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

August 12, 2026

[redacted], VP OF OPERATIONS
701 LANSDALE OPERATING LLC
701 LANSDALE AVENUE
LANSDALE, PA, 19446

RE: ST. MARY VILLA FOR INDEPENDENT
& RETIREMENT LIVING
701 LANSDALE AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 14107

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2026, 06/16/2026 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: *ST. MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING* **License #**: *14107* **License Expiration**: *11/03/2026*

Address: *701 LANSDALE AVENUE, LANSDALE, PA 19446*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *701 LANSDALE OPERATING LLC*

Address: *701 LANSDALE AVENUE, LANSDALE, PA, 19446*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/26/1992* **Issued By**: *PA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *93* **Waking Staff**: *70*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/16/2026*

Inspection Dates and Department Representative

06/15/2026 - On-Site: [redacted]

06/16/2026 - On-Site: [redacted]*stein*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* **Residents Served**: *66*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *St. Camillus* **Capacity**: *20* **Residents Served**: *18*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *65*

Diagnosed with Mental Illness: *30*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *27*

Have Physical Disability: *0*

Inspections / Reviews

06/15/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/20/2026*

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*

08/12/2026 Document Submission

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

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

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident #1 was not signed by the resident. The resident-home contract, dated [redacted] for resident #2 was not signed by the resident.

Repeat violation: 6/16/2025 et al.

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

Step 1
The Admissions Director had residents #1 and #2 sign the contract if agreeable by 7/14/26.
Step 2
All resident contracts will be checked by the Admissions Director to ensure they are signed by the residents if they are agreeable on or before 7/31/2026.
Step 3
The Administrator/designee will educate the Admissions Director on the importance of having the contract signed by the residents if agreeable by 7/31/26.
Step 4
The Admissions director/designee will audit all new admissions contracts weekly X4 weeks that the resident signs the contracts if agreeable. The findings will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

42r - Visitation

2. Requirements

2600.
42.r. A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.

Description of Violation

The home was preventing resident #2 from receiving visit's from the resident's [redacted] On 6/16/2026, a large sign was posted on the window of the nursing station, in view of residents, stating, "[Resident #2's [redacted] is not to visit with [resident #2]."

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

Step 1
The ADON removed the sign immediately from the nurse's station during the survey on 6/16/26. Resident #2 was interviewed by the ADON on 6/16/26 to ask if [redacted] wanted to visit with [redacted].
Step 2
All residents are receiving visitors as they wish for a minimum of 12 hours daily, 7 days per week and the ADON checked the nurses' station to ensure there are no signs in view of other residents/visitors on 6/16/26.
Step 3
The Administrator/designee will educate the ADON on the residents' rights to visitors and proper posting of any signs by 7/31/26.

42r - Visitation (continued)

Step 4
The ADON will conduct a random weekly audit X 4 weeks of residents to ensure they are receiving visitors and check the nurse's station for signs not posted in view of others. The findings will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented (- 08/12/2026)

65b - Rights/Abuse 40 Hours

3. 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, this staff person did not complete training in emergency medical plan or reporting of reportable incidents or conditions.

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

Step 1
The HR director/designee conducted training for staff person A to include the emergency medical plan and reporting of reportable incidents or conditions by 7/14/26.
Step 2
The HR director/designee will check all direct care staff persons/ancillary staff persons, substitute personnel and volunteers to ensure the proper training was completed on or before 7/31/26.
Step 3
The administrator/designee will in-service the HR director and staff educator to ensure all staff have the completed orientation training within 40 scheduled work hours by 7/31/26.
Step 4
The HR director/designee will conduct a weekly audit X4 of new hires for proper completion of orientation training. The findings will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented (- 08/12/2026)

65f - Training Topics

4. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person B did not receive training in care for residents with mental illness during training year 2025.

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

Step 1
The staff educator/designee conducted mental illness training for staff person B on 7/14/26.
Step 2
The staff educator/designee will check all direct care staff to ensure mental illness training is completed by 7/31/26.

65f - Training Topics (continued)

Step 3
The administrator/designee will in-service the staff educator on ensuring the required training is completed for all direct care staff by 7/31/26.
Step 4
The staff educator/designee will conduct a weekly audit X4 to ensure all new employees are completing their annual training as scheduled. The findings will be reviewed at the QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

82b - Poisonous Material Storage

5. Requirements

2600.
82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On 3/15/2026 at approximately 9:20 am, a bottle of Clorox Clean-up spray, with a manufacturer's label indicating "If ingested, contact poison control," was stored under a counter in the activities area next to marshmallows, soda, coffee, and assorted chips, .

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

Step 1
The ADON removed the cleaning spray from under the counter in the activities area immediately following survey on 6/16/26.
Step 2
The Environmental Director checked all areas to ensure poisonous material storage is properly being stored on or before 7/14/26.
Step 3
The Administrator/designee will conduct an in-service with Environmental and recreation staff on proper storing of poisonous materials on or before 7/31/26.
Step 4
The Environmental Director will conduct a random weekly audit X4 weeks to ensure poisonous materials are stored properly and findings will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

85a - Sanitary Conditions

6. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/13/2026 at 7:15 pm, resident #3's glucometer was used to take a blood-glucose reading from resident #4.

On 6/15/26 at 9:37 am, there was an unlabeled towel in the room shared by residents #5 and #6. Resident #5 was unsure to whom it belonged.

85a - Sanitary Conditions (continued)

At 11:46 am, dark red blood or food stains were splattered on the door and ceiling of the nursing room in the St. Camillus, the Secure Dementia Care Unit.

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

Step 1
The ADON replaced resident #3 glucometer on 6/16/26. The ADON removed the unlabeled towel on 6/15/26. The Environmental Director cleaned any blood or food stains that were splattered on the door and ceiling of the nursing room in St. Camillus on 6/16/26.
Step 2
The ADON checked that all residents with glucometers are being maintained with sanitary conditions on 7/14/26. The ADON/designee checked that any shared rooms have labeled towels/hooks on or before 7/20/26. The environmental director checked all doors/ceilings for any blood or food stains splattered by 7/20/26.
Step 3
The Administrator/designee will in-service the ADON and environmental director on the importance of maintaining sanitary conditions by 7/31/26.
Step 4
The ADON/designee will conduct a random weekly audit X4 to ensure sanitary conditions are being met and the results will be reviewed at the facility QAPI meeting on 8/5/26.

Proposed Overall Completion Date: 08/21/2026

Directed Plan of Correction (7/24/26):
In addition to the multiple steps submitted in the Plan of Correction, the ADON will conduct a training with all staff administering medications on the importance of not sharing glucometers within 10 days of receipt of this DPOC. A copy of the training and staff sign in sheet will be maintained for the Departments review.

Directed Completion Date: *08/04/2026*

Implemented (- 08/12/2026)

87 - Lighting

7. Requirements

2600.
87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 6/15/2026 at approximately 10:10 am, the shared bathroom between rooms 73 and 75 was dim, due to a missing bulb on the left side of the light fixture above the sink.

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

Step 1
The maintenance staff replaced the bulb on the light fixture in the shared bathroom between rooms 73 and 75 on 6/16/26.

87 - Lighting (continued)

Step 2
The maintenance director/designee will check all bathroom light fixtures to make sure the bulbs are in place and working on or before 7/20/26.
Step 3
The administrator/designee will in-service the maintenance director on lighting requirements in and around the facility by 7/31/26.
Step 4
The maintenance director/designee will conduct a random weekly audit X4 to ensure bathroom light fixtures are functioning properly. The results of the audit will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

95 - Furniture and Equipment

8. Requirements

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

Description of Violation

On 6/15/2026 at 9:46 am, a dresser on the right side of room 72 was missing handles. At 10:05 am, the bedside table next to the far bed in room 73 was missing drawer handles and the drawers were askew.

At approximately 10:10 am, the door handle to the bathroom between rooms 73 and 75 was detached and the door was difficult to open.

On 6/15/26 at 10:24 am, the home's storage area was filled with broken furniture, piles of paper, air purifiers, cardboard boxes, and other items, making several rooms in the area unreachable.

On 6/15/26, an alarm in St. Camillus was triggered by work being done in the courtyard, and no one in the home could stop it from sounding for at least several hours from morning to afternoon.

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

Step 1
Maintenance director replaced the dresser in room 72 that was missing handles, and the bedside table that was missing a drawer handle and drawers were askew by 6/16/26.
The maintenance director replaced the door handle to the bathroom between room 73 and 75 on 6/16/26.
The maintenance director and environmental director cleaned out the facility storage area to ensure it is free of hazards on or before 7/24/26.
The maintenance director will meet with the landscaping company to ensure alarms are not left sounding while work is being conducted on 7/13/26.
Step 2
The maintenance director will check all dressers and bedside tables to make sure they are in good repair and free of hazards on or before 7/20/26.
The maintenance director will check all bathroom door handles to make sure they are working properly on or

95 - Furniture and Equipment (continued)

before 7/20/26.
The maintenance director/designee will check all storage areas to ensure they are cleaned up and free of hazards on or before7/31/26.
The maintenance director will check with any vendor who does work in the courtyards to make sure the alarms are not left sounding on or before 7/31/26.
Step 3
The Administrator/designee will in-service the ADON, and the maintenance and environmental staff on the importance of furniture and equipment being in good repair and free of hazards by 7/31/26.
Step 4
The maintenance director/designee will conduct random weekly audits X4 to ensure furniture and equipment are in good repair, clean and free of hazards. The audits will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented (- 08/12/2026)

101j5 - Bedside Table/Shelf

9. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
5. A bedside table or a shelf.

Description of Violation

At approximately 10:10 am, there was no bedside table or shelf by the bed closest to the door in room 73.

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

Step 1
The maintenance director/designee replaced the bedside table to room 73 by 6/16/26.
Step 2
The maintenance director/designee will check all rooms for bedside tables on or before 7/20/26.
Step 3
The Administrator/designee will in-service the Maintenance Director and ADON on the importance of having bedside tables in all rooms on or before 7/31/26.
Step 4
The maintenance director/designee will conduct random weekly audits X4 to ensure all rooms have bedside tables and report the findings at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented (- 08/12/2026)

101j7 - Lighting/Operable Lamp

10. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp *(continued)*

Description of Violation

On 6/15/2026 at 9:46 am, resident #7 did not have access to a source of light that could be turned on/off at bedside.

At 10:01 am, resident #8 did not have access to a source of light that could be turned on/off at bedside.

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

Step 1
The maintenance director/designee replaced the light/lamp for resident #7 and resident #8 on 6/16/26.
Step 2
The maintenance director/designee checked all rooms to ensure there was an operable light/lamp on or before 7/20/26.
Step 3
The Administrator/designee will in-service the maintenance director and ADON on the importance of having an operable light/lamp for all rooms on or before 7/31/26.
Step 4
The maintenance Director/designee will conduct a random weekly audit X4 and report the findings at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

102i - Soap Dispenser

11. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 6/15/2026 at 9:46 am, the soap dispenser in the bathroom of room 72 was inoperable.

At approximately 10:10 am, the soap dispenser in the bathroom of room 74 was inoperable.

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

Step 1
The environmental director replaced batteries in the soap dispensers in the bathrooms of room 72 and room 74 on 6/16/26.
Step 2
The environmental director will check all soap dispensers in the bathrooms to ensure they are all operating by 7/20/26.
Step 3
The administrator/designee will in-service the environmental director on the importance of having soap dispensers operating in all bathrooms on or before 7/20/26.
Step 4
The Environmental director/designee will conduct a random weekly audit X4 to ensure all soap dispensers are operating in bathrooms and report the findings at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

102i - Soap Dispenser *(continued)*

Implemented ([redacted] - 08/12/2026)

121a - Unobstructed Egress

12. Requirements

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

Description of Violation

On 6/15/2026, the egress doors from the first-floor med room, St. Anne's wing, the St. Camillus patio, and from St. Joseph's wing to the courtyard all had locks that release after the doors are pushed for 15 seconds. There was no sign near any of these doors explaining their use.

At 9:29 am, all of the courtyard gates, such as the gate near St. Joseph's wing, would not unlock. At 10:17 am, two large, covered trash cans blocked egress from the home's kitchen.

Repeat violation: 8/21/2025.

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

Step 1
The maintenance director adhered signs to the first-floor med room, St. Anne's wing, St. Camilla's patio, and from St. Joseph wing to the courtyard that state the locks release after the door is pushed for 15 seconds by 6/16/26.
The maintenance director checked to ensure the courtyard locks were releasing properly on 6/16/26.
The maintenance director removed the two large trash cans that were blocking the egress by the kitchen on 6/15/26.
Step 2
The maintenance director/designee checked all doors with locks that release after being pushed for 15 seconds for proper signage on or before 7/20/26.
The maintenance director had a vendor check all the courtyard gates/locks to ensure they are working properly on 6/25/26.
The maintenance director/designee checked all egress areas to ensure they were unobstructed on 6/16/26.
Step 3
The Administrator/designee will in-service the maintenance director on unobstructed egress on or before 7/20/26.
Step 4
The maintenance director/designee will conduct a random weekly audit X4 weeks to ensure egress routes can be unlocked and unobstructed. The findings will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

181c - Self-administration Assessment

13. Requirements

2600.

181c Self administration Assessment *(continued)*

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #9 self administers medications including strontium citrate, FullNight Natural Sleep Aid, vitamin D3, B complex, Peppermint Oil GI, and daily probiotic. However, resident #9's medical evaluation, dated 2/5/2026, indicates the resident is unable to self administer medications.

Previous violation: 6/16/2025 et al.

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

Step 1
ADON had new DME completed for resident #9 on 7/13/26.
Step 2
ADON will check any resident that self administers medications to ensure the DME is accurate on or before 7/20/26.
Step 3
The Administrator/designee will in service the ADON on the self administration assessment by 7/20/26.
Step 4
The ADON will conduct a random weekly audit X4 weeks of resident self administration assessments to ensure it is correct matches the DME. The findings will be reviewed at the QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

181d -Storing Medication

14. Requirements

2600.
181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #9 self administers medications and stores medications in [redacted] room, including strontium citrate, FullNight Natural Sleep Aid, vitamin D3, B complex, Peppermint Oil GI, and daily probiotic in resident #9's bedroom. However, the resident does not lock their bedroom door when they leave the room. The room was left unlocked on 6/16/2026 at approximately 10:00 am.

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

Step 1
The ADON locked resident #9 door immediately during survey on 6/16/26.
Step 2
The ADON will check any resident that self administers medications to ensure they are locked in a safe and secure location on or before 7/20/26. Residents who self administer medications will either lock their door or have a locked box for their medications.
Step 3

181d Storing Medication (continued)

The Administrator/designee will in service the ADON and licensed nursing staff on storing medications by 7/31/26.
Step 4
The ADON/designee will conduct a random weekly audit X4 weeks of proper storing of resident's medications and review the findings at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

181f - Record of Medication

15. Requirements

2600.
181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 6/16/2026, resident #9's record did not include a current list of medications. The list in the resident's record included 20 mg Lasix tablets, 25 mg Meclizine tablets, and 3 mg Melatonin tablets, which were not in the resident's room, and did not include strontium citrate, FullNight Natural Sleep Aid, vitamin D3, B complex, Peppermint Oil GI, or daily probiotic, which were in resident #9's room.

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

Step 1
The ADON reviewed resident #9 record of medication with the physician on 7/14/26.
Step 2
The ADON will review any resident who self administers medication with the medication record to ensure they are accurate on or before 7/20/26.
Step 3
The Administrator/designee will in service the ADON, licensed nursing staff, and med techs on the importance of the record of medication by 7/31/26.
Step 4
The ADON/designee will audit the records of medication for residents who self administer weekly X4 weeks, and the findings will be reviewed at the QAPI meeting on 8/5/26.

Proposed Overall Completion Date: 08/21/2026

Directed Plan of Correction ([redacted] 7/24/26):
In addition to the multiple steps submitted in the Plan of Correction, the administrator will ensure the ADON will update resident #9's MAR to include the resident's current medications, within 10 days of receipt of this Plan of Correction.

Directed Completion Date: *08/04/2026*

Implemented ([redacted] - 08/12/2026)

183b - Meds and Syringes Locked

16. Requirements

183b - Meds and Syringes Locked *(continued)*

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 6/15/2026 at 9:31 am, a tube of Flex FX Pain Relief cream was accessible in the bathroom medicine cabinet of room 11. A tube of remedy antifungal cream was in another cabinet. The room and cabinets were unlocked and unattended. Resident #10, who lives in the room, is assessed as unable to self-administer medications.

On 6/15/26 at 9:37 am, there were containers of nasal spray and eyedrops unlocked, unattended, and accessible on top of a bureau in room 21, a room shared by residents #5 and 6.

On 6/16/26 at approximately 10:15 am, a tube of Lidocaine Plus 4% cream was left on resident #11's bedside table. Resident #11 is assessed as unable to self-administer medications.

Repeat violation: 6/16/2025 et al.

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

Step 1
The ADON removed the medications from resident #10, and resident #6 rooms during the survey on 6/15/26. The ADON removed medication from resident #11 room during the survey on 6/16/26.
Step 2
The ADON/designee will check all resident rooms to ensure only medications for residents who self-administer are left locked and secured in a safe location on or before 7/31/26.
Step 3
The Administrator/designee will in-service the ADON, licensed nurses and Med-techs on the proper procedure for Meds and Syringes being locked by 7/31/26.
Step 4
The ADON/designee will conduct a weekly audit X4 weeks of Meds and Syringes being locked. The results will be reviewed at the facility QAPI meeting on 8/5/26

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

183d - Prescription Current

17. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 6/16/2026, the home had Lidocaine 4% patches and 10-mg Loratadine tablets for resident #11. The home did not have current or discontinued orders for these medications.

Repeat violation: 8/21/2025, 6/16/2025 et al.

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

Step 1
The ADON reviewed orders with the physician for resident #11 and the lidocaine patch and loratadine were

183d - Prescription Current (continued)

discarded on 6/16/26.
Step 2
The ADON/designee checked all residents medications to ensure there are current orders in place on or before 7/31/26.
Step 3
The Administrator/designee will in-service the ADON and licensed nurses on the current prescription process on or before 7/31/26.
Step 4
The ADON/designee will conduct a random weekly audit X4 weeks to check orders for current prescriptions. Results will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented (- 08/12/2026)

183e - Storing Medications

18. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 6/16/2026 at approximately 11:00 am, there was one loose pill--a white oval--in the second drawer of medication cart #2. At approximately 11:15 am, there was a rip several centimeters long in the back of resident #12's sleeve of .25-mg Alprazolam tablets, partially exposing the dose marked #1.

Repeat violation: 6/16/2025 et al.

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

Step 1
The ADON immediately discarded the loose pill in cart #2 and the alprazolam tablet on resident #12's card that was partially exposed on 6/16/26.
Step 2
The ADON/designee will ensure residents' medications are stored in an organized manner according to manufacturer's instructions on or before 7/31/26.
Step 3
The Administrator/designee will in-service the ADON, licensed nurses and med-techs on proper storing of medications on or before 7/31/26.
Step 4
The ADON/designee will audit medication carts weekly X4 weeks to ensure proper medication storage. Results of audit will be reviewed at facility QAPI on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented (- 08/12/2026)

184a - Resident's Meds Labeled

19. Requirements

184a Resident's Meds Labeled *(continued)*

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 6/16/2026, the pharmacy label for resident #6's Gabapentin 100 mg, Metformin HCL 500 mg, Propranolol HCl ER 160 mg, and Furosemide 20 g did not include dates the prescriptions were issued, instructions for administration, or the names and titles of the prescribers.

Repeat violation: 6/16/2025 et al.

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

Step 1
The ADON received all new medications for resident #6 on 6/18/26.
Step 2
Medications for residents were checked to have proper containers and pharmacy labels by the ADON on or before 7/31/26.
Step 3
Administrator/designee will in-service ADON, licensed nurses and med-techs on ensuring residents medications are labeled and in pharmacy containers on or before 7/31/26.
Step 4
ADON/designee will conduct a random weekly audit X4 weeks to ensure that residents labels are correct. Results of the audit will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

185a Implement Storage Procedures

20. 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

On 6/13/2026 at 4:30 pm, resident #13 recorded a blood-glucose reading of 129, but the reading was logged in the resident's medication administration record as 126.

The controlled narcotic log for resident #14's .5-mg Ativan tablets was incomplete. One pill was wasted on 5/23/26 and two more on 6/12/26, but the times of day were not recorded. The log contained several entries for quantity on hand, quantity used, and route which were illegible.

Repeat violation: 8/21/2025, 6/10/2025 et al.

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

Step 1
The ADON reviewed orders for resident #13 and resident #14 on or before 7/20/26.
Step 2
All residents with a sliding scale, or prescribed Ativan were checked by the ADON with no concerns noted on or

185a - Implement Storage Procedures (continued)

before 7/31/26.
Step 3
Administrator/designee will in-service the ADON, nurses and med-techs on proper storage procedures on or before 7/31/26.
Step 4
The ADON/designee will audit weekly X4 that residents with sliding scales and Ativan orders are properly given and documented. The results will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

187b - Date/Time of Medication Admin.

21. 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

Resident #11 is prescribed one 10-mg Cetirizine HCl tablet every morning. Resident #11's medication administration record (MAR) indicates the resident was administered this medication every morning from 6/1 to 6/16/2026. However, the resident was instead administered 10-mg tablets of Loratadine which were initialed incorrectly on the MAR in the space for Cetirizine.

Repeat violation: 6/16/2025 et al.

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

Step 1
The ADON reviewed the orders for resident #11 with the physician on or before 7/20/26.
Step 2
The ADON/designee will review residents with Cetirizine HCl orders to ensure date/time of medication is accurate on or before 7/31/26.
Step 3
The Administrator/designee will in-service the ADON, nurses, and med-techs on proper Date/Time of medication administration on or before 7/31/26.
Step 4
The ADON/designee will conduct a random weekly audit X4 to ensure Date/time/medication administration is complete. The findings will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

187d - Follow Prescriber's Orders

22. Requirements

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

Description of Violation

Resident #11 is prescribed one 10-mg Cetirizine HCl tablet every morning.. However, this medication was not

187d - Follow Prescriber's Orders (continued)

administered to resident #11 on 6/1 through 6/16/2026, because the medication was not available in the home. The resident was instead given a 10-mg tablet of Loratadine each morning.

Repeat violation: 8/21/2025, 6/16/2025 et al.

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

Step 1
The ADON reviewed resident #11's orders with the physician on or before 7/20/26.
Step 2
The ADON will review residents on Allergy medications to make sure they are available in the home and prescriber's orders are being followed by 7/31/26.
Step 3
The Administrator/designee will in-service the ADON and nurses on following Prescriber's Orders on or before 7/31/26.
Step 4
The ADON/designee will conduct a weekly random audit X4 to ensure physicians' orders are followed. The results of the audit will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented (- 08/12/2026)

231b - Medical Evaluation

23. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on . However, the resident's medical evaluation, completed on , did not include a diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

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

Step 1
The ADON had a new DME completed by physician on 7/17/26.
Step 2
The ADON reviewed all residents on the secured dementia unit for proper diagnosis documented on the DME on or before 7/31/26.
Step 3
The Administrator/designee will in-service the ADON on proper completion of Medical Evaluation on or before 7/24/26.
Step 4
The ADON will conduct random weekly audit X4 to ensure proper diagnosis on DME for residents on secured dementia unit. Findings will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

231b Medical Evaluation *(continued)*

Implemented (- 08/12/2026)

231e No Objection Statement

24. Requirements

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on . The home has no documentation that the resident and the resident's designated person consented to the admission.

Repeat violation: 6/16/2025 et al.

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

Step 1
The Admissions director obtained the Consent form for resident #1 on 7/14/26.
Step 2
The admissions director will check all residents admitted to the secured dementia unit to ensure the consent (no objection statement) form was obtained on or before 7/31/26.
Step 3
The Administrator/designee will in-service the admissions director and ADON on obtaining the consent form for the secured dementia unit on or before 7/31/26.
Step 4
The Admissions director/designee will conduct a weekly audit X4 to ensure that the consent form is present for all residents admitted to the secured dementia unit. Results of the audit will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented (- 08/12/2026)

236 Staff Training

25. Requirements

2600.
236. Training Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had only 1 hour of training in dementia care during the 2025 training year.

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

Step 1
Staff person B had the 6-hour dementia training on 8/13/25.
Step 2
The staff educator/designee will ensure staff working on the secured dementia unit will have 6 hours dementia care training on or before 7/31/26.

236 - Staff Training (continued)

Step 3
The Administrator/designee will in-service the educator and ADON on ensuring the direct care staff have proper training on or before 7/31/26.
Step 4
The staff educator/designee will audit weekly X4 that direct care staff have completed the appropriate 6-hour dementia training. The results will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

251b - Record Entries Legible

26. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The controlled narcotic log tracking resident #14's .5-mg Ativan tablets is illegible and incomprehensible. The log indicates a dose was wasted on 5/23/2026, but the space for the time of day has two lines through it, with the word "Up" written over a previous entry. The word "wasted" is written across the columns for "quantity on hand," "quantity used," and "route," obscuring information written in these spaces. The log indicates two pills were wasted on 6/12/26, but the time(s) are not indicated and other information is obscured by the words "wasted" and "destroyed." Under "quantity remaining," the number 53 was crossed out.

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

Step 1
The ADON started a new narcotic log tracking for resident #14 on 7/1/26.
Step 2
The ADON will check all narcotic logs for record entries to be legible, permanent, dated and signed on or before 7/31/26.
Step 3
The Administrator/designee will in-service the ADON and nurses on record entries being legible, permanent, dated and signed by the staff person making the entry on or before 7/31/26.
Step 4
The ADON/designee will audit the narcotic tracking log weekly X4 for proper completion. The results of the audit will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)

251c - Standardized Forms

27. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

251c - Standardized Forms *(continued)*

Description of Violation

The medical evaluations for all residents were documented on outdated forms instead of on the Department's current standardized form. Resident #15's medical evaluation, dated [redacted] was not completed on the Department's current standardized form.

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

Step 1
The ADON completed resident #15 DME on the updated form on 7/14/26.
Step 2
The ADON/designee will update all residents DME to the departments current form on or before 7/31/26.
Step 3
The Administrator/designee will in-service the ADON on utilizing the departments standardized forms on or before 7/31/26.
Step 4
The ADON/designee will audit DME forms weekly X4 to ensure proper form is being used. The results of the audit will be reviewed at the facility QAPI meeting on 8/5/26.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented ([redacted] - 08/12/2026)