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

August 11, 2026

[redacted], OWNER
DALLASTOWN OPERATING, INC.
621 EAST MAIN STREET
DALLASTOWN, PA, 17313

RE: VICTORIAN VILLA
621 EAST MAIN STREET
DALLASTOWN, PA, 17313
LICENSE/COC#: 32000

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2026, 06/03/2026 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: *VICTORIAN VILLA* **License #**: *32000* **License Expiration**: *09/18/2026*

Address: *621 EAST MAIN STREET, DALLASTOWN, PA 17313*

County: *YORK* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *DALLASTOWN OPERATING, INC.*

Address: *621 EAST MAIN STREET, DALLASTOWN, PA, 17313*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/15/1995* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *49* **Waking Staff**: *37*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *06/03/2026*

Inspection Dates and Department Representative

06/02/2026 - On-Site: [redacted]

06/03/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* **Residents Served**: *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *2* **Are 60 Years of Age or Older**: *29*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *19* **Have Physical Disability**: *3*

Inspections / Reviews

06/02/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/20/2026*

06/24/2026 - POC Submission

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

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

Inspections / Reviews *(continued)*

08/11/2026 Document Submission

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

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 6/2/26 at 9:02 AM there was a medication cart sitting in the main floor hallway unattended with the following items unlocked and accessible on top:

- empty pillow packs with names of residents and their prescribed medications, including for Resident #1's Doxycycline, Folic Acid, Lisinopril

- an after-visit medical summary for Resident #2 with a list of medications, ongoing medical diagnosis, date of birth, and allergies

-a binder containing resident names and prescribed controlled substances including for Resident #3's clonazepam Tab 0.50 MG and Resident #4's Alprazolam 0.25 MG.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. Empty pillow packs and documents were immediately secured by the campus director. The narcotic binder was immediately secured in the med-cart by the med-tech.

2. Root Cause of this citation was determined to be ineffective storage arrangements for empty pillow packs and narcotic binders within the cart during med-passes.

3. Med-Tech Education was completed on 6/3/2026 regarding proper disposal of pillow packs, storage of pillow packs, and proper storage of resident medical records. RCC reorganized med-cart to provide storage for empty pillow packs until they can be discarded and a secured location for narcotic binder.

4. PCHA or designee will audit twice daily x 5 days and then daily x 30 days during med-passes to ensure no resident information is unsecured and/or visible.

5. Results of audits will be reported during monthly QAPI

Licensee's Proposed Overall Completion Date: *07/22/2026*

Implemented ([redacted] - 08/11/2026)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarm Standards Act, effective September 2016, requires that if the Carbon Monoxide (CO) alarm operates by a battery, the battery must be labelled with the date of installation and be replaced at least once annually. On 6/3/26, the batteries located in the CO alarm located in the first floor maintenance room were last replaced on 5/12/23.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. Batteries were replaced in the CO2 detector by the maintenance director on 6/4/26.

2. Root cause of this citation was determined to be a misunderstanding of the regulatory requirement.

18 Compliance With Laws (continued)

Maintenance director was completing monthly testing for functionality only, not battery inspections.
3. On 6 11 2026 PCHA completed education with Maintenance Director on details related to regulatory requirements for CO2 detector battery replacement and initiated plans for compliance moving forward. A task for annual battery change has been added to TELS for monitoring and documentation of this requirement.
4. NO ACTIVE AUDIT. Facility will continue with monthly functionality audits noted in TELS. A task for annual battery change has been added to TELS for monitoring and documentation of this requirement.

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented ([redacted] - 08/11/2026)

42b - Abuse

3. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 1/4/26 at about 11:00 AM, Resident #5 entered Resident #6's room. Resident #6 approached and was struck by Resident #5. Resident #6 had a bump on the side of [redacted] head as a result of being struck.

On 8/4/25 at about 3:00 AM, staff removed Resident #7's walker and placed it in a closet preventing the resident from ambulating.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. There is no retroactive correction for this citation.
2. Root cause of this citation of the 1/4/26 citation was dementia related behaviors. Root cause of the 8/4/25 citation was a need for additional abuse and neglect training.
3. On 8/5/2025 8/8/2025 all PC staff received additional training on abuse, neglect and resident rights by PCHA. Additional online training was completed during annual training in January. All new employees receive abuse, neglect, and resident rights training during day 1 orientation.
4. NO ACTIVE AUDIT.

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented ([redacted] - 08/11/2026)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A was hired [redacted] however, has not completed training in resident rights or emergency medical plan.

65b Rights/Abuse 40 Hours *(continued)*

Plan of Correction ***Accept (- 06/24/2026)***

1. Employee received Resident Rights and Emergency Medical Plan training by PCHA on 6/5/2026
2. Root Cause of this citation was a discrepancy in regulatory training requirements between CNAs in the nursing part of the community and PCAs in personal care. Employee A was hired and onboarded as a CNA and began work in personal care at a later date, and did not receive standard personal care onboarding.
3. New hires for personal care complete these training requirements during orientation by Campus Director.
4. Audit for this requirement will be completed by PCHA for all new hire PC employees by 6/20/2026 and monthly x 3 months by PCHA or designee.
5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *09/30/2026*

Implemented (- 08/11/2026)

65d - Initial Direct Care Training

5. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired did not complete and pass the Department approved direct care training course and pass the competency test until

Plan of Correction ***Accept (- 06/24/2026)***

1. There is no retroactive correction for this citation.
2. Root cause of this citation was determined to be inconsistent process related to who is monitoring onboarding requirements.
3. Campus Director now requires completion of DCW certification prior to new hire orientation.
4. An audit for DCW certifications will be completed by PCHA for all new hire PC employees by 6/20/2026 and then monthly x 3 months by PCHA or designee..
5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *06/20/2026*

Implemented (- 08/11/2026)

65f - Training Topics

6. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.

65f - Training Topics *(continued)*

Description of Violation

Direct care staff person C did not receive training in medication self-administration during the 2025 calendar training year.

Plan of Correction ***Accept (- 06/24/2026)***

1.Employee received Medication Self Administration by PCHA on 6/5/2026
2.Root Cause of this citation was failure to ensure a review of educational requirements prior to employee returning
3.New hires for personal care complete these training requirements through state DCW training, and it is completed annually within the community.
4.Audit for this requirement will be completed for all direct care employees by 6/20/2026.
5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *06/20/2026*

Implemented (- 08/11/2026)

65g - Annual Training Content

7. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
5. Falls and accident prevention.

Description of Violation

Staff person C did not receive training in fire safety completed by a fire safety expert or staff trained by a fire safety expert or falls and accident prevention in calendar training year 2025.

Repeated Violation - 6/11/25

Plan of Correction ***Accept (- 06/24/2026)***

1.Employee received Fire Safety Training by Maintenance Director on 6/6/2026
2.Root Cause of this citation was related to timing of employees leave overlapping our annual Fire Safety Training in Feb. 2026. PCHA failed to ensure training was completed before returning employee to duty.
3. Employees returning from extended leave will have educational requirements verified by PCHA or designee before return to floor.
4. NO AUDIT for this citation

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented (- 08/11/2026)

95 - Furniture and Equipment

8. Requirements

95 - Furniture and Equipment *(continued)*

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident #8 has a bedside mobility device that is strapped to the bed and not rigidly attached to the bedframe. The device moves easily when weight or pressure is applied.

Plan of Correction ***Accept (- 06/24/2026)***

1.Bedside mobility device for resident 8 was brought to families attention on 6/5/2026. They ordered replacement parts and secured the bedside mobility device on 6/15/2026.
2.Root Cause of this citation was failure to routinely inspect bedside mobility devices for stability.
3. Maintenance Director will inspect bedside mobility devices for safety monthly beginning June 2026 . Compliance will be monitored in TELS.
4. Audit for June completed by maintenance director on 6/15/2026, and will be completed by maintenance director monthly going forward.
5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *06/20/2026*

Implemented (- 08/11/2026)

121a - Unobstructed Egress

9. 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

The exit door on the side of the building leading from the main floor to the driveway only opens about halfway because the bottom of the door gets caught on a mat on the concrete landing.

Plan of Correction ***Accept (- 06/24/2026)***

1. Door mat removed from landing at door entrance by PCHA on 6/4/2026.
2. Root cause of this citation was a poorly places all-weather mat hindering full opening of the door.
3. All doors were inspected for proper egress on 6/4/2026 with no other concerns noted.
4. No Active Audit for this citation,

Licensee's Proposed Overall Completion Date: *06/20/2026*

Implemented (- 08/11/2026)

144c1 - Smoking Area Guidelines

10. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c1 - Smoking Area Guidelines *(continued)*

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is in a gazebo in the rear of the building. Resident #9 admitted to an agent of the Department that [redacted] has been smoking in [redacted] room on multiple occasions since admission.

Repeated Violation - 6/11/25

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. Resident # 9 had been issued a discharge notice for this violation prior to the inspection on [redacted]
2. Root cause of this citation was resident non-compliance with [redacted] contract and recent weather making going outside to smoke an inconvenience to the resident.
3. PCHA provided additional information for smoking friendly discharge options to resident on 6/3/2026.
4. Housekeeping will audit the resident's room daily until discharge for evidence of smoking in [redacted] room. Any signs of smoking will be immediately reported to PCHA and/or Campus Director for follow-up.
5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 08/11/2026)

183e - Storing Medications

11. 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 6/2/26, a box of Fluticasone Propionate & Salmeterol belonging to Resident #9 was stored in the medication cart. According to the manufacturer's instructions, the medication should be discarded one month after opening. A handwritten note on the box stated the medication was opened on 4/25/26.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. Medication was discarded and reordered by med-tech immediately on 6/2/2026.
2. Root cause of this citation was failure to follow manufacturer instructions on expiration after opening.
3. Med Tech education by PCHA on verifying BOTH expiration dates and expiration after opening directions from the pharmacy and/or manufacturer, completed week of 06/08/2026.
4. Audits of med-cart that include expiration dates initiated on 06/04/2026. Audit completed daily x 7 days and then 3x/week on Monday/Wednesday/Friday x 4 weeks by PCHA or designee.
5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/11/2026)

184a - Resident's Meds Labeled

12. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #8 is prescribed Quetiapine 25 MG IR Tablets, take 1 tablet by mouth three times daily. The pillow packs are labeled to take at 5pm, 8am, and 1pm, however, the MAR states to take at 1900, 0800, and 1300.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. Medication order was clarified at time of survey by order given to surveyor stating medication should be given at 5pm. Order was reconciled with pharmacy for MAR correction by RCC on 6/2/2026.
2. Root cause of this citation was a pharmacy error and failure of facility to reconcile discrepancies on the bubble packs with the pharmacy.
3. Med Tech education by PCHA week of 6/8/2026 that MAR orders and bubble pack instructions including times should match and discrepancies should be reported to pharmacy immediately for reconciliation.
4. Our medication bubble packs are delivered weekly on Wednesdays. Bubble packs will be audited for accuracy compared to the MAR by night shift med-techs on Wednesday night after delivery beginning 6/10/2026. This audit will be done weekly, ongoing.
5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *08/26/2026*

Implemented ([redacted] - 08/11/2026)

184b - Labeling OTC/CAM

13. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 6/2/26, there were two bottles of Tylenol Extra Strength 500 mg caplets and a bottle of Senokot 50 mg tablets belonging to Resident #4 that were stored in the medication cart and were not labeled with the resident's name.
A bottle of Bayer Aspirin belonging to Resident #10 was also stored in the medication cart and not labeled with the resident's name.

Repeated Violation - 6/11/25

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. Medication was labeled by med-tech immediately on 6/2/2026.
2. Root cause of this citation was failure to label all bottles on delivery.
3. Med Tech education by PCHA on expectations and requirements for labeling OTC meds completed week of 06/08/2026.
4. Audits of med-cart that include OTC medication labeling initiated on 06/04/2026. Audit completed daily x 7 days and then 3x/week on Monday/Wednesday/Friday x 4 weeks.
5. Audit Results will be shared during monthly QAPI.

184b Labeling OTC/CAM *(continued)*

Licensee's Proposed Overall Completion Date: *07/29/2026*

Implemented ([redacted] - 08/11/2026)

185a - Implement Storage Procedures

14. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #11 gets blood sugar checks four times daily. On 5/31/26, a reading of 85 was stored in the resident's meter, however, a reading of 89 was documented on the medication administration record (MAR). On 5/29/26 at 8:18 PM, a reading of 313 was stored in the resident's meter, however, this was not documented on the resident's MAR.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. MAR discrepancies were corrected by PCHA
2. Root cause of this citation was human error in transcription of readings from the glucometer to MAR.
3. Med Tech education by PCHA on expectations and requirements for accuracy on blood sugar monitoring and recording during week of 6/8/2026.
4. Audits of blood glucose readings in MAR compared to glucometer will be completed by PCHA or designee Monday/Wednesday/Friday x 8 weeks.
5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 08/11/2026)

187d - Follow Prescriber's Orders

15. Requirements

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

Description of Violation

Resident #5 is prescribed Lansoprazole ODT 30 MH Tabl, take 1 tablet by mouth once daily. This medication was not administered to Resident #5 on 6/2, 6/1, 5/28, 5/27, 5/26, 5/25/26, because the medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. RCC coordinated with pharmacy, MD, and doctor and obtained an order to DC this medication. Med administration error was self reported to DHS on 6/4/2026
2. Root cause of this citation was an insurance prior authorization issue that was not effectively communicated.
3. Med Tech education by PCHA week of 6/8/2026 that MAR orders and meds in bubble pack should match and discrepancies should be reported to pharmacy immediately for reconciliation.

4.Our medication bubble packs are delivered weekly on Wednesdays. Bubble packs will be audited for accuracy compared to the MAR by night shift med techs on Wednesday night after delivery beginning 6/10/2026. This audit will be done weekly, ongoing.

187d Follow Prescriber's Orders (continued)

5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *08/26/2026*

Implemented ([redacted] - 08/11/2026)

190a - Completion Medication Course

16. 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 person D, who has not successfully completed the Department approved medications administration course, administered medications to residents to include the following:

On 6/1/26 at 7:00 PM, administered Resident #5's Trazadone
On 6/1/26 at 1:00 PM, administered Resident #5's Quetiapine
On 6/1/26 at 8:00 AM, administered Resident #5's Quetiapine

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. There is no retroactive correction for this citation.
2. Root cause of this citation was that the home did not have a med tech trainer from late 2024 to June 2025 resulting in a missed observation for this employee.
3. This employee is now the homes med tech trainer and completes observations of all med techs accordingly. Re Education on requirements for observations provided to med tech trainer by PCHA on 6/5/2026.

4.Med Tech paperwork and observations for all med techs was audited by PCHA on 6/5/2026 to ensure all audits and observations are current and complete.
5. Audit Results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *06/20/2026*

Implemented ([redacted] - 08/11/2026)

224a - Preadmission Screen Form

17. 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 #8 was admitted to the home on [redacted], however, the resident's preadmission screening was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1.There is no retroactive correction for resident # 8.

224a - Preadmission Screen Form (continued)

2. Root cause of this citation was an oversite on the need for a new preadmission screening when the admission date shifted from [redacted].
3. Campus Director educated PCHA on requirements for pre-admission screening on 6/5/2026.

4.Audit of all current resident charts for preadmission screening forms dated with in 30 days of admission completed on 6/5/2026. New admission charts will be audited each Friday for these requirements x 8 weeks to ensure compliance.
5. Audit results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/11/2026)

18. 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 9's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Repeated Violation - 6/11/25

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. Resident 9's pre-admission screening was corrected in the presence of the surveyor at time of survey.
2. Root cause of this citation was human error.
3. Campus Director educated PCHA on requirements for pre-admission screening on 6/5/2026.

4.Audit of all current resident charts for preadmission screening forms dated with in 30 days of admission completed on 6/5/2026. New admission charts will be audited each Friday for these requirements x 8 weeks to ensure compliance.
5. Audit results will be shared during monthly QAPI.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 08/11/2026)

227d - Support Plan Medical/Dental

19. Requirements

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

Description of Violation

The support plan for Resident #8, dated [redacted], mentions an enabler bar, but doesn't specify:

227d - Support Plan Medical/Dental (continued)

- *the intended use and risks of the device*
- *the ability of the resident to safely use the device*
- *identification of the specific device to be used and whether a cover is necessary to meet FDA guidelines*

The support plan for Resident #12, dated [redacted], mentions an enabler bar, but doesn't specify:

- *the intended use and risks of the device*
- *the ability of the resident to safely use the device*
- *identification of the specific device to be used and whether a cover is necessary to meet FDA guidelines*

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. Support plan for resident # 12 was updated 6/5/2026. Resident # 8 service plan was updated 6/15/2026 after meeting with [redacted] and correction of the stability concerns with the enabler bar.
2. Root cause of this citation is that the requirements for RASP requirements is not in the PC regulations but the directive was in an email communication that pre-dated this PCHAs training last year. The requirements were provided to PCHA by surveyor during survey.
3. PCHA educated RCC and maintenance director on enabler bar requirements on 6/5/2026.
4. RCC and PCHA will update all RASPS to meet the regulatory requirements for enabler bar language by June 30 2026. Completion will be confirmed via audit by PCHA for all residents using an enabler bar by June 30,2026.
5. Audit results will be shared during QAPI.

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

Implemented ([redacted] - 08/11/2026)

227h - Support Plan Refuse Sign

20. Requirements

2600.
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #9 participated in the development of [redacted] plan on [redacted] The resident refused to sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

1. Support plan for resident # 9 was updated 6/4/2026. Resident # 9 continues to refuse to sign [redacted] support plan.
2. Root cause of this citation was an oversite by PCHA that box was not checked for refusal.
3. PCHA educated RCC on how to document RASP signature refusal and requirements for signatures on the RASP on 6/5/2026.
4. RCC and PCHA will audit all RASPS to ensure they are correctly executed by June 19 2026. Audit for new admissions will be ongoing on Friday x 8 weeks to ensure compliance.
5. Audit results will be shared during QAPI.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 08/11/2026)