2026)***

• May 18/19, 2026: Resident [redacted] medications identified during the survey with punctures were removed and disposed of in the presence of the department representative.
• Starting June 2026: Clinical Specialist or designee will audit all carts 1 x a month x 2 months to ensure that any blister cards that had been identified with punctures through the weekly POS to MAR to CART to ROOM audits had been properly managed by removing the medication, destroying the medication and replacement request made to the pharmacy. Audits will be reviewed during corresponding QA meetings x 2 months.
• Starting 6/14/2026: To ensure ongoing compliance medication administration staff members will be in-serviced on the requirement to conduct assigned POS to MAR to CART to ROOM audits. Specifically: 183e – Verify there are no tears, punctures on the back of any blister cards in your cart (FOR THE ENTIRE CART). Executive Director or designee will assign 10 audits weekly x 10 weeks. Audits will be reviewed during corresponding QA meeting.
• Starting 6/21/2026: RCC will review the audits weekly x 10 weeks and report concerns identified to the DHW or designee for immediate action. Results will be reviewed during weekly meeting between RCC and DHW weekly x 10 weeks. Results will be reviewed during corresponding monthly QA meetings x 2 months.
• Starting 6/21/2026: Executive Director or designee will in-service regulation 183e and Preventing Tears in the Back of Blister Packs in-service to all medication administration staff.
• Starting 6/21/2026: Executive Director or designee will in-service medication administration staff to the 5/18/2026 LIS violation report to ensure there is department wide understanding of this regulation and how the POS to MAR to CART to ROOM audits are in place to ensure ongoing compliance.
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 07/20/2026)

185a - Implement Storage Procedures

6. 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 [redacted] is prescribed [redacted] tablet and [redacted] as needed. On [redacted] these medications were not available in the home.

185a - Implement Storage Procedures (continued)

Resident [redacted] is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 06/30/2026)***

• 5/18/2026: Regional nurse contacted pharmacy for STAT order for Resident [redacted] Ibuprofen 600 mg and PCP for a review of the Naloxone order.
• 5/18/2026: Regional nurse Community obtained Resident [redacted] Saline Mist 0.65% Nose Spray from local pharmacy.
• 5/19/2026: Resident [redacted] Ibuprofen 600 mg & Naloxone HCL 4 mg were delivered to community and available for administration as needed.
• 5/20/2026: Regional nurse received D/C Naloxone order for Resident [redacted]s from PCP.
• Starting 6/14/2026: To ensure ongoing compliance medication administration staff members will be in-serviced on the requirement to conduct assigned POS to MAR to CART to ROOM audits. Specifically: 185a – Verify PRN medications are available on the cart for the 2 POS audits if applicable, order the PRN medications if not available, alert supervisor immediately. Executive Director or designee will assign 10 audits weekly x 10 weeks. Results will be reviewed during corresponding QA meeting x 2 months.
• Starting 6/21/2026: RCC will review the audits weekly x 10 weeks and report concerns identified to the DHW or designee for immediate action. Results will be reviewed during weekly meeting between RCC and DHW weekly x 10 weeks. Results will be reviewed during corresponding monthly QA meetings.
• Starting 6/21/2026: Executive Director or designee will in-service medication administration staff to the 5/18/2026 LIS violation report to ensure there is department wide understanding of this regulation and how the POS to MAR to CART to ROOM audits are in place to ensure ongoing compliance.
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented ([redacted] - 07/20/2026)

187a - Medication Record

7. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a Medication Record *(continued)*

13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident # [redacted] is prescribed [redacted] times daily according to the following sliding scale: A blood sugar reading of [redacted] and to call the provider for a blood sugar over [redacted]. This medication was administered from [redacted] to [redacted]; however, the insulin units are not included on resident # [redacted] medication administration record.

Repeated Violation [redacted] et al.

Plan of Correction ***Accept [redacted] - 06/30/2026)***

• 5/18/2026: Regional Nurse added Resident [redacted] sliding scale order prompt and reviewed with department representative on June 19, 2026.
• 5/28/26: Clinical Specialist audited the MAR of all sliding scale residents to ensure accurate administration and recording of units administered.
• Starting 5/31/2026: Clinical Specialist will audit the MARS of the 3 sliding scale residents weekly x 10 weeks. Audits will be reviewed during corresponding monthly QA meetings.
• Starting 6/29/2026: Clinical Specialist or designee in service all HCCs to review and/or add, if needed, units given on all new or changed sliding scale insulin orders.
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented ([redacted] - 07/20/2026)

187b - Date/Time of Medication Admin.

8. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [redacted] during the 3:00 pm to 11:00 pm bedtime shift, resident [redacted] was administered [redacted] Staff person A did not initial at time of administration. The home uses electronic medication administration records (EMAR) and the initials were handwritten in.

On [redacted], during the 7:00 am to 3:00 pm shift, resident [redacted] was administered [redacted]. Staff person B did not initial at time of administration. Home uses electronic medication administration records and the initials were handwritten in.

On [redacted] at 11:55 am, resident [redacted] was administered [redacted]. Staff person A did not initial the EMAR until [redacted] at 11:01 pm.

On [redacted] at 11:00 am, resident [redacted] was administered [redacted], and [redacted]. Staff person A did not initial the EMAR until [redacted] at 11:01 pm.

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

Repeated Violation - [redacted], et al.

Plan of Correction ***Accept [redacted] 06/30/2026)***

• Starting 6/14/2026: To ensure ongoing compliance with 187b and avoid further repeats; Executive Director or designee will in-service medication administration staff members on this regulation and the new requirement to conduct assigned POS to MAR to CART to ROOM audits. In-service will address the requirement to initial all administration of medications at the time of administration. Specifically -187b – Review MAR of the 2 POS audits for previous 24 hours. Note any administration times that were not initialed at the time of administration.
• Starting 6/14/2026: Executive Director or designee will assign 10 audits weekly x 10 weeks. Audits will be reviewed during corresponding QA meeting.
• Starting 6/21/2026: RCC will review the audits 3 x week x 10 weeks and report concerns identified to the DHW or designee for immediate action. Results will be reviewed during weekly meeting between RCC and DHW weekly x 10 weeks. Results will be reviewed during corresponding monthly QA meetings x 2 months.
• Starting 6/21/2026: Executive Director or designee will in-service all medication administration staff to this regulation and send 2 weekly reminders through OnShift (employee messaging portal) weekly x 10 weeks.
• Starting 6/21/2026: Executive Director or designee will in-service medication administration staff to the 5/18/2026 LIS violation report to ensure there is department wide understanding of this regulation and how the POS to MAR to CART to ROOM audits are in place to ensure ongoing compliance.
• Week of 6/28/26: Executive Director and Director of Health & Wellness will meet with Staff person A and B individually, review the LIS and the specific violations associated with their actions, documentation of this meeting will be placed in their individual employee files.
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 07/20/2026)

187d - Follow Prescriber's Orders

9. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] Inhale 1 puff by mouth twice daily at 9:00 am and 9:00 pm. However, this medication was not administered to resident [redacted] on [redacted] at 9:00 pm because the medication was not available in the home.

Resident [redacted] is prescribed [redacted] capsule take 2 daily at bedtime. However, this medication was not administered to resident [redacted] on [redacted] because the medication was not available in the home.

187d Follow Prescriber's Orders (continued)

Resident [redacted] is prescribed [redacted] apply to affected area bilateral once daily upon waking. However, this medication was not administered to resident [redacted] on [redacted] because the medication was not available in the home. Resident [redacted] is prescribed [redacted] tablet take 2 tablets by mouth daily. However, this medication was not administered to resident [redacted] on [redacted] because the medication was not available in the home.

Repeated Violation [redacted]

Plan of Correction ***Accept [redacted] - 06/30/2026)***

• Starting 6/14/2026: To ensure ongoing compliance with 187d and avoid further repeats; medication administration staff members will be in serviced on this regulation and the new requirement to conduct assigned POS to MAR to CART to ROOM audits. In service to include when a medication is not available staff must ensure they notify PCP and request instructions; obtain a hold order if appropriate; confirm reorder status of the medication (reorder if needed), notify DHW or ED. Specifically related to this tag the audit includes: 187d Review MAR of the 2 POS audits for previous 24 hours. Note any meds passed or documented outside of 2 hour window (late or early administration).
• Starting 6/14/2026: The Executive Director or designee will assign 10 audits weekly x 10 weeks. Audits will be reviewed during corresponding QA meeting.
• Starting 6/21/2026: RCC will review the audits weekly x 10 weeks and report concerns identified to the DHW or designee for immediate action. Results will be reviewed during weekly meeting between RCC and DHW weekly x 10 weeks. Results will be reviewed during corresponding monthly QA meetings.
• Starting 6/21/2026: Executive Director or designee will in service medication administration staff to the 5/18/2026 LIS violation report to ensure there is department wide understanding of this regulation and how the POS to MAR to CART to ROOM audits are in place to ensure ongoing compliance.
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 07/20/2026)

10. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted], and [redacted] to be administered at 8:00 am. However, resident [redacted] was administered [redacted] and [redacted] on [redacted] at 10:42 am. Resident [redacted] is prescribed [redacted] at 9:00 am. However, resident [redacted] was administered [redacted] at 10:44 am on [redacted] and 11:10 am on [redacted]

Resident [redacted] is prescribed [redacted], and [redacted] at 8:00 am. However, resident [redacted] was administered [redacted], and [redacted] on [redacted] at 10:14 am, [redacted] at 10:24 am, [redacted] at 10:01 am, [redacted] at 11:28 am,

187d - Follow Prescriber's Orders (continued)

and [redacted] at 9:55 am.

Resident [redacted] is prescribed [redacted] at 9:00 am. However, resident [redacted] was administered [redacted] on [redacted] at 11:33 am.

Resident [redacted] is prescribed [redacted] at 8:00 pm. However, resident [redacted] was administered [redacted] on [redacted] at 9:13 pm, [redacted] at 9:29 pm, and [redacted] at 10:38 pm.

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 06/30/2026)***

• Starting 6/14/2026: To ensure ongoing compliance with 187d and avoid further repeats; medication administration staff members will be in-serviced on this regulation and the new requirement to conduct assigned POS to MAR to CART to ROOM audits. In-service to include that all orders must be administered within the regulatory 2-hour timeframe. Specifically related to this tag the audit includes: 187d -Review MAR of the 2 POS audits for previous 24 hours.

• Starting 6/14/2026: The Executive Director or designee will assign 10 audits weekly x 10 weeks. Audits will be reviewed during corresponding QA meeting.

• Starting 6/21/2026: RCC will review the audits weekly x 10 weeks and report concerns identified to the DHW or designee for immediate action. Results will be reviewed during weekly meeting between RCC and DHW weekly x 10 weeks. Results will be reviewed during corresponding monthly QA meetings.

• Starting 6/21/2026: Executive Director or designee will in-service medication administration staff to the 5/18/2026 LIS violation report to ensure there is department wide understanding of this regulation and how the POS to MAR to CART to ROOM audits are in place to ensure ongoing compliance.

• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 07/20/2026)

251b - Record Entries Legible

11. 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

Resident [redacted] is prescribed [redacted] tablet take 1 twice daily. Resident [redacted] controlled drug administration record for their 9:00 pm administration dated [redacted] was written over without proper notation and illegible.

251b Record Entries Legible (continued)

Plan of Correction ***Accept ([redacted] - 06/30/2026)***

• Starting 6/1/2026: Clinical Specialist or designee will conduct an audit of all narcotic logs weekly to ensure compliance with this regulation X 2 months. Audits will be reviewed during corresponding QA meetings x 2 months.
• Starting 6/14/2026: To ensure ongoing compliance with 251b and avoid further repeats; medication administration staff members will be in serviced on this regulation and the new requirement to conduct assigned POS to MAR to CART to ROOM audits. Specifically related to this tag the audit includes: 251b Review Narcotic Log Note the date and initials of staff member who incorrectly "corrected" an error by scribbling through the needed correction instead of drawing a single line through mistake and initialing and confirm the count is correct. Staff to immediately report any discrepancies to the supervisor.
• Starting 6/14/2026: Executive Director or designee will assign 10 audits weekly x 10 weeks. Audits will be reviewed during corresponding QA meeting.
• Starting 6/21/2026: RCC will review the audits weekly x 10 weeks and report concerns identified to the DHW or designee for immediate action. Results will be reviewed during weekly meeting between RCC and DHW weekly x 10 weeks. Results will be reviewed during corresponding monthly QA meetings x 2 months.
• Starting 6/21/2026: Executive Director or designee will in service medication administration staff to the 5/18/2026 LIS violation report to ensure there is department wide understanding of this regulation and how the POS to MAR to CART to ROOM audits are in place to ensure ongoing compliance.
• 6/30/2026: POC progress will be reviewed during monthly QA meeting x 2 months.

Licensee's Proposed Overall Completion Date: *07/18/2026*

Implemented [redacted] - 07/20/2026)