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

August 12, 2026

[redacted], ADMINISTRATOR
SENIOR LIVING OF LOWER MAKEFIELD LLC
[redacted]

RE: ARTIS SENIOR LIVING OF YARDLEY
765 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 14650

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2026, 06/24/2026 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**: *ARTIS SENIOR LIVING OF YARDLEY* **License #**: *14650* **License Expiration**: *08/29/2026*

**Address**: *765 STONY HILL ROAD, YARDLEY, PA 19067*

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

## Administrator

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

## Legal Entity

**Name**: *SENIOR LIVING OF LOWER MAKEFIELD LLC*

**Address**: [redacted]

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

## Certificate(s) of Occupancy

**Type**: *R-4* **Date**: *08/18/2018* **Issued By**: *Lower Makefield Township*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *134* **Waking Staff**: *101*

## Inspection Information

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

**Reason**: *Renewal* **Exit Conference Date**: *06/24/2026*

## Inspection Dates and Department Representative

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

*06/24/2026 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *72* **Residents Served**: *67*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Memory Care Unit* **Capacity**: *72* **Residents Served**: *67*

### Hospice

**Current Residents**: *9*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *67*

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

**Have Mobility Need**: *67* **Have Physical Disability**: *0*

## Inspections / Reviews

### 06/23/2026 Full

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

### 08/04/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *08/07/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/07/2026*

## Inspections / Reviews *(continued)*

**08/12/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *08/07/2026*

**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] Resident 1's personal belongings were removed from [redacted] room on [redacted] however, the facility did not issue a refund until [redacted]*

**Plan of Correction** ***Accept ([redacted] - 08/04/2026)***

*A training was held for the Director of Business Services by Executive Director on 6/24 in accordance of the Elder Care Payment Restitution Act regarding providing a refund of any money owed once the family has cleared out the resident room.*

*The Executive Director and Director of Business Services will verify the date of a residents room is cleared of personal belongings. A refund log will be maintained to track the room clearance date, refund amount, date processed and date issued. Refunds will be completed and mailed within 30 days of room clearance to ensure compliance with the Elder Care Payment Restitution Act. Monthly audits will be conducted to verify 100% compliance.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

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

## 28f - Resident's Funds and 30-day Refund

**2. Requirements**

2600.
28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

**Description of Violation**

*Resident 2 was discharged on [redacted] The home did not issue a refund until [redacted]*

**Plan of Correction** ***Accept ([redacted] - 08/04/2026)***

*A training was held for the Director of Business Services by Executive Director on 6/24 in accordance of the Elder Care Payment Restitution Act regarding providing a refund of any money owed once the family has cleared out the resident room.*

*The Executive Director and Director of Business Services will verify the date of when a residents room is cleared of personal belongings. A refund log will be maintained by the Business Director to track the room clearance date, refund amount, date processed and date issued. Refunds will be completed and mailed within 30 days of room clearance to ensure compliance with the Elder Care Payment Restitution Act. Monthly audits will be conducted to*

## 28f - Resident's Funds and 30-day Refund (continued)

*verify 100% compliance.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

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

## 42s - Privacy

**3. Requirements**

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*On 6/23/2026 at 10:15 am, staff member A completed a treatment for resident 3 in the common area near the dining room in the presence of another resident. The treatment involved pulling up resident 3's shirt to apply a Salonpas patch.*

**Plan of Correction** ***Accept ([redacted] - 08/04/2026)***

*To ensure resident rights are protected, On 6/23 a re-education training was completed by the Director of Health and Wellness for the med tech who administered the medication patch. Re-education trainings were then provided to the rest of the med techs and nurses regarding the importance of providing privacy during any medical treatments, including applying a medication patch. Staff instructed to take the resident to a private area, or are appropriately covered during any treatment or medication application.*

*Starting 6/29/2026, The Director of Health and Wellness or designee will conduct random observation audits of medication passes and treatments weekly for four weeks, and then monthly thereafter to ensure compliance. Any staff member found not following privacy practices will receive re-education and additional corrective action as appropriate.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

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

## 51 - Criminal Background Check

**4. Requirements**

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

*Staff member B, began working on [redacted]. However, the staff member's FBI check has not been completed.*

## 51 Criminal Background Check *(continued)*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*On 6/24/26 the Director of Business Services was re educated on receiving FBI fingerprints within 90 days in accordance with the Criminal History Checks and hiring policy regarding OAPSA.*

*The Executive Director and Director of Business Services will ensure the FBI fingerprints for all newly hired employees have been received within 90 days of their start date. This will be managed by using a tracking log to identify staff who have not completed the fingerprint process.*

*The tracking log will be reviewed weekly by the Director of Business Services and then monthly by the Executive Director to identify any outstanding background checks*
*approaching the 90 day deadline. The Director of Business services will notify the Executive Director of any background checks pending at 80 days.*
*See attached.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 82c - Locking Poisonous Materials

**5. Requirements**

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

**Description of Violation**

*Hello, Sunshine mouthwash, with a manufacturer's label indicating "Keep out of reach of children under 6 years old of age; if accidentally swallowed, get medical help or contact Poison Control Center right away," was unlocked, unattended, and accessible to a resident in room . Not all the residents of the home, including the resident in room have been assessed as capable of recognizing and using poisons safely.*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*Department managers and staff have been re educated starting on 6/24/2026 and ongoing until everyone trained, educated on the requirement to keep all poisonous materials locked when not in direct use.*

*A complete inspection of the community was conducted by med techs, and nurses, on day of survey to identify and secure all poisonous materials.*

*Department Directors will conduct daily environmental rounds to verify that all poisons are properly secured. Any deficiencies identified will be corrected immediately, with follow up education and action as needed.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 85a - Sanitary Conditions

**6. Requirements**

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

**Description of Violation**

*Staff member C failed to wash their hands or put on gloves prior to administering medication to resident 4 on 6/23/2026.*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*On day of inspection, the staff member involved was immediately counseled on proper hand hygiene during medication administration.*
*All license nurses and med techs have received refresher education starting on 6/25/26 and on-going until all trained on infection prevention practices, including performing hand hygiene before and after each resident encounter and before medication administration, as well as wearing gloves when indicated.*

*The director of health and wellness or designee will conduct weekly medication administration observations, including hand hygiene and glove use for four weeks then monthly after. Observation results will be documented and reviewed for compliance. Any deficiencies identified will be addressed immediately with coaching, re-education, and follow-up observations to ensure sustained compliance*
*See attached.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 86a Ventilation

**7. Requirements**

2600.
86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

**Description of Violation**

*Room #101 has no operable window, fan, air conditioner, or other mechanical ventilation to ensure airflow.*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*On day of inspection the bathroom exhaust fan was found to be non-functioning. On day of inspection we contacted our HVAC company to repair the fan in the bathroom. Fan was repaired on 6/29/2026. Invoice with completion date attached.*
*The community maintains a service contract with a licensed HVAC company that performs quarterly preventative maintenance on all HVAC and ventilation equipment, including the bathroom exhaust fans. During each scheduled visit, exhaust fans are inspected and tested for proper operation. Any deficiencies identified will be repaired promptly.*

*The Director of Environmental Services or designee will conduct random monthly checks of the bathroom fans between the quarterly maintenance to verify proper operation. A checklist which includes each room to include a fan check.*
*Findings will be documented and any issues will be immediately repaired. Quarterly HVAC service reports and monthly inspection logs will be reviewed by the Executive Director to ensure ongoing compliance.*

## *86a - Ventilation (continued)*

*See attached.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 102h - Toilet Paper

**8. Requirements**

2600.
102.h. Toilet paper shall be provided for every toilet.

**Description of Violation**

*On 6/23/2026, there was no toilet paper for the toilet in the bathroom #218.*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*On day of inspection, a resident's bathroom was found to have no toilet paper. Resident packs up belongings daily and had toilet paper packed away in suitcase. Toilet paper was immediately provided for the residents bathroom.*

*The Director of Environmental Services, care staff, and all Department Directors were re-educated on the expectation that each resident bathroom must be stocked with toilet paper at all times.*
*The Director of Environmental Services will perform random checks to ensure toilet paper is available in resident rooms using the attached checklist*

*Toilet paper will be checked during routine housekeeping services, care staff daily when in rooms, and by department directors.*
*See attached.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 103g - Storing Food

**9. Requirements**

2600.
103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*There were 3 individual servings of ice cream from the day prior in the activities studio refrigerator, opened and unsealed.*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*On day of inspection, ice cream was found to be uncovered in the activity refrigerator and immediately discarded.*

## 103g - Storing Food (continued)

*Starting On 6/24/2026 and continuing, Department Directors and Care staff were re-educated by the Executive Director of proper food storage procedures, including the requirement that all opened food items be stored in sealed containers and labeled with the date opened.*

*The Director of Activities or designee will conduct daily audits of activities refrigerator for 30 days to verify compliance with food labeling and storage requirements. Any deficiencies identified will be corrected immediately and audit results will be reviewed to ensure ongoing compliance.*
*See attached.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

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

## 103i - Outdated Food

**10. Requirements**

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*There was an unlabeled, undated food container with rice with a boiled egg on top and a bag of 5 loose rolls in the main kitchen refrigerator.*

**Plan of Correction** ***Accept ( [redacted] - 08/04/2026)***

*On day of inspection, all unlabeled, and undated food containers, as well as the loose rolls were immediately discarded*

*On 6/25/2026 all care staff were re-educated by the Executive Director of proper food storage procedures, including the requirement that all food containers must be labeled and dated.*

*The Director of Culinary Services or designee will conduct daily checks while making rounds, of all refrigerators to verify compliance with food labeling and storage requirements. Any deficiencies identified will be corrected immediately and results will be reviewed with care staff to ensure ongoing compliance.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

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

## 132b - Safety Inspection/Fire Drill

**11. Requirements**

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*The current fire drill observed by a fire safety expert was conducted on 9/05/2025. However, the last fire safety*

## *132b Safety Inspection/Fire Drill (continued)*

*observation by a fire expert was conducted on 7/20/2024.*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*The required fire inspection was completed two months later than the scheduled inspection date.*
*This community pays for an outside service to conduct our annual fire inspections. This company was sold and bought by another person. We attempted to get the annual completed on time, but the new owner could not complete on the same time frame.*

*The Executive Director will maintain inspection due dates by continued tracking and set up recurring reminders starting three months prior to the fire inspection due date. The fire inspection vendor will be contacted in advance to schedule the inspection before the annual due date.*
*See attached.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 141a 1-10 Medical Evaluation Information

**12. 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 medical evaluation dated did not include a general physical examination by a physician, physician's assistant or nurse practitioner.*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*On 6/25/2026 a re education was given by the Executive Director to the Director of Sales and the Director of Health and Wellness to ensure that the Medical Evaluation form is completed in its entirety prior to a resident moving in.*

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

*An audit will be conducted on all current residents to ensure all pages of the DME are completed in its entirety. This audit will be completed by 7/29/2026.*

*The Executive Director or designee will use an audit form effective 6/25/2026 to ensure all new admissions are in compliance. A copy of the tracking tool will be kept in the resident chart.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 141b1 - Annual Medical Evaluation

**13. Requirements**

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*Resident 6's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]*

*Resident 7's medical evaluation dated [redacted] did not include special health or dietary needs of the resident and the medication regimen, contraindicated medications, medication side effects, and the ability to self-administer medications. Also, the previous medical evaluation dated [redacted] is missing the dates of completion and general physical examination by a physician, physician's assistant, or nurse practitioner.*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*On 6/25/2026 a re-education was given by the Executive Director to the Director of Community Integration and the Director of Health and Wellness to ensure that the Medical Evaluation form is completed annually and in its entirety prior to a resident moving in.*

*An audit will be conducted on all current residents to ensure all dates are completed annually. The audit will also ensure all pages and sections of the DME are completed in its entirety. This audit will be completed by 7/29/2026.*

*The Executive Director or designee will use an audit form effective 6/25/2026 to ensure all new admissions are in compliance. A copy of the tracking tool will be kept in the resident chart.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 183e - Storing Medications

**14. 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 6/23/2026, there were 19 syringes of Morphine Sul Sol 100/5 ml prescribed as needed for resident 8 in the narcotics locked box with an expiration date of 6/9/2026.*

## *183e - Storing Medications (continued)*

*On 6/23/2026, there was Timolol prescribed for resident 9 in the medication cart with an opening date of 5/14/2026. According to the manufacturer's instructions, this medication has to be used within 28 days after opening.*

*On 6/23/2026, there was Brinxolamide prescribed for resident 9 in the medication cart with an opening date of 5/25/2026. According to the manufacturer's instructions, this medication has to be used withing 4 weeks of opening.*

*On 6/23/2026, there was Dorzol/Timolol prescribed for resident 10 in the medication cart with an opening date of 5/21/2026. According to the manufacturer's instructions, this medication has to be used within 28 days after opening.*

*On 6/23/2026, there were 23 syringes of Morphine Sul Sol 100/5 ml prescribed as needed for resident 11 in the narcotics locked box with an expiration date of 5/6/2026.*

*On 6/23/2026, there was Acetaminophen 325 mg prescribed for resident 12 with an expiration date of 5/31/2026.*

*On 6/23/2026, there was Acetaminophen 325 mg prescribed for resident 13 with an expiration date of 5/31/2026.*

**Plan of Correction** ***Accept ([redacted] - 08/04/2026)***

*On 6/25/2026, all Med techs and nurses were re-educated about following manufacturers instructions and discarding medications when they are expired or need to be replaced in a certain time frame.*

*On day of inspection, Any affected eye drop bottles that exceeded the 28 day discard date have been removed from use and discarded. New bottles have been obtained as needed, and the medication administration records and storage have been reviewed to ensure compliance. All expired medications have been removed and discarded per nursing policy.*

*The Director of Health and Wellness or designee, will ensure that all eye drop bottles are dated when opened and labeled with the 28 day discard date in accordance with the manufacturer's instructions, and all expired medications will be removed upon expiration.*

*The Director of Health and Wellness or designee will complete weekly med cart audits to ensure ongoing compliance. Any eye drops found past the 28 day discard date, or expired medications will be removed immediately, and corrective action will be taken. Med cart audits will be maintained to support ongoing compliance. See attached.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

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

## 185a - Implement Storage Procedures

**15. 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.

## 185a - Implement Storage Procedures *(continued)*

**Description of Violation**

*The glucometer for resident 14 did not show any record of the readings prior to 6/23/2026 at 7:24 a.m.*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*On 6/25/2026, All med techs and nurses were re-educated on proper use of the glucometer and ensuring the glucometer is properly calibrated with the correct date and time.*

*On date of inspection of 6/23/2026, a new glucometer was ordered and delivered same day to replace the existing glucometer.*

*The Director of Health and Wellness or designee will complete daily audits starting 6/24/2026 for 4 weeks to ensure the correct date, time and blood sugars are accurate to ensure compliance. If 100% compliance is achieved during the four week period, audits will transition to weekly. Any deficiencies identified during the audit process will be corrected immediately, staff will be re-educated as needed, and daily audits will resume until sustained compliance is achieved. See attached.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 224a - Preadmission Screen Form

**16. Requirements**

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident 15 was admitted to the home on [redacted] However, the resident's preadmission screening form was completed on [redacted].*

**Plan of Correction** ***Accept ( - 08/04/2026)***

*On 6/25/2026 a re-education was given by the Executive Director to the Director of Community Integration, and the Director of Health and Wellness to ensure that the Preadmission Screen form is completed within 72 hours prior to admission.*

*An audit will be conducted by the Executive Director or designee on all current residents to ensure all pages of the Preadmission screen is completed within the 72 hours of admission. This audit will be completed by 7/25/2026.*

*The Executive Director or designee will use an audit form effective 6/25/2026 to ensure all new admissions are in compliance. A copy of the tracking tool will be kept in the resident chart.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

***Implemented ( - 08/12/2026)***

## 227g -Support Plan Signatures

**17. Requirements**

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*Resident 16 participated in the development of [redacted] support plan on [redacted] However, the resident did not sign the support plan.*

**Plan of Correction** ***Accept ([redacted] - 08/04/2026)***

*On 6/25/2026, a re-education was given by the Executive Director to the Director of Community Integration, and the Director of Health and Wellness to ensure that the RASP is signed by the resident if the resident is able. Discussed appropriate responses if resident is unable to participate or sign. This training also included the timing of the RASP development and implementation, and then placed in the resident chart.*

*An audit was by the Executive Director or designee on all current residents to ensure the RASP is adequately signed and dated. The RASP must be completed within 72 hours of admission. This audit will be completed by 7/29/2026.*

*The Executive Director or designee will use an audit form effective 6/25/2026 to ensure all new admissions are in compliance.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

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

## 234a - Admission Support Plan

**18. Requirements**

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

*Resident 15 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's initial support plan was completed on [redacted]*

**Plan of Correction** ***Accept ([redacted] - 08/04/2026)***

*On 6/25/2026, a re-education was given by the Executive Director to the Director of Community Integration, and the Director of Health and Wellness to ensure that the RASP is developed and implemented within 72 hours of admission.*

*An audit will be conducted by the Executive Director or designee on all current residents to ensure the RASP is adequately signed and dated. The RASP must be completed within 72 hours of admission. This audit will be completed by 7/25/2026.*

## *234a - Admission Support Plan (continued)*

*The Executive Director or designee will use an audit form effective 6/25/2026 to ensure all new admissions are in compliance.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

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

## 234b - Support Plan Needs Elements

**19. Requirements**

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

*The support plan, dated [redacted], for resident 16 does not address if the resident has been educated on how to use their beside mobility device. It only states that the resident utilizes a "buddy bar".*

**Plan of Correction** ***Accept ( [redacted] - 08/04/2026)***

*On 6/25/2026, a re-education was given by the Executive Director to the Director of Community Integration, and the Director of Health and Wellness to document any training provided to the resident when any bedside mobility devices are used.*

*An audit will be conducted by the Executive Director or designee on all current residents to ensure the RASP includes any training provided to the resident when using a bedside mobility device. This audit will be completed by 7/25/2026.*

*The Director of Health and Wellness or designee will ensure any training to the resident that was provided for bedside mobility devices is updated on the support plan.*

**Licensee's Proposed Overall Completion Date:** *07/24/2026*

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