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

August 18, 2026

[redacted], CHIEF EXECUTIVE OFFICER
MERCY LIFE CENTER CORPORATION
[redacted]

RE: OUTLOOK MANOR
3560 OUTLOOK DRIVE
WEST MIFFLIN, PA, 15122
LICENSE/COC#: 43008

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: *OUTLOOK MANOR* **License #**: *43008* **License Expiration**: *06/09/2027*

Address: *3560 OUTLOOK DRIVE, WEST MIFFLIN, PA 15122*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: *4123260012* **Email**: *Lspigler@pittsburghmercy.org; licensing@pittsbughmercy.org*

Legal Entity

Name: *MERCY LIFE CENTER CORPORATION*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *07/15/1986* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *10* **Waking Staff**: *8*

Inspection Information

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

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

Inspection Dates and Department Representative

06/24/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *12* **Residents Served**: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* **Are 60 Years of Age or Older**: *5*

Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

06/24/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *07/16/2026*

Inspections / Reviews *(continued)*

07/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/14/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *07/23/2026*

07/29/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/15/2026*

08/18/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/14/2026*

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

132e - Fire Drill Sleeping Hours

1. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's most recent fire drill held during sleeping hours was conducted on 4/26/26 at 11:55pm; however, the previous fire drill held during sleeping hours was conducted on 10/4/25 at 11:03pm.

Plan of Correction ***Accept (- 07/29/2026)***

- *On 7/10/26, to immediately address the issue, the home's PCHA modified the home's fire drill procedure to reflect the updated sleeping hour drill frequency of five months and varied times to ensure ongoing compliance with regulation 2600.132. This updated procedure will be kept in the emergency binder and the home's policy and procedure binder, which are both located in the staff office.*
- *On 7/15/26 the home conducted a sleeping hours fire drill at 6:10 am and documented this on the Adult Residential Licensing – Personal Care Home Fire Drill Record. This document is maintained in the PCHA's office.*
- *Starting on 7/22/26, the home's administrator will review fire drill records monthly and these will also be reviewed during quarterly quality management reviews (meetings held each July, October, January, and April) to ensure long-term compliance with regulation 2600.132.e. Copies of the fire drill records and the quarterly quality management reviews will be maintained in the PCHA's office.*
- *By 7/22/26 the home's administrator and fire safety trainer will provide education to the home's staff on regulation 2600.132 to prevent future occurrences and to ensure ongoing compliance with regulation 2600.132.*
- *Documentation of the staff training including the date, length of training, instructor and topics covered shall be kept in accordance with regulation 2600.65(i) and this will be maintained in the PCHA's office and staff training records.*

Licensee's Proposed Overall Completion Date: *07/23/2026*

Implemented (- 08/18/2026)

132g - Fire Drills Days/Times

2. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home has conducted the last 3 fire drills held during sleeping hours during the 11:00pm hour on the following dates/times:

- *4/26/26 at 11:55 pm*
- *10/4/25 at 11:03 pm*
- *4/22/25 at 11:08 pm*

Plan of Correction ***Accept (- 07/29/2026)***

- *On 7/10/26, to immediately address the issue, the home's PCHA modified the home's fire drill procedure to reflect the updated sleeping hour drill frequency of five months and varied times to ensure ongoing*

132g - Fire Drills Days/Times (continued)

compliance with regulation 2600.132. This updated procedure will be kept in the emergency binder and the home's policy and procedure binder, which are both located in the staff office.

- *On 7/15/26 the home conducted a sleeping hours fire drill at 6:10 am and documented this on the Adult Residential Licensing – Personal Care Home Fire Drill Record. This document is maintained in the PCHA's office.*
- *On 7/21/26 the home's PCHA modified the home's fire drill procedure to reflect the updated sleeping hour drill frequency of five months and varied times to ensure ongoing compliance with regulation 2600.132. To ensure variation in the time of fire drills, the procedure was updated to reflect that all drills are spaced a minimum of 2 days +/- the previous drill day of the week, and a minimum of 3 hours +/- from the previous drill time For example; the home's last drill was on a Wednesday, at 6:10 AM, the next drill will occur between a Friday and Monday and between the hours of 9:10 AM and 3:10 AM. Sleeping hour fire drills will also be based off this procedure for varying days/times and will always occur between 11 PM and 7 AM. This updated procedure is located in the home's emergency binder, policy and procedure manual and is maintained in the PCHA's office.*
- *To ensure the fire drills are not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low, the home's PCHA will review the staff schedules and resident participation during the monthly review of the fire drill records to ensure there are not more than the usual 2 staff working during the sleeping hours fire drills and that all residents of the home participate in at least one sleeping hours fire drill each year. The home's PCHA reviewed the home's fire drill records, which reflected that all residents residing in the home at the time of each drill have participated in the sleeping hours fire drills. The last time the home was at full capacity was in June 2025. The census each month was as follows:*

  - *May 2025 12/12*
  - *June 2025 12/12*
  - *July 2025 10/12*
  - *August 2025 10/12*
  - *September 2025 10/12*
  - *October 2025 10/12*
  - *November 2025 10/12*
  - *December 2025 10/12*
  - *January 2026 10/12*
  - *February 2026 10/12*
  - *March 2026 10/12*
  - *April 2026 10/12*
  - *May 2026 10/12*
  - *June 2026 10/12*

  The number of residents who were in the home at the time of the sleeping hours fire drills and who participated in the sleeping hours fire drills are as follows, which matches the above census:

  - *10/4/25 10/10 residents residing in the home participated in the sleeping hours fire drill.*
  - *4/26/26 10/10 residents residing in the home participated in the sleeping hours fire drill.*
- *Starting on 7/22/26, the home's administrator will review fire drill records monthly and these will also be reviewed during quarterly quality management reviews (meetings held each July, October, January, and April) to ensure long-term compliance with regulation 2600.132.g. Copies of the fire drill records and the quarterly*

132g - Fire Drills Days/Times (continued)

quality management reviews will be maintained in the PCHA's office.

- *By 7/22/26 the home's administrator and fire safety trainer will provide education to the home's staff on regulation 2600.132 to prevent future occurrences and ensure compliance with regulation 2600.132.*
- *Documentation of the staff training including the date, length of training, instructor and topics covered shall be kept in accordance with regulation 2600.65(i) and this will be maintained in the PCHA's office and staff training records.*

Licensee's Proposed Overall Completion Date: *07/23/2026*

Implemented ([redacted] - 08/18/2026)

141b1 - Annual Medical Evaluation

3. Requirements

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

Description of Violation

Resident #4's most recent medical evaluation was completed on [redacted] however, resident #4's previous medical evaluation was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 07/29/2026)***

- *On 7/10/26 the home's immediate correction to this issue was that the home's PCHA reviewed the dates that all DME evaluations were complete to ensure the DME and RASP tracker used by the home is accurate and does not reflect the date forms were signed and reflects the date the physician completed the actual forms. On 7/16/26 the home's RN reviewed and double-checked all of the items for accuracy. These verified dates will be used for scheduling purposes to avoid future occurrences and ensure compliance with regulation 2600.141.b.1.*
- *On 7/10/26 the home's PCHA modified the home's DME and RASP tracker to ensure clarity that the date of the medical evaluation exam is the date used for scheduling DME appointments to prevent future occurrences and ensure ongoing compliance with regulation 2600.141.b.1. The DME and RASP tracker will be maintained in the PCHA office and in the RN's office.*
- *Beginning on 7/10/26 the home will target all scheduling of DME appointments for less than 365 days from the date of the last evaluation to prevent future occurrences.*
- *On 7/16/26 the DME tracker was updated by the home's PCHA and on 7/22/26 all dates were verified by the home's PCHA and RN.*
- *Starting on 7/22/26 the home's PCHA or RN will review the DME tracker monthly and the home's PCHA will review the DME tracker at quarterly quality management reviews (meetings held each July, October, January, and April) to ensure ongoing compliance with regulation 2600.141.b.1. Copies of the DME tracker and the quarterly quality management reviews will be maintained in the PCHA's office.*
- *By 7/22/26 the home's administrator will provide education to the home's staff on regulation 2600.141.b.1. to prevent future occurrences and ensure ongoing compliance with regulation 2600.141.b.1.*
- *Documentation of the staff education including the date, length of training, instructor and topics covered shall be kept in accordance with regulation 2600.65(i) and this will be maintained in the PCHA's office and staff training records.*

141b1 - Annual Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: *07/23/2026*

Implemented ([redacted] - 08/18/2026)

185a - Implement Storage Procedures

4. Requirements

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

Description of Violation

Resident [redacted] is currently prescribed blood glucose readings twice daily. On 6/21/26 at approximately 8:00pm, resident [redacted] glucometer indicated a blood glucose reading of 143; however, this reading was documented on resident #1's June 2026 medication administration record (MAR) as 179.

According to the home's "Medication Management" policy, "Narcotics are to be counted and recorded at the beginning and end of each shift the nurse/staff work, on a narcotic count sheet. Documentation of this will be recorded." Resident [redacted] is currently prescribed Zolpidem Tartrate 10mg-Take 1 tablet by mouth at bedtime; however according to numerous staff persons, this controlled substance is not counted and documented at the beginning and end of each shift.

Plan of Correction ***Accept ([redacted] - 07/29/2026)***

- *On 6/24/26 the home's immediate correction to this issue was that the home's PCHA provided written instruction to all staff pertaining to best practices for documenting diabetic reading on the MAR, including always visually verifying the readings themselves to ensure compliance with regulation 2600.185.a. Copies of this email are maintained in the PCHAs office.*
- *On 6/25/26 the home's immediate correction to this issue was that the home's RN moved the Zolpidem Tartrate in the original packaging into the home's controlled substances double-locked drawer, created a count sheet in the existing controlled substances count book, and provided instruction to staff to count this medication at the beginning and end of each shift. The pharmacy dispenses each individual medication into a separate labeled single dose sleeve, allowing for medications to always be in the original pharmacy packaging. See sample of packaging in evidence that will be uploaded to Sanswrite. The dose of Zolpidem Tartrate remained in the original pharmacy pack labeled with resident #3's name, medication name as on MAR, prescribing doctor, dose, and specific date and time of administration. This is to ensure safe storage and immediate compliance with regulation 2600.185.a. Active count sheets will be maintained in the home's medication room, completed sheets will be maintained in the resident chart.*
- *On 6/25/26 the home's RN contacted the organization's pharmacy and provided the directive to no longer dispense any controlled substances into medication rolls, and to always keep them separated to ensure ongoing compliance with regulation 2600.185.a.*
- *On 6/25/26 the home's RN completed an audit of the home's PAC med rolls to ensure no other controlled substances were being dispensed into the medication rolls by the pharmacy and that all narcotics are separately stored under double locks.*
- *On 6/29/26 the home's PCHA met with the staff who completed the documentation error on 6/21/26, to review what occurred and provide education and guidance. This is documented on a supervision brief which is maintained in the PCHA's office.*
- *On 7/8/26 the pharmacy provided a new cycle of mediations, and resident [redacted] Zolpidem Tartrate was dispensed separately from all other medication sleeves as requested.*

185a - Implement Storage Procedures (continued)

- *On 7/8/26 the home's RN completed an audit of the home's medication cart and medication rolls to verify that all medications are being dispensed, stored and documented properly to ensure ongoing compliance with regulation 2600.185.a. On 7/5/28 there was one instance of a staff failing to document a completed blood check on the MAR. Both the home's RN and PCHA verified that the reading was taken and written on the checklist, but not documented on MAR. The staff who committed this error was issued a corrective action which is documented through the Human Resources electronic system. This corrective action was also documented on a supervision brief this will be maintained in the PCHA's office.*
- *Beginning on 7/8/26 the home's RN will complete a Medication Cart and MAR Audit every other week for a period of three months. If no additional discrepancies are found during those audits for three months, the home will transition to monthly Medication Cart and MAR Audit to ensure long term compliance with regulation 2600.185.a. The home's Medication Cart and MAR Audit includes a review of all glucometers currently being used by residents, and check that glucometer readings are correct and documented on the MAR; all controlled substances currently prescribed to residents are double locked; and all resident correct medications are in the cart. The home's RN will verify that all documentation is accurate/complete on all MARs for all residents living in the home. At least monthly, the home's PCHA will review the Medication Cart and MAR Audit form(s) and take appropriate actions to work with the home's staff and providers to address any issues identified.*
- *On 7/22/26 the home's PCHA modified the Medication Cart and MAR Audit form to ensure ongoing compliance with regulation 2600.185.a., and the home's RN completed an audit of the cart using the new form. Copies of the Medication Cart and MAR Audit forms are maintained in the PCHA's office.*
- *Starting 7/22/26 the home's RN will review all existing MAR entries and medications before the start of the month. The date of the last review completed will be documented on the Medication Cart and MAR Audit form to ensure ongoing compliance with regulation 2600.185.a. Copies of the Medication Cart and MAR Audit forms will be maintained in the PCHA's office.*
- *Starting 7/22/26 at least once per month, the home's PCHA or RN will check to ensure that all controlled substances are counted at the beginning and end of each shift, with 2 staff completing the counts and documenting the counts on the controlled substances count sheets to ensure ongoing compliance with regulation 2600.185.a. The home's PCHA will take appropriate actions to work with the home's staff to address any issues identified. Active controlled substances count sheets will be maintained in the home's medication room, completed controlled substances count sheets will be maintained in the resident chart.*
- *By 7/22/26 all of the home's staff will complete the organization's self-paced Medication Administration Training I and II as a review of safe practices and documentation to ensure ongoing compliance with regulation 2600.185.a. Copies of the training, description of training, and dated test sheets will be maintained in the PCHA's office.*
- *By 7/22/26 the home's administrator will provide education to the home's staff on regulation 2600.185.a.to prevent future occurrences and ensure ongoing compliance with regulation 2600.185.a.*
- *Documentation of the staff education including the date, length of training, instructor and topics covered shall be kept in accordance with regulation 2600.65(i) and this will be maintained in the PCHA's office and staff training records.*

185a Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: *07/23/2026*

Implemented (- 08/18/2026)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.
8. Frequency of administration.

Description of Violation

Resident #1 is currently prescribed ; however, resident's #1's June 2026 MAR does not include the dosage for this medication.

Resident #2 is currently prescribed however, resident #2's June 2026 MAR indicates

Repeated Violation 5/15/2025

Plan of Correction ***Accept (- 07/29/2026)***

- *On 6/24/26 during the licensing audit, the home's RN immediately corrected Resident #1's MAR entry for on the MAR.*
- *On 6/24/26 the home's RN immediately reached out to resident #2's PCP to obtain clarification on the order for*
- *On 6/25/26 the updated PRN order for was received by the home. The standing order MAR entry was discontinued, and the new PRN order was entered onto a PRN page. Active MAR pages will be maintained in the medication room and completed MARs will be maintained in the resident charts. The new prescriber's orders are maintained in resident # 2's chart which is located in the staff office.*
- *On 6/25/26 and on 7/8/26 the home's RN completed Medication Cart and MAR Audits to ensure no other MAR issues were present. The Medication Cart and MAR Audit included all current residents of the home. Copies of the completed Medication Cart and MAR Audit forms will be maintained in the PCHA's office.*
- *Beginning on 7/8/26 the home's RN will complete a Medication Cart and MAR Audit every other week for a period of three months. If no additional discrepancies are found during those three months, the home will transition to monthly cart audits to prevent future occurrences and ensure ongoing compliance with regulation 2600.187.a. The Medication Cart and MAR Audits will include all current residents of the home. Completed Medication Cart and MAR audit forms will be maintained in the PCHA's office.*
- *By 7/22/26 the home's PCHA will provide education to the home's staff on regulation 2600.187.a. to prevent future occurrences and ensure ongoing compliance with regulation 2600.187.a.*
- *Documentation of the staff education including the date, length of training, instructor and topics covered shall be kept in accordance with regulation 2600.65(i) and this will be maintained in the PCHA's office and staff training records.*
- *To ensure ongoing compliance with regulation 2600.187.a. the home's new RN will complete ODP*

187a Medication Record (continued)

Medication Train the Trainer course by 9/30/2026.

Licensee's Proposed Overall Completion Date: *07/23/2026*

Implemented ([redacted] - 08/18/2026)

187b - Date/Time of Medication Admin.

6. 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 #3's June 2026 MAR does not include the initials of the staff person who administered numerous medications to resident #3 on 6/12/26 at 8:00pm, to include the following:

- [redacted]

Plan of Correction ***Accept ([redacted] - 07/29/2026)***

- *On 6/24/26, during the licensing audit, the staff who failed to initial the MAR on 6/12/26 was present addressed the MAR holes on 6/24/26. On 7 1/26 the PCHA met with this staff for supervision and discussed best practices for MAR documentation and medication safety, which is documented on a supervision brief which is maintained in the PCHA's office.*
- *On 6/24/26 the home's PCHA sent out an email to all staff reviewing best practices for MAR reviews and documentation to ensure immediate compliance with regulation 2600.187.b.*
- *On 6/25/26 and on 7/8/26 the home's RN completed Medication Cart and MAR Audit to ensure no other MAR issues were present. The Medication Cart and MAR Audits included all current residents of the home. Copies of the completed Medication Cart and MAR Audits will be maintained in the PCHA's office.*
- *Beginning on 7/8/26 the home's RN will complete a Medication Cart and MAR Audit every other week for a period of three months. If no additional discrepancies are found during those three months, the home will transition to monthly cart audits to prevent future occurrences and ensure ongoing compliance with regulation 2600.187.b. The Medication Cart and MAR Audit will include all current residents of the home. Completed Medication Cart and MAR Audits will be in the PCHA's office.*
- *On 7/22/26 the home's PCHA modified the Medication Cart and MAR Audit form to ensure ongoing compliance with regulation 2600.187.b., and the home's RN completed an audit of the cart and the MARs using the new form. The Medication Cart and MAR Audits include all current residents of the home. Copies of the Medication Cart and MAR Audit forms are maintained in the PCHA's office.*
- *Starting 7/22/26 the home's RN will review all existing MAR entries and medications before the start of the month; the date of the last review completed will be documented on the Medication Cart and MAR Audit*

187b - Date/Time of Medication Admin. (continued)

form to ensure ongoing compliance with regulation 2600.187.b. The Medication Cart and MAR Audits will include all current residents of the home. Copies of the Medication Cart and MAR Audit forms will be maintained in the PCHA's office.

- *By 7/22/26 all of the home's staff will complete the organization's self-paced Medication Administration Training I and II as a review of safe practices and documentation to prevent future occurrences ensure ongoing compliance with regulation 2600.187.b. Copies of the training, description of training, and dated test sheets will be maintained in the PCHA's office.*
- *By 7/22/26 the home's PCHA will provide education to the home's staff on regulation 2600.187.b. to prevent future occurrences and ensure ongoing compliance with regulation 2600.187.b.*
- *Documentation of the staff education including the date, length of training, instructor and topics covered shall be kept in accordance with regulation 2600.65(i) and this will be maintained in the PCHA's office and staff training records.*

Licensee's Proposed Overall Completion Date: *07/23/2026*

Implemented ([redacted] - 08/18/2026)

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident #2 is currently prescribed [redacted] however, according to resident #2's June 2026 MAR, resident #2 was only administered this medication on the following dates and times:

- *6/13/26 at 2:30pm*
- *6/10/26 at 2:00pm*
- *6/3/26 at 2:00pm*

Plan of Correction ***Accept ([redacted] - 07/29/2026)***

- *On 6/24/26 and 6/25/26 the home's RN immediately reached out to resident #2's PCP to obtain clarification on the order for [redacted].*
- *On 6/25/26 the updated PRN order for [redacted] was received by the home. The standing order MAR entry was discontinued, and the new PRN order was entered onto a PRN page. Active MAR pages will be maintained in the medication room and completed MARs will be maintained in the resident charts.*
- *On 6/25/26 and on 7/8/26 the home's RN completed an audit of the home's medication cart and medication rolls to verify that all medications are being dispensed, stored and documented properly to ensure ongoing compliance with regulation 2600.187.d. The Medication Cart and MAR Audits included all current residents of the home. Copies of the completed Medication Cart and MAR Audits will be maintained in the PCHA's office. As a result of the audit on 7/8/26 the home's RN discovered that on 7/5/26 there was one instance of a staff failing to document a completed blood check on the MAR. Both the home's RN and PCHA verified that the reading was taken and written on the checklist, but not documented on MAR. The staff who committed this error was issued a corrective action which is documented through the Human Resources electronic system.*

187d - Follow Prescriber's Orders (continued)

This corrective action was also documented on a supervision brief this will be maintained in the PCHA's office.

- *Beginning 7/8/26 the home's RN will complete a Medication Cart and MAR Audits every other week for a period of three months. If no additional discrepancies are found during those three months, the home will transition to monthly cart audits to prevent future occurrences and ensure ongoing compliance with regulation 2600.187.d. The Medication Cart and MAR Audit will include all current residents of the home. Completed Medication Cart and MAR Audits will be in the PCHA's office.*
- *On 7/22/26 the home's PCHA modified the Medication Cart and MAR Audits form to ensure ongoing compliance with regulation 2600.187.d., and the home's RN completed an audit of the cart and the MARs using the new form. Copies of the Medication Cart and MAR Audit forms are maintained in the PCHA's office.*
- *Starting 7/22/26 the home's RN will review all existing MAR entries and medications before the start of the month; the date of the last review completed will be documented on the Medication Cart and MAR Audit form to ensure ongoing compliance with regulation 2600.187.d. Copies of the Medication Cart and MAR Audits forms will be maintained in the PCHA's office.*
- *By 7/22/26 the home's PCHA will provide education to the home's staff on regulation 2600.187.d. to prevent future occurrences and ensure ongoing compliance with regulation 2600.187.d.*
- *Documentation of the staff education including the date, length of training, instructor and topics covered shall be kept in accordance with regulation 2600.65(i) and this will be maintained in the PCHA's office and staff training records.*
- *To ensure ongoing compliance with regulation 2600.187.d. the home's new RN will complete ODP Medication Train the Trainer course by 9/30/26.*

Licensee's Proposed Overall Completion Date: *07/23/2026*

Implemented ([redacted] - 08/18/2026)

190c - Record of Training

8. 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

The most recent annual practicum training record from the Department-approved medication administration course for direct care staff person A is not signed by the train-the-trainer and does not include the date direct care staff person A passed the training. These sections of direct care staff person A's training record are blank.

Plan of Correction ***Directed ([redacted] - 07/29/2026)***

HOME'S PREVIOUS PLAN OF CORRECTION, SUBMITTED TO THE DEPARTMENT ON 7/16/26:

190c Record of Training (continued)

(On 6/24/26, the PCHA immediately removed Staff A from medication administration to the residents of the home until further notice of steps needing to be completed to ensure compliance with the medication administration process and regulation 2600.190.c.
On 6/28/26, to immediately address the incomplete training record the home followed the DHS auditor's technical assistance and placed a ticket request to ODP's MATP help desk to verify the correct procedure for remediation for Staff A. Documentation was provided to MATP as requested.
On 7/8/26 MATP sent a six month waiver form which was completed and submitted to MATP for Staff A with the required documentation for review on 7/9/26.
On 7/14/26 MATP approved the following corrective actions which need to be completed to allow Staff A to maintain their original qualification date of March 10th: Complete four medication administration observations, complete an online review of lessons 7 and 8, complete one practice activity for each type of documentation. These steps will be completed and submitted for review to MATP by 8/15/26 to prevent future occurrences and ensure ongoing compliance with regulation 2600.190.c.
On 7/14/26, Staff A was informed of the above corrective actions that need to be completed by 8/15/26. Staff A will not administer any medications to residents of the home until all remediation steps are completed and submitted to MATP to ensure ongoing compliance.
***DIRECTED**: By 8/8/26, then quarterly thereafter: The administrator/designee shall review all medication technician training documents to ensure compliance with 2600.190c. [redacted] 7/29/26*
To ensure ongoing compliance with regulation 2600.190.c the home's new RN will complete ODP Medication Train the Trainer course by 9/30/26). [redacted] 7/29/26

- *On 6/24/26 and 6/25/26 the home's RN immediately reached out to resident #2's PCP to obtain clarification on the order for [redacted].*
- *On 6/25/26 the updated PRN order for [redacted] was received by the home. The standing order MAR entry was discontinued, and the new PRN order was entered onto a PRN page. Active MAR pages will be maintained in the medication room and completed MARs will be maintained in the resident charts.*
- *On 6/25/26 and on 7/8/26 the home's RN completed an audit of the home's medication cart and medication rolls to verify that all medications are being dispensed, stored and documented properly to ensure ongoing compliance with regulation 2600.187.d. The Medication Cart and MAR Audits included all current residents of the home. Copies of the completed Medication Cart and MAR Audits will be maintained in the PCHA's office. As a result of the audit on 7/8/26 the home's RN discovered that on 7/5/26 there was one instance of a staff failing to document a completed blood check on the MAR. Both the home's RN and PCHA verified that the reading was taken and written on the checklist, but not documented on MAR. The staff who committed this error was issued a corrective action which is documented through the Human Resources electronic system. This corrective action was also documented on a supervision brief this will be maintained in the PCHA's office.*
- *Beginning 7/8/26 the home's RN will complete a Medication Cart and MAR Audits every other week for a period of three months. If no additional discrepancies are found during those three months, the home will transition to monthly cart audits to prevent future occurrences and ensure ongoing compliance with regulation 2600.187.d. The Medication Cart and MAR Audit will include all current residents of the home. Completed Medication Cart and MAR Audits will be in the PCHA's office.*

190c - Record of Training (continued)

- *On 7/22/26 the home's PCHA modified the Medication Cart and MAR Audits form to ensure ongoing compliance with regulation 2600.187.d., and the home's RN completed an audit of the cart and the MARs using the new form. Copies of the Medication Cart and MAR Audit forms are maintained in the PCHA's office.*
- *Starting 7/22/26 the home's RN will review all existing MAR entries and medications before the start of the month; the date of the last review completed will be documented on the Medication Cart and MAR Audit form to ensure ongoing compliance with regulation 2600.187.d. Copies of the Medication Cart and MAR Audits forms will be maintained in the PCHA's office.*
- *By 7/22/26 the home's PCHA will provide education to the home's staff on regulation 2600.187.d. to prevent future occurrences and ensure ongoing compliance with regulation 2600.187.d.*
- *Documentation of the staff education including the date, length of training, instructor and topics covered shall be kept in accordance with regulation 2600.65(i) and this will be maintained in the PCHA's office and staff training records.*
- *To ensure ongoing compliance with regulation 2600.187.d. the home's new RN will complete ODP Medication Train the Trainer course by 9/30/26.*

Proposed Overall Completion Date: 08/15/2026

Directed Completion Date: *08/15/2026*

Implemented ([redacted] - 08/18/2026)