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

July 31, 2026

[redacted], ADMINISTRATOR
HARRISON SENIOR LIVING OF COATESVILLE LLC
300 STRODE AVENUE
COATESVILLE, PA, 19320

RE: HARRISON SENIOR LIVING OF COATESVILLE
300 STRODE AVENUE
COATESVILLE, PA, 19320
LICENSE/COC#: 10566

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2026 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: *HARRISON SENIOR LIVING OF COATESVILLE* **License #**: *10566* **License Expiration**: *02/22/2027*

Address: *300 STRODE AVENUE, COATESVILLE, PA 19320*

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

Administrator

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

Legal Entity

Name: *HARRISON SENIOR LIVING OF COATESVILLE LLC*

Address: *300 STRODE AVENUE, COATESVILLE, PA, 19320*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/03/1986* **Issued By**: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *70* **Waking Staff**: *53*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/23/2026*

Inspection Dates and Department Representative

06/23/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *57*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *57*

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

Have Mobility Need: *13* **Have Physical Disability**: *0*

Inspections / Reviews

06/23/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/25/2026*

07/31/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

07/31/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

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

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/15/26 at 5:00am, the home experienced flooding that caused four residents to relocate to other rooms. The home did not submit an incident report to the Department.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The Executive Director reviewed the requirements of 16(c) regarding mandatory reporting of reportable incidents to the Department within 24 hours on 6/23/26.

The Executive Director acknowledged that notification to the Department should have occurred within the required timeframe, however, the incident was reported to the regional office via fax of a reportable incident form on 6/23/26 per the inspector's instruction, see attached.

The Executive Director will review all facility incident reports weekly for three months to verify that reportable incidents have been submitted to the Department within the required 24-hour timeframe.

Results of the audits will be documented, and any identified deficiencies will result in immediate corrective action and additional staff education as necessary.

Proposed Overall Completion Date: 10/02/2026

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

Implemented ([redacted] - 07/31/2026)

17 - Record Confidentiality

2. 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 6/23/26, at 11am, resident files containing medical evaluations and support plan/care needs were left unlocked, unattended, and accessible in the 2nd floor medication room.

On 6/23/26, at 11:07am, a narcotic book containing information related to medications prescribed for residents of the home, was left unlocked, unattended, and accessible on top of a medication cart on the 2nd floor.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The resident files and narcotic record book were immediately secured in the locked medication room and medication cart by the Executive Director.

17 Record Confidentiality (continued)

Nursing staff assigned to the second floor received immediate re education by the Executive Director with the inspectors present regarding the confidentiality requirements of resident records and the responsibility to secure all documentation containing protected health information when not in direct use.

All licensed nurses and medication administration staff received education on 17 on 6/24/26, emphasizing that resident records, medication administration records, narcotic books, support plans, medical evaluations, and all documents containing protected health information must remain secured and inaccessible to unauthorized individuals at all times.

The Director of Resident Services (DORS) or designee will conduct daily audits for four (4) weeks to verify that resident records, narcotic books, medication administration records, and other confidential documents are properly secured.
Following successful completion of the initial monitoring period, audits will be conducted weekly on an ongoing basis.

Any identified deficiencies will result in immediate corrective action, staff counseling, and additional education as warranted.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 07/31/2026)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On 6/23/26 at 9:16am, Staff Person A did not wash or sanitize their hands before administering medications to Resident 1.

On 6/23/26 at 9:25am, Staff Person A did not wash or sanitize their hands before administering medications to Resident 2.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The medication administration process, specifically hand washing requirements was reviewed with Staff Person A immediately following the observation on 6/23/26 via the DORS.

On 6/24/26, the ED and DORS re educated all licensed nurses and medication administration staff on: hand hygiene guidelines and proper medication administration procedures, including performing hand hygiene before each resident encounter.

The Director of Resident Services (DORS) or designee will conduct weekly medication pass observations for 4 weeks ensuring hand hygiene is performed before each resident medication administration. Following successful

85a - Sanitary Conditions (continued)

completion of the daily monitoring period, the DORS or designee will complete monthly ongoing.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented (- 07/31/2026)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 6/23/26 at 9:15am, there was an approximate 1/2 inch accumulation of lint in the lint trap of the 2nd floor laundry room dryer. There were no clothes in the dryer at the time.

Plan of Correction ***Accept (- 07/31/2026)***

The Executive Director immediately educated the 2nd floor housekeeper. The Director of Housekeeping and the Director of Resident Services re-educated all housekeeping and nursing staff responsible for operating facility dryers on the requirement to clean the lint trap after each dryer cycle to reduce fire hazards on 6/24/26.

A Dryer Lint Trap Cleaning Log has been implemented and will be maintained in each laundry room. Staff are required to document lint trap cleaning on the AM and PM shifts.

The Director of Housekeeping will conduct audits of the dryer lint traps and logs on a weekly basis for 4 weeks, then monthly ongoing.

Licensee's Proposed Overall Completion Date: *07/25/2026*

Implemented (- 07/31/2026)

181c - Self-administration Assessment

5. Requirements

2600.
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 3 self-administers medications to include Cream, apply to the affected area 3 times a day for 10 days; however, Resident 3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction ***Accept (- 07/31/2026)***

Immediately upon identification of the deficiency, the Director of Resident Services (DORS) reviewed Resident 3's record and removed any medications.

181c - Self-administration Assessment (continued)

The Executive Director contacted the resident's family on 6/24/26 to educate them and request they make a doctor's appointment to review medications and what the resident would be able to self-administer, if at all. The resident went out with family to PCP appointment on [redacted] and family informed staff that clarifying orders would be faxed over. Orders were received on 6/27/26 and updated on the MAR. The physician 's orders will be maintained in the resident's record; the resident assessment and the resident's support plan will be updated accordingly.

DORS reviewed all current residents who self-administer medications to ensure a physician, physician assistant, or certified registered nurse practitioner (CRNP) assessment is present in the medical record as required. There were no further deficiencies noted and there is only one other self-administering resident at this time.

The Executive Director and DORS also educated staff on 6/24/26 that resident's self-administering must have permission from a medical professional to do so. Also, when families provide prescription or OTC medications for residents, staff must verify the medication name, strength, dosage, and directions against the physician's order and MAR before the medication is accepted for resident use. Any discrepancies will be addressed immediately before the medication is made available to the resident.

The DORS or designee will conduct weekly audits for 4 weeks, then monthly ongoing.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

The Executive Director will also be sending a memo out with the upcoming statements (prior to end of month) to residents, families and responsible parties educating them on the regulations surrounding residents who are assessed unable to self-administer and OTC medications being provided to residents.

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented ([redacted] - 07/31/2026)

181f - Record of Medication

6. 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

Resident 4 is prescribed Acetaminophen 325MG, take 2 tablets every 8 hours as needed for pain. However, on 6/23/26 at 1:23pm, Resident's dosage of Acetaminophen that was available in their room was 500MG tablets.

Repeated Violation - 3/24/25 et al.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Upon discovery, the incorrect strength of Acetaminophen (500 mg) was immediately removed from the resident's room by Director of Resident Services.

The Executive Director immediately contacted the resident's family and instructed them to bring in the correct strength of Acetaminophen (325 mg) in accordance with the physician's order. During this communication, the Executive Director educated the family that all over-the-counter (OTC) medications brought into the facility must match the physician's order and the Medication Administration Record (MAR) before they may be kept in the

181f - Record of Medication (continued)

resident's room for self-administration.

Once received, the correct medication was verified by the Director of Resident Services prior to being returned to the resident.

The Executive Director and DORS also educated staff on 6/24/26 that when families provide prescription or OTC medications for residents, staff must verify the medication name, strength, dosage, and directions against the physician's order and MAR before the medication is accepted for resident use. Any discrepancies will be addressed immediately before the medication is made available to the resident.

The DORS or designee will conduct weekly self-administration audits for 4 weeks, then monthly ongoing.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

The Executive Director will also be sending a memo out with the upcoming statements (prior to end of month) to residents, families and responsible parties educating them on the regulations surrounding residents who are assessed unable to self-administer, those who are and OTC medications being provided to residents.

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented ([redacted] - 07/31/2026)

182c - Medication Administration

7. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 6/23/26 at 9:05am, Staff person A did not follow proper medication administration procedures by not verifying the correct medications, doses or administration instructions for Resident 5's 8am medication pass. The staff person cut open 3 cellophane packages of medication without reviewing the medication labels to the residents medication administration record, and poured 10 pills into a medication cup, and mixing powdered medications together in water again without checking the medication labels to the MAR, then administered the medication to the resident.
The medications administered to resident 5 include the following:

- *Acetaminophen 500mg*
- *Cerovite silver tab 60*
- *Ferrous Sulfate 325MG*
- *Finasteride 5mg*
- *Furosemide 40MG*

182c Medication Administration (continued)

- *Metamucil 15oz*
- *Omeprazole 40 MG*
- *Polyethylene Glycol 3350*
- *Potassium Cl 20 take*
- *Prevagen Rs Cap*
- *Sertraline Hcl 50MG*
- *Tamsulosin Hcl 0.4MG*
- *Vitamin B 12 100Mcg*

Resident 8 is prescribed Donepezil Hcl 10Mg tablet take one tablet by mouth every day for Alzheimer's, Glipizide 5Mg Tablet take 1/2 tablet by mouth every day , Midodrine Hcl 5 Mg tablet, take one tablet by mouth 3 times daily, Pantoprazole Sod Dr 40Mg tablets take one tablet by mouth every day, and Vitamin B 12 1000 Mcg Tablet take one tablet by mouth every day. These medications were administered by staff person C at approximately 9:50a.m., however, staff person A signed off Resident 8's June 2026 medication administration record using Staff Person C's eMAR login and initials. Staff person C did not complete the documentation themselves as required.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

Director of Resident Services (DORS) immediately counseled and re educated Staff Person A and Staff Person C on proper medication administration procedures, including verifying each medication against the MAR before administration and documenting medication administration only under their own login and initials.

All medication administration staff were re educated on 6/24/26 by the Executive Director and DORS on the Seven Rights of Medication Administration, proper medication verification procedures, and the requirement that each staff member document only medications they personally administer using their own eMAR credentials.

The DORS or designee will complete weekly medication pass observations for 4 weeks, then monthly ongoing.

Any deficiencies identified during the audits will be corrected immediately with additional education and counseling as appropriate.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented ([redacted] - 07/31/2026)

183b - Meds and Syringes Locked

8. Requirements

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

Description of Violation

On 6/23/26 at 9:05am, a bottle of Systane eye drops was unlocked, unattended, and accessible in an open bed side drawer in resident 5's room.

On 6/23/26 at 11am, there were unlocked prescription treatments and creams in a clear plastic drawer in the 2nd

183b Meds and Syringes Locked (continued)

floor unlocked medication room. The medications are prescribed for several various residents.

On 6/23/26 at 11:04am, the medication cart on the 2nd floor was left unlocked and unattended.

On 6/23/26 at 11:27am, Resident 3 had multiple medications unlocked in their room, including Aleve, allergy relief tablets, [redacted] Creams, Coricidin HBP, and ultimate flora probiotics. Resident 3 has not been assessed as capable of self administering medications.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The cited medications were immediately removed and disposed of per facility policy if there was no physician's order and/or secured in locked medication storage upon discovery by the DORS. The unattended medication cart was immediately locked, and education was provided on the spot by the Executive Director.

All medication administration staff were re educated on 6/24/26 by the DORS that medication carts must never be left unlocked or unattended and that medications may only be kept in a resident's room when there is documentation that the resident has been assessed and approved to self administer.

The DORS, or designee will complete weekly medication storage audits for 4 weeks to verify that resident rooms, medication carts, medication rooms, treatment carts, and resident medications are properly secured. Following successful completion of weekly audits, then monthly audits will be ongoing.

Any findings will be addressed immediately through corrective action and staff re education as needed.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented ([redacted] - 07/31/2026)

183c - Refrigerated Meds Locked

9. Requirements

2600.
183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 6/23/26 at 11am, an unlocked medication fridge in the 2nd floor unlocked medication room contained 6 boxes of insulin, Boost, Non Alcoholic beer and a jug of colonoscopy prep.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The refrigerator is within the 2nd floor med room which is a locked area. However, the medication tech walked away from the med room, leaving the door open to the area the fridge is kept. The Executive Director immediately provided re education to the 2nd floor medication tech with the inspectors present.

All medication administration staff were re educated on 6/24/26 regarding prescription medications, OTC medications and CAM being stored in a refrigerator shall be kept in an area or container that is locked.

183c - Refrigerated Meds Locked (continued)

The DORS, or designee will complete weekly medication storage audits for 4 weeks to verify that resident rooms, medication carts, medication rooms, treatment carts, and resident medications are properly secured. Following successful completion of weekly audits, then monthly audits will be ongoing.

Any findings will be addressed immediately through corrective action and staff re-education as needed.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented ([redacted] - 07/31/2026)

183d - Prescription Current

10. 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 6/23/26 at 9:05am, Resident 5 had a bottle of Systane eyedrops in their room. However, resident has no order for the bottle of eyedrops.

On 6/23/26 at 11:07am, there was an unlabeled bottle of Advil in the 3rd floor medication cart which was not prescribed to any resident in the home.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The DORS immediately removed and disposed of the Systane eye drops per facility policy.

The lead medication tech immediately removed and disposed of the Advil per facility policy.

Medication Administration staff were re-educated by the ED and DORS on 6/24/26 regarding only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

The DORS, or designee will complete weekly med prescription audits for 4 weeks to verify that all medications have current prescriptions. Following successful completion of weekly audits, then monthly audits will be ongoing.

Any findings will be addressed immediately through corrective action and staff re-education as needed.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *08/19/2026*

Implemented ([redacted] - 07/31/2026)

183e - Storing Medications

11. Requirements

183e Storing Medications *(continued)*

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 6/23/26 at 11:40am Resident 6's blister pack of prescribed Lorazepam 0.5mg take one tablet by mouth daily as needed, has punctured foil backing on the following blister spots: 6, 12, 16, 19, 28 and 29. Several of these spots had tape over them to contain the medication in the blister spot.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The Director of Resident Services (DORS) immediately removed Resident 6's damaged Lorazepam blister pack from service and disposed of it according to facility policy. A replacement medication was obtained from the pharmacy to ensure safe medication administration.

The DORS and ED re-educated all medication administration staff on 6/24/26 on proper medication storage and handling, including the requirement that damaged, punctured, or altered blister packs shall not be used, taped, or remain in the medication cart. Staff were instructed to immediately remove damaged medications from service, notify the pharmacy, and document the replacement process.

The DORS or designee will inspect all medication blister/pillow packs during weekly medication storage audits for four (4) weeks to verify medications are stored in their original, intact packaging and free of damage. Following successful completion of the weekly audits, monitoring will continue monthly to ensure ongoing compliance.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented ([redacted] - 07/31/2026)

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:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On June 23, 2026, at 9:05 a.m., Resident 7's Novolog FlexPen, prescribed to inject 5 units in addition to a sliding scale for coverage, three times daily before meals, and Lantus 100 units/mL insulin prescribed to inject 48units in the a.m. and 45 units at bedtime, did not have pharmacy labels affixed to the medication containers. There are handwritten notations on the medication bags with the current dose instructions, but the notes do not include all required information.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The Director of Resident Services (DORS) immediately requested a new label from our contracted pharmacy for

184a - Resident's Meds Labeled (continued)

Resident 7's insulin medication containers to ensure all required labeling information was present and the medications were compliant prior to continued administration.

The ED and DORS re-educated all medication administration staff on 6/24/26 on the requirements of 184a, emphasizing that all prescription medications must remain in their original pharmacy-labeled containers. Staff were instructed that handwritten notes or labels may not replace the required pharmacy label and that any medication found without the required pharmacy label must be removed from service and reported immediately to the DORS and pharmacy for replacement.

The DORS or designee will complete weekly medication labeling audits for four (4) weeks to verify all prescription medications are maintained in properly labeled pharmacy containers containing all required information. Following successful completion of the weekly audits, audits will continue monthly to ensure ongoing compliance.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented ([redacted] - 07/31/2026)

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 6/23/26 at 9:34am, a package of berry-flavored Tums was in the 2nd floor medication cart and was not labeled with any resident's name.

On 6/23/26 at 11:07am, a bottle of Advil was in the 3rd floor medication cart and was not labeled with any resident's name.

Repeated Violation - 3/24/25 et al.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The Tums and Advil were immediately removed from the medication carts by the Medication Tech Supervisor and disposed of per facility policy.

The ED and DORS re-educated all medication administration staff on 6/24/26 on the requirements of 184b, emphasizing that all OTC/CAM medications must be labeled with the resident's name.

The DORS or designee will complete weekly medication labeling audits for four (4) weeks to verify all OTC/CAM medications are labeled with the resident's name. Following successful completion of the weekly audits, audits will continue monthly to ensure ongoing compliance.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented ([redacted] - 07/31/2026)

184b - Labeling OTC/CAM *(continued)*

187a - Medication Record

14. Requirements

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

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

Description of Violation

Resident 3 is prescribed [redacted] Cream apply to affected area 3 times a day for 10 days. However, on 6/23/26 at 11am, resident's [redacted] medication administration record does not indicate diagnosis or purpose for the medication.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The Director of Resident Services (DORS) immediately reviewed Resident 3's Medication Administration Record and updated the MAR to include the diagnosis/purpose for [redacted] Cream in accordance with the physician's order.

The DORS or designee completed a review of all resident MARs to verify each medication includes the required diagnosis or purpose as required. Any identified omissions were immediately corrected.

The Executive Director and DORS re-educated all licensed nurses and medication administration staff on 6/24/26 on187a, emphasizing that every medication listed on the MAR must include the diagnosis or purpose for use, including routine and PRN medications.

The DORS or designee will conduct weekly audits of resident MARs for four (4) weeks to ensure all required medication record elements are present, followed by monthly audits to ensure ongoing compliance.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *08/22/2026*

Implemented ([redacted] - 07/31/2026)

187d - Follow Prescriber's Orders

15. Requirements

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

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

Description of Violation

Resident 1 is prescribed Acetaminophen 325 Mg, Amlodipine Besylate 5 Mg, Aspirin low dose Ex Tab 81mg, Senna Tab 8.6 Mg, Sertraline Hcl 100Mg, Sertraline Hcl 25 Mg, Simvastatin 20Mg, Vitamin B-12 1000 Mcg, and Vitamin D3 tab 25mcg (1000iu). These medications are scheduled to be administered at 8am. However, resident was not administered these medications on 6/23/26 until 9:16am.

Resident 1 is prescribed Calcium Antacid 500 Mg chew one tablet by mouth twice daily before meals for reflux at 8am. However, resident was administered this medication after resident 1 at a morning meal on 6/23/26 at 9:16am.

Resident 5 is prescribed Acetaminophen 500mg, Cerovite silver tab 60, Ferrous Sulfate 325MG, Finasteride 5mg, Furosemide 40MG, Metamucil 15oz, Omeprazole 40 MG, Polyethylene Glycol 3350, Potassium Cl 20, Prevagen Rs Cap, Sertraline Hcl 50MG, Tamsulosin Hcl 0.4MG, and Vitamin B-12 100 Mcg. These medications are scheduled to be administered daily at 8am. However, resident 5 was not administered these medications on 6/23/26 until 9:05am.

Resident 9 is prescribed Tramadol Hcl 50 Mg tablet take one tablet by mouth every 8 hours for pain and is scheduled at 6am. However, resident was not administered this medication on 6/23/26 until 9:23am.

Resident 9 is prescribed Amlodipine Besylate 10Mg tab, Atenolol-Chlorthalidone 50-25, Cerovite Silver Tab 60, Citracal Slow Release 1200 w/d tab 80, Famotidine 20 Mg, Potassium Cl Er 10 Meq, to be administered daily at 8am. However, resident was not administered these medications on 6/23/26 until 9:23am.

Resident 10 is prescribed Carvedilol 3.125MG tablet, Eliquis 5 Mg, Furosemide 40 Mg, Glipizide 2.5 mg, Losartan Potassium 100Mg, Magnesium Oxide 250 Mg, Sertraline Hcl 50 Mg Tablet, Spironolactone 25 MG, and Vitafusion Calcium (500Mg) plus vitamin d3 support 25mcg. These medications are scheduled to be administered at 8am. However, resident was not administered these medications on 6/23/26 until 9:36am.

Repeated Violation - 3/24/25 et al.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The Director of Resident Services (DORS) immediately reviewed the medication administration records (MARs) for all residents identified during the survey and verified physician orders and medication administration times, reported the medication errors to DHS and notified all physicians of the same.

Medication administration staff were immediately re-educated by the Executive Director and DORS on the requirement to administer medications in accordance with prescriber orders, including scheduled administration times and medications ordered to be given before meals. All medication administration staff were re-educated by the ED and DORS on 6/24/26.

The DORS, ED and Corporate Director of People and Operations are evaluating medication pass workflow, staffing assignments, and medication cart organization to improve timely medication administration and reduce delays. Medication administration staff were instructed to immediately report any anticipated delays to the licensed nurse or DORS for intervention.

187d Follow Prescriber's Orders (continued)

The DORS or designee will conduct daily medication administration observations and MAR audits for four (4) weeks starting 6/24/26 to ensure medications are administered at the ordered times and according to prescriber instructions. Upon successful completion of the daily monitoring period, audits will be completed weekly for four (4) additional weeks and monthly thereafter to ensure ongoing compliance.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented ([redacted] - 07/31/2026)

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 B has not completed their annual medication administration training from May 2025 through May 2026. Their last completed annual practicum is dated 5/22/24. Staff person B was passing medications on 6/23/26.

Staff person D, whose initial medications administration course is dated [redacted], has not successfully completed the Department approved medications administration course/annual practicum timely. Staff person's annual practicum that should have been completed by 10/1/25 was completed on 12/15/25.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The Director of Resident Services immediately obtained and reviewed Staff Person B's annual medication administration records from the employee's previous employer. The report was filed in the employee's personnel/training record, verifying compliance with the medication administration certification requirements.

Additionally, Staff Person D was immediately removed from the medication technician schedule upon identification of the deficiency. While completing the process of retaking the Pennsylvania Department of Human Services Medication Administration Certification Course, Staff Person D has been reassigned to work exclusively in the Direct Care Staff (DCS) role and will not perform any medication administration duties until all certification requirements have been successfully completed and verified.

The Executive Director and Director of Resident Services (DORS) were re educated by the state inspector on the requirement to maintain current medication administration certification documentation prior to independently administering medications. A review of all current medication administration staff certification records and user reports was completed by the DORS on 6/23/26 with the state inspector to verify compliance.

While the DORS was already completing audits of the medication administration certification records, there was confusion on the requirements. Since clarification, an approved Medication Tech Trainer has been brought in by

190a - Completion Medication Course (continued)

our contracted pharmacy as an included benefit of the contract to complete any necessary annual practicum needs and complete the Medication Administration course for Staff person D. The DORS or designee will continue to audit medication administration certification records and Medication Administration User Reports monthly to ensure all staff administering medications maintain current certification documentation.

Any deficiencies identified will be corrected immediately and employees will be removed from medication administration duties until compliance is achieved.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *07/27/2026*

Implemented ([redacted] - 07/31/2026)

190c - Record of Training

17. 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

Staff person D's 2026 annual practicum document does not include the correct completion date, documentation of the successful qualification or failure to qualify, the student signature, the trainer signature, the provider name.

Staff person E's staff file does not include the Medication Administration Course Initial User Report from their initial medication administration certification completed 5/10/2024.

Plan of Correction ***Accept ([redacted] - 07/31/2026)***

The Director of Resident Services immediately obtained and reviewed Staff Person E's initial user report from the employee. The report was filed in the employee's personnel/training record, verifying compliance with the medication administration certification requirements.

Additionally, Staff Person D was immediately removed from the medication technician schedule upon identification of the deficiency. While completing the process of retaking the Pennsylvania Department of Human Services Medication Administration Certification Course, Staff Person D has been reassigned to work exclusively in the Direct Care Staff (DCS) role and will not perform any medication administration duties until all certification requirements have been successfully completed and verified.

The Executive Director and Director of Resident Services (DORS) were re-educated by the state inspector on the requirement to maintain current medication administration certification documentation prior to independently administering medications. A review of all current medication administration staff certification records and user reports was completed by the DORS on 6/23/26 with the state inspector to verify compliance.

While the DORS was already completing audits of the medication administration certification records, there was confusion on the requirements. Since clarification, an approved Medication Tech Trainer has been brought in by our contracted pharmacy as an included benefit of the contract to complete any necessary annual practicum needs

190c - Record of Training (continued)

and complete the Medication Administration course for Staff person D. The DORS or designee will continue to audit medication administration certification records and Medication Administration User Reports monthly to ensure all staff administering medications maintain current certification documentation.

Any deficiencies identified will be corrected immediately and employees will be removed from medication administration duties until compliance is achieved.

ED and Director of People and Operations will meet with nursing management weekly for 8 weeks to review audits.

Licensee's Proposed Overall Completion Date: *07/27/2026*

Implemented ([redacted] - 07/31/2026)