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

August 7, 2026

[redacted] DIVISION DIRECTOR, RESIDENT CARE
SNH PENN TENANT LLC
[redacted]

RE: NEWSEASONS AT NEW BRITAIN
800 MANOR DRIVE
CHALFONT, PA, 18914
LICENSE/COC#: 14508

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2026, 06/10/2026 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: *NEWSEASONS AT NEW BRITAIN* **License #**: *14508* **License Expiration**: *01/01/2027*

Address: *800 MANOR DRIVE, CHALFONT, PA 18914*

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

Administrator

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

Legal Entity

Name: *SNH PENN TENANT LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/15/1998* **Issued By**: *Commonwealth of Pennsylvania, L&I*

Type: *Other* **Date**: *04/19/2007* **Issued By**: *New Britain Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *95* **Waking Staff**: *71*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *06/10/2026*

Inspection Dates and Department Representative

06/09/2026 - On-Site: [redacted]

06/10/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *75*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *75*

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

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

06/09/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/23/2026*

Inspections / Reviews *(continued)*

07/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/04/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/04/2026*

08/07/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/04/2026*

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

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

- Resident #1 passed away on [redacted] The home completed and authorized a refund request form on [redacted] however, the actual refund check was not issued until [redacted]

- Resident #2 passed away on [redacted] The home completed and authorized a refund request form on [redacted] however, the actual refund check was not issued until [redacted]

For residents under 60 years of age, the home may continue to charge until the room is cleared of the resident's personal property. For residents above 60 years of age, homes must follow the requirements of the Elder Care Payment Restitution Act, enacted on December 9, 2002. Following the death of a resident, the home will pay the personal representative or guardian of the resident the amount of the difference between any payment made and the cost of eldercare actually provided to the resident. This payment shall be made within 30 days from the date that the resident's bedroom is cleared of the resident's personal property. If the resident contract does not distinguish the costs of care from other costs such as room and board, then the Department will cite a violation unless the home refunds the total amount paid for food, shelter, and services for the period following the resident's death. No matter whether the Department cites a regulatory violation, the resident's personal representative or guardian may pursue the remedies available under the Elder Care Payment Restitution Act. See 35 P.S. § 10226.103(b). Personal Care Homes should also be aware that noncompliance with the Elder Care Payment Restitution Act could lead to criminal penalties. See 35 P.S. § 10226.107. Homes are encouraged to develop policies and practices that comply with the Elder Care Payment Restitution Act to address the conditions under which charges may continue to accrue after the death of the resident, as well as the provision of refunds. (Q/A January 2019-2600.28(e)).

Plan of Correction ***Accept ([redacted] - 07/24/2026)***

In response to the violation on 06/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/10/2026 by the Business Office Manager to review both cited accounts and confirmed the refund checks were issued on [redacted].*
2. *on 06/10/2026 by the Administrator to review the refund workflow with the Business Office Manager, including final account review, responsible-party/vendor setup, invoice capture, payment request submission, and check issuance tracking.*
3. *on 06/11/2026 by the Business Office Manager to began a current refund review to identify whether any other resident move-out or death refunds remain open or delayed.*

To enhance the currently compliant operations:

1. *on 06/15/2026 the Business Office Manager/designee will complete a 100% audit of resident refunds from 01/01/2026 through the date of POC submission to verify refund status and check issuance date, with a completion date of 07/01/2026.*
2. *on 07/13/2026 the Business Office Manager will will be implement a move-out/death refund tracker for future resident refunds and will follow each refund process. This tracker will be utilized, at minimum, for a 6 month*

28e - Death of a Resident (continued)

period, with a completion date of 01/13/2027.

3. *on 07/20/2026 the Administrator will provide documented education to the Business Office Manager on the refund process and required follow-up steps to ensure resident refunds are issued in a manner to meet the requirements of 2600.28.e, with a completion date of 07/20/2026.*

The overall completion date is 01/13/2027.

Effective 08/01/2026 the Administrator/Designee will perform monthly reviews of the move-out/death refund tracker monthly for 5 months to verify refunds are calculated, submitted, escalated when needed, and issued within required timelines. , through 12/31/2026 to maintain ongoing compliance with refunding the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property, and in the event of a death of a resident under 60 years of age. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107), and keeping documentation of refunds in each resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 09/10/2026

Licensee's Proposed Overall Completion Date: *09/10/2026*

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

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On the morning of 05/12/26, staff member A entered resident #3's apartment at approximately [redacted] to assist resident with getting out of bed, cleaned up and dressed. However, the resident did not want to get up at that time but staff did not respect the resident's request and proceeded to wash the resident's face with a washrag, put lotion on the resident and started getting the resident dressed. The resident eventually raised [redacted] voice and even cursed at the staff member to get staff member A to leave the apartment.

According to resident interviews, this early wake up time is not uncommon as multiple residents have indicated this as the one concern area the have with the care provided in the home.

Plan of Correction ***Accept ([redacted] - 07/24/2026)***

In response to the violation on 06/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/10/2026 by the Administrator to review the concern with the Director of Health and Wellness and completed follow-up discussion/investigation related to the resident interaction. Action was also taken on 06/15/2026 by the Director of Health and Wellness to reviewed documented counseling and retraining with Staff Member A on resident rights, dignity, respect, honoring resident choice, and appropriate response when a resident declines or resists care.*

42c Treatment of Residents (continued)

2. on 06/15/2026 by the Director of Health and Wellness to review the resident rights list and expectations for respectful care delivery with Staff Member A prior to returning to work activity.

To enhance the currently compliant operations:

1. on 06/10/2026 the Director of Health and Wellness will provide documented education on 2600.42c to care team members, resident rights, dignity and respect, customer service, resident preference, and use of calm redirection when residents decline or delay care, with a completion date of 06/10/2026.
2. the week of 06/22/2026 the Director of Health and Wellness will review morning care routines for residents who have expressed preference concerns or who may be more difficult to engage early in the morning, with a completion date of 07/03/2026.
3. starting the week of 07/20/2026, the DHW/Designee will complete resident care interaction observations during morning care twice weekly for 4 weeks, then weekly for 4 additional weeks. Observations will focus on resident choice, tone, redirection, refusal response, and respectful communication. Any concerns will be corrected immediately with coaching or further corrective action as appropriate, with a completion date of 09/20/2026.

The overall completion date is 09/20/2026.

Effective 08/01/2026 the Administrator/Designee will perform monthly reviews of of the completed resident care observations, through 09/20/2026 to maintain ongoing compliance with treating residents with dignity and respect. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 09/10/2026

Licensee's Proposed Overall Completion Date: *09/10/2026*

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

81b - Resident Personal Equipment

3. 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

On 6/9/26, an uncovered bedside mobility device was installed on resident #4's bed. Per FDA guidelines, the openings within the device should be less than 120 mm (4 ¾ inches). If any openings within the device exceed 120 mm (4 ¾ inches), a cover that allows for safe gripping and use of the device for its intended purpose must be in place. The opening of resident #4's bedside mobility device measured 10in wide by 7in high. The bedside mobility device was not securely attached to the bed frame and could be pulled away from the bed creating a hazardous zone of approximately 10 inches.

Repeated Violation: 05/19/25, et. al.

Plan of Correction ***Accept ([redacted] - 07/24/2026)***

In response to the violation on 06/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate

81b Resident Personal Equipment (continued)

action was taken:

1. *on 06/09/2026, during the survey, by the Director of Facilities to remove the bedside mobility device until the use could be safely assessed and the device could be reinstalled appropriately.*
2. *on 06/10/2026 by the Director of Facilities to complete, for all residents' rooms, a room to room visual check to verify any undocumented beside mobility devices or those that may have been uncovered or improperly installed.*
3. *on 06/11/2026 by the Director of Facilities to install a bedside mobility device purchased by the resident's responsible party on 06/09/2026 to replace the device previously removed.*

To enhance the currently compliant operations:

1. *starting the week of 07/20/2026, the Director of Facilities will complete a room audit to identify and/or presence, installation and overall safety of bedside mobility devices. This audit will include 5 resident rooms and will be completed once per week for 4 weeks, then bi weekly for 4 weeks, then once per month for one month, with a completion date of 09/30/2026.*
2. *starting the week of 07/01/2026, the Director of Health and Wellness/Designee will educate care team staff on 2600.81b expectations, including reporting resident equipment that is damaged, unsecured, improperly installed, or not free of hazards, with a completion date of 07/30/2026.*

The overall completion date is 09/30/2026.

Effective 08/01/2026 the Administrator/Designee will perform monthly checks of to verify completion of monthly resident room inspection audits for a period of 3 months, through 10/01/2026 to maintain ongoing compliance with ensuring wheelchairs, walkers, prosthetic devices and other apparatus used by residents are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 09/10/2026

Licensee's Proposed Overall Completion Date: *09/10/2026*

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

88a - Surfaces

4. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/10/26 at 10:55 AM, there was an approximate 8 in hole in the ceiling of the outdoor porch of the home.

Plan of Correction ***Accept ([redacted] - 07/24/2026)***

In response to the violation on 06/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/10/2026 by the Director of Facilities to repair/correct the ceiling hole on site the same day the concern was identified.*
2. *on 06/10/2026 by the Director of Facilities to inspect the outdoor porch area after the repair to verify the*

88a - Surfaces (continued)

surface was in good repair and free of immediate hazard.

3. *on 06/10/2026 by the Director of Facilities to complete an initial inspection of common-area ceilings, porch areas, walls, and other surfaces to identify any additional repair needs.*

To enhance the currently compliant operations:

1. *on 07/01/2026 the Director of Facilities/Designee will complete an inspection of 3 common-area ceilings, porch areas, walls, and other surfaces to identify any additional repair needs once per week for 4 weeks, then bi-weekly for 4 weeks, then once per month for one month, with a completion date of 09/30/2026.*
2. *on 07/01/2026 the Director of Facilities will provide education to the housekeeping/facilities team members on the content of regulation 2600.81a, conducting environmental visual scans through task completion which are to include review of ceilings, walls, flooring, doors, exterior porch areas, and common surfaces for cleanliness, repair, and hazards, with a completion date of 07/30/2026.*

The overall completion date is 09/30/2026.

Effective 08/01/2026 the Administrator/Designee will perform monthly reviews of the previous month's inspection for a period of 3 months, through 10/01/2026 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 09/10/2026

Licensee's Proposed Overall Completion Date: *09/10/2026*

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

141a 1-10 Medical Evaluation Information

5. 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 #5's medical evaluation, dated [redacted], does not include an indication that the resident's needs can be met safely at the Personal Care Home.

141a 1-10 Medical Evaluation Information *(continued)*

Plan of Correction ***Accept ([redacted] - 07/24/2026)***

In response to the violation on 06/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/09/2026 by the Director of Health and Wellness to correct the DME/medical evaluation for Resident #5 to include the required certification/placement information.

To enhance the currently compliant operations:

1. *on 06/12/2026 the Director of Health and Wellness/Designee will complete an initial audit of all current resident medical evaluations/DMEs to verify completion of required elements, including date of evaluation, diagnoses, medication regimen, allergies, dietary/special health needs, mobility assessment, and provider certification that needs can be met safely in the home. Any incomplete or outdated DME identified during audit will be returned for correction or replaced with an updated evaluation, with a completion date of 06/30/2026.*
2. *starting the week of 07/20/2026 the Director of Health and Wellness/Designee will complete an ongoing audit of 5 resident medical evaluations/DMEs completed in the previous 30-days. The audit will be completed once per week for 4 weeks, then bi-weekly for 4 weeks, then once per month for one month. Any incomplete or outdated DME identified during audit will be returned for correction or replaced with an updated evaluation, with a completion date of 09/14/2026.*

The overall completion date is 09/14/2026.

Effective 07/31/2026 the Administrator/Designee will perform monthly reviews of the completed audits conducted by the DHW/Designee on resident DMEs, through 09/30/2026 to maintain ongoing compliance with ensuring each resident has 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, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *09/14/2026*

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

181e - Capable to Self Administer

6. Requirements

2600.
181.e. To be considered capable to self-administer medications, a resident shall:

Description of Violation

On 6/10/26, resident #6, who is listed as self-administering of their medications, stated in an interview with the Department that [redacted] handles their medications. The resident's [redacted] who is not a pharmacist, comes over each day and fills the pill minder. The resident does not know where the medications are kept, cannot recognize

181e Capable to Self Administer (continued)

or distinguish the medications that are being taken, does not know how much to take or when they should be taken. An audit of the resident's medications show that there are errors with the resident's medications:

- *Several medications prescribed to resident #6 were not found in their room; Centrum Silver 50+Tabs 8 400 300 Tablet; Prevagen 10 MG Capsule, Vitamin C 1000 MG Tablet, Wixela Inhub 250 50 MCG BLST w/DEV.*
- *The resident's Albuterol Sulfate expired in 2024.*
- *Other medications were present but not in the correct dosage; Cranberry should be 250mg but 500mg was present, Folic Acid should have 0.4mg but the resident has 800 mcg which is 0.8mg.*

Plan of Correction ***Accept ([redacted] - 07/24/2026)***

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/10/2026 by the Director of Health and Wellness to remove Resident #6's self administration status, and the resident was placed on medication management services through the home. The resident's medications were reviewed and reconciled for availability, correct dosage, and current orders.*
2. *on 06/11/2026 by the DHW to acquire a new DME and on 06/12/2026 to develop a new RASP based on this significant change for resident #6.*
3. *on 06/10/2026 by the Director of Health and Wellness/Designee to review the self administration concern with the nursing team.*

To enhance the currently compliant operations:

1. *on 06/10/2026 the Director of Health and Wellness/Designee will complete a 100% audit of residents listed as self administering medications to verify that a current assessment supports the resident's ability to comply with 2600.181e. Each resident approved for self administration will have documentation confirming ability to recognize medications, know dosage, know timing, and maintain medications safely as applicable. Any resident who cannot demonstrate the required self administration ability will be immediately placed on medication management services, with a completion date of 06/12/2026.*
2. *starting the week of 07/20/2026, he DHW/Designee will complete a self medication evaluation on 2 residents who self medicate weekly x 4 weeks then biweekly x 4 weeks then monthly x 1 month then x 1 per quarter to verify that a current assessment supports the resident's ability to comply with 2600.181e. Each resident approved for self administration will have documentation confirming ability to recognize medications, know dosage, know timing, and maintain medications safely as applicable. Any resident who cannot demonstrate the required self administration ability will be immediately placed on medication management services. This audit/assessment process will be conducted once per month for 3 months, then once per quarter thereafter, with a completion date of 12/12/2026.*

The overall completion date is 12/12/2026.

Effective 07/31/2026 the Administrator/Designee will perform monthly reviews of the completed assessment completed by the DHW/Designee for a period of 3 months, through 09/30/2026 to maintain ongoing compliance with ensuring that to be considered capable to self administer medications, a resident will. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 09/10/2026

181e - Capable to Self Administer *(continued)*

Licensee's Proposed Overall Completion Date: *09/10/2026*

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

183e - Storing Medications

7. 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

- Resident #7 is prescribed Oxycodone 5 MG Tab - Take 1 tablet by mouth 3 times a day. On 01/31/25, during a medication cart audit, a tear in slot #24 on the blister pack for this medication was noted. The medication was present but due to the tear, the medication is no longer sanitary and should be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations.

- Several loose pills were found on the first floor medication cart including a white oblong pill, a white round pill, a yellow round pill, a gray oblong pill and a white oval pill.

Plan of Correction ***Accept ([redacted] - 07/24/2026)***

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/10/2026 by the Director of Health and Wellness/Designee to immediately destroy the Oxycodone 5mg tab in slot #24 in the blister card for resident #7 per regulatory requirement. The DHW also destroyed the loose pills found in the first floor medication cart, which included a white oblong pill, a white round pill, a yellow round pill, a gray oblong pill and a white oval pill.*
2. *on 06/10/2026 by the Director of Health and Wellness/Designee to clean and inspect medication cart for sanitation and organization concerns.*

To enhance the currently compliant operations:

1. *on 06/11/2026 the DHW/Designee will complete an initial audit of all medication carts and medication storage areas to verify sanitation, organization, condition of packaging, absence of loose pills, and removal of discontinued/expired/damaged medication, with a completion date of 06/11/2026.*
2. *Starting the week of 06/15/2026, the DHW/Designee will complete a medication cart audit on two medication carts weekly for 12 weeks to ensure ongoing compliance with regulation 183e.*
3. *on 06/12/2026 the DHW/Designee will provide re-education to team members that manage or handle medication on the contents of regulation 2600.183e and to specify that damaged packaging, loose medication, or unsanitary conditions must be reported immediately and corrected before continued use of the affected medication, with a completion date of 06/30/2026.*

The overall completion date is 09/12/2026.

183e - Storing Medications (continued)

Effective 07/12/2026 the Administrator/Designee will perform monthly reviews of completed medication cart audits for a period of 3 months, through 09/12/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *09/12/2026*

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

185a - Implement Storage Procedures

8. 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 #8 is prescribed a Bisacodyl 10 MG Suppository - Insert 1 Suppository rectally daily as needed for constipation. On 06/10/26 at 11:45 AM this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 07/24/2026)***

In response to the violation on 06/10/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/09/2026 by the DHW/Designee to acquire a physician's order to hold medication until it is received by the home, and to reorder the missing medication.

To enhance the currently compliant operations:

1. *on 06/11/2026 the DHW/Designee will complete an initial MAR-to-cart audit to verify current ordered medications are available in the home, with a completion date of 06/11/2026.*
2. *Starting the week of 06/15/2026, the DHW/Designee will complete a medication cart audit on two medication carts weekly for 12 weeks to ensure ongoing compliance with regulation 185as, with a completion date of 09/14/2026.*
3. *on 06/12/2026 the DHW/Designee will provide education to medication managing team members on the requirements of regulation 2600.185a and the missing medication escalation process will be reviewed, including immediate notification to the DHW/designee, pharmacy follow-up, prescriber notification when needed, and documentation of steps taken, with a completion date of 06/30/2026.*

The overall completion date is 09/14/2026.

Effective 07/14/2026 the Administrator/Designee will perform monthly reviews of weekly cart audits conducted for a period of 3 months, through 09/14/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *09/14/2026*

185a - Implement Storage Procedures *(continued)*

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

190c - Record of Training

9. 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

A review of the home's medication administration training program's, staff B's, Annual Practicums document the home is completing all required annual certification steps on one day and the home is documenting the recertification based on only one medication administration observation and one Medication Administration Record (MAR) Review.

The program requires at least two separate observations, and two separate MAR reviews completed at least six months apart. Ideally, one of the four annual requirements (two observations and two MAR reviews) are completed on a quarterly basis, but every six months is acceptable.

Plan of Correction ***Accept ([redacted] - 07/24/2026)***

In response to the violation on 06/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/09/2026 by the Divisional Director of Resident Care to provided the medication administration trainer with immediate re-education on documentation requirements for the medication administration training program and annual practicum requirements.*
2. *on 06/11/2026 by the Medication Administration Trainer to make appropriate corrections to the documentation identified by inspectors, and to review medication administration training documents to verify correct completion and identify any additional records requiring correction or remediation.*

To enhance the currently compliant operations:

1. *on 06/11/2026 the Medication Administration Trainer/Designee will complete a 100% audit of current medication technician training records to verify all required course and annual practicum documentation is present and completed correctly, with a completion date of 06/12/2026.*
2. *starting the week of 07/20/2026 the Medication Administration Trainer/Designee will complete monthly reviews of the med tech binder/credential tracker for 3 months to verify completion and ongoing compliance. Any missing or incomplete documentation will be corrected immediately, with a completion date of 09/12/2026.*

The overall completion date is 09/12/2026.

Effective 07/31/2026 the Administrator/Designee will perform monthly reviews of the completed med tech documentation audits completed by the medication administration trainer/designee, through 09/30/2026 to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *09/12/2026*

190c - Record of Training *(continued)*

Implemented (- 08/07/2026)

225c - Additional Assessment

10. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

- Resident #3's assessment, dated indicates no issues with irritability, agitation or aggression. Interviews with staff members indicate the resident can be aggressive and irritable, especially when awaken at 5:00AM to be bathed.

- Resident #6's assessment, dated , indicates the resident is independent with "Transferring in/out of bed/chair" and "Turning and positioning in bed/chair". The resident uses a bedside mobility device, ordered by their physician on 05/18/26; and the assessment and support plan have not been updated.

- Resident #9's assessment, dated indicates the resident is independent with "Transferring in/out of bed/chair" and "Turning and positioning in bed/chair". The resident uses a bedside mobility device, ordered by their physician on ; the assessment and support plan have not been updated.

- Resident #10's assessment, dated indicates the resident is independent with "Transferring in/out of bed/chair" and "Turning and positioning in bed/chair". The resident uses a bedside mobility device, ordered by their physician on ; the assessment and support plan have not been updated.

Plan of Correction ***Accept (- 07/24/2026)***

In response to the violation on 06/09/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2026 by the Director of Health and Wellness/Designee to complete corrections to the assessments/support plans for Residents #3, #6, #9, and #10 to reflect current needs.

To enhance the currently compliant operations:

1. *on 06/12/2026 the DHW/Designee will complete an initial audit of resident assessments for residents with mobility needs and bedside mobility devices and residents with behavioral or cognitive needs to identify any additional assessment/support plan updates needed, with a completion date of 06/19/2026.*
2. *on 06/12/2026 the DHW/Designee will provide education to the wellness team on the requirements of 2600.225c and review significant change triggers, including behavioral changes, mobility device orders, transfer changes, and changes in care needs, with a completion date of 06/30/2026.*
3. *Starting the week of 7/20/2026, the DHW/Designee will audit 5 residents' RASPs to ensure ongoing compliance with regulation 225c for 3 months. This audit will include, at minimum, one resident with a mobility device, one resident with incontinence changes, one resident with behavioral changes, one resident with hospice/home health involvement, and one resident with an ER return or new physician orders affecting care, with a completion date of 10/01/2026.*

The overall completion date is 10/01/2026.

225c - Additional Assessment (continued)

Effective 07/12/2026 the Administrator/Designee will perform monthly checks of the RASP audits completed by the DHW/Designee, through 10/12/2026 to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *10/01/2026*

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