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

November 23, 2026

[redacted] OWNER
QUALITY ASSISTED CARE INC
3411 NORTH 17TH STREET
PHILADELPHIA, PA, 19140

RE: QUALITY ASSISTED CARE
3411 NORTH 17TH STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 19305

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2026 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: *QUALITY ASSISTED CARE* **License #**: *19305* **License Expiration**: *05/07/2026*

Address: *3411 NORTH 17TH STREET, PHILADELPHIA, PA 19140*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *QUALITY ASSISTED CARE INC*

Address: *3411 NORTH 17TH STREET, PHILADELPHIA, PA, 19140*

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

Certificate(s) of Occupancy

Type: *Other* **Date**: *02/08/2011* **Issued By**: *Philadelphia*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *15* **Waking Staff**: *11*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/07/2026*

Inspection Dates and Department Representative

07/07/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* **Residents Served**: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* **Are 60 Years of Age or Older**: *11*

Diagnosed with Mental Illness: *15* **Diagnosed with Intellectual Disability**: *0*

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

Inspections / Reviews

07/07/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/02/2026*

08/03/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/28/2026*

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

Inspections / Reviews *(continued)*

08/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/28/2026*

11/23/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2026*

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/7/2026 the home's current violation report, dated 7/5/2025, was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept (- 08/03/2026)***

As of July 7, 2027, a copy of the current violation report has now been posted by the Administrator as the previous posted violation report was removed by a Resident. To prevent this violation from occurring in the future, The Direct Care Staff will monitor the bulletin board on a daily basis for compliance.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented (- 11/05/2026)

5a1 - DHS Access

2. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

On 7/7/2026, at 10:00 AM, an agent of the Department, requested access to resident bank statements and a staff list. Staff person A refused to provide access to resident bank statements and did not provide a staff list until 2:40 PM.

Plan of Correction ***Accept (- 08/03/2026)***

The Agent of the Department made an incorrect statement in saying that Staff Person A refused to provide requested access to a resident's bank statements. Staff Person A did not refuse to provide this information but rather was not knowledgeable on how to print said requested bank statements. To prevent this violation from occurring in the future, starting 7/8/2026, all Resident bank statements will be printed out on a monthly basis and placed in the Resident's Record/folder providing proof of no commingling of funds. A staff list will also be printed out and easily accessible in a designated area should staff need to retrieve it.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented (- 11/05/2026)

16c - Written Incident Report

3. 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

Sometime at the end of , staff person B drove resident 1 to the hospital due to new onset of severe pain and was admitted to the hospital. On resident 1 was still hospitalized. The home did not report this incident to the department.

16c - Written Incident Report *(continued)*

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

On 7/7/2026, after receiving an explanation of the word "condition" in the above-identified scenario, The Administrator understood the rationale for taking the identified steps above. To prevent this violation from occurring in the future, starting immediately, all incidents and changes in condition that become knowledgeable to staff, will be reported by the Administrator in the manner specified by the Department.

All staff training has been completed as of 8/4/2026 and was provided by the Administrator. This training covered the topic 2600.15 which covers abuse reporting covered by law and 2600.16b which covers reportable incidents and conditions. 2600.16c was also covered as to ensure and maintain ongoing compliance with incident reporting.

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

Implemented ([redacted] - 11/05/2026)

20b5 - No Commingling

4. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
5. Commingling of resident funds and home funds is prohibited.

Description of Violation

On 7/7/2026, the home refused to provided bank statement for residents 2, 3, and 4. The home could not provide proof that the residents' fund were not commingled.

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

To prevent this violation from occurring in the future, starting 7/8/2026, all Resident bank statements will be printed out on a monthly basis and placed in the Resident's Record/folder providing proof of no commingling of funds.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented ([redacted] - 11/05/2026)

57a - Designee Present/Age

5. Requirements

2600.
57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 7/4/2026 and 7/5/2026, from 12:00 PM to 5:00 PM, at least 14 residents were present in the home. During this time, there was no direct care staff person present in the home.

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

At no time was the facility left with a direct care staff person present. To address this violation, the staff schedule was adjusted to show coverage and on 7/28/2026, a new direct care staff was hired to provide additional support.

57a - Designee Present/Age (continued)

As of 8/4/2026, all staff files have been reviewed by the Administrator in an effort to verify an ensure that staff on duty are qualified and meeting all of the above-mentioned requirements/qualifications under the 2600 regulation guide.

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

Implemented ([redacted] - 11/23/2026)

82b - Poisonous Material Storage

6. Requirements

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

Description of Violation

On 7/7/2026 the following was observed in the home all with manufacturer's labels that read "Keep out of reach of children. If ingested call poison control. "

LA's totally awesome all-purpose cleaner was stored under the sink in the kitchen with bags of buns and an open bag of chips.

A bottle of Clorox bleach cleaner was stored at the bottom of the stairs next to a case of mustard.

A box of arm and hammer odor blaster was stored on top of cutlery and above a large can of food in the basement's dry storage area.

A can of raid was stored on the floor of the upstairs kitchen pantry next to a container of grits.

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

Immediate action was taken on 7/7/20206 to address the above-mentioned violation. The Administrator removed all of the poisonous substances mentioned above and the storage closet was locked and secured. To prevent this violation form occurring in the future, on 7/8/2026, the Administrator conducted a training for all staff regarding the safe storage and handling of poisonous substances at all times to promote and ensure the safety of our Residents.

Starting 8/4/2026, the Administrator has created a daily monitoring checklist that will be utilized by staff to ensure ongoing compliance.

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

Implemented ([redacted] - 11/23/2026)

85a - Sanitary Conditions

7. Requirements

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

Description of Violation

On 7/7/2026 at 9:18 AM, a porous and grimy blue bathmat was next to the tub in the third-floor bathroom. The tub had a ring of grime and dirt and rust along the inside.

85a Sanitary Conditions (continued)

At 9:27 AM the second floor bathroom did not have a method to dry hands and in the tub was a moldy plastic bath mat.

At 9:38 AM there was a litter box kept in the dry food storage area. Behind the dry food storage area was another closet that contained boxes of cereal and cans of tuna that are part of the home's emergency food supply. The area was cluttered and dirty with shop vacs, old fans, bags of linens and a pesticide sprayer that was leaning on the case of tuna.

Plan of Correction ***Accept (- 08/03/2026)***

On 7/7/2026 the bathmat in the third floor bathroom was replaced with a new one and the bathtub was sanitized and cleaned. A new replacement paper towel was placed in the second floor bathroom and the bath mat was replaced as well. The cat liter box located near the dry food area was relocated away from the food area. The storage closet in the basement was reorganized by the staff member on duty. To prevent this violation from reoccurring in the future, a daily checklist has been created and this will be monitored by the Administrator for compliance.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented (- 11/23/2026)

88a - Surfaces

8. Requirements

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

Description of Violation

On 7/7/2026 the ceiling tile next to the stove was dipping down and splattered with rusty brown spots.

The ceiling on the 3rd floor was heavily damaged. The paint was peeling and large pieces of paint were hanging down from the ceiling. There was evidence of a water leak along the walls with brown drips down the wall and bubbled peeling paint in several places on the wall.

Plan of Correction ***Accept (- 08/14/2026)***

On 7/8/2026, the maintenance personnel repaired all of the identified damage in the kitchen ceiling tiles. The maintenance personnel also repaired the paint damage on the third floor in the hallway and the damage on the ceiling and the wall. To prevent the recurrence of this violation in the future, the building roof leak that caused the ceiling and wall damage was repaired. The building roof will also be inspected on a yearly basis by the maintenance personnel for continued compliance.

By 7/9/2026, the building roof was repaired by the designated maintenance personnel. Starting on 8/31/2026, the maintenance personnel will also inspect the roof every 3 months on an ongoing basis to ensure ongoing compliance.

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

Implemented (- 11/23/2026)

89a - Water Pressure

9. Requirements

2600.

89a - Water Pressure *(continued)*

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 7/7/2026 at 9:18 AM, the home did not have sufficient hot water in the 3rd floor bathroom. The water temp was 81.1 degrees and the hot water valve to the bathroom had been shut off.

Plan of Correction ***Accept (- 08/14/2026)***

Immediate action was taken on 7/7/2026 by the Administrator by fully opening the hot water valve that was turned down by a Resident from the sink access cabinet. To prevent this violation from recurring, a lock was placed on the sink cabinet access doors.

To ensure ongoing compliance, starting 7/9/2026, the maintenance personnel will inspect and lock that was placed on the face basin sink cabinet on a weekly basis to ensure that it is still in place.

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

Implemented (- 11/23/2026)

92 - Windows

10. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 7/7/2026 the window in the 3rd floor bathroom was being propped open with a piece of wood. The inner plastic of the window was cracked and broken. The shade on the window had a 3-inch long tear at the bottom.

Plan of Correction ***Accept (- 08/03/2026)***

On 7/23/2026, the window in the third floor bathroom, along with the window shade, was removed and replaced by maintenance personnel. To prevent this violation from recurring, all other windows were inspected to ensure compliance and will be checked on a regular basis by maintenance personnel.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented (- 11/23/2026)

95 - Furniture and Equipment

11. Requirements

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

Description of Violation

On 7/7/2026 the 3rd floor bathroom tub had broken tiles sticking out. The caulk around the upper rim of the tub was cracked and missing in places.

In the 3rd floor front bedroom on of the resident's chairs had a large tear in the seat.

In the second-floor bathroom the tiles in the shower were broken and there were cigarette burns in the shower curtains.

95 - Furniture and Equipment *(continued)*

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

On 7/8/2026, the chair in the third floor bedroom was replaced by the maintenance personnel. Also, both the bathroom on the second and third floor are being repaired which incudes the replacement of tiles and caulking where needed and the shower curtain was replaced. To ensure continued compliance, starting on 7/8/2026, daily bathroom monitoring will be conducted by the staff member on duty and the Administrator will follow-up to ensure compliance.

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

Implemented ([redacted] - 11/23/2026)

100a - Exterior - Free of Hazards

12. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The home's fire escape connected to the 3rd floor is heavily rusted. Parts of the floor of the fire escape outside the door are flaking off. The fire escape itself felt unsteady and wobbly.

The home's fire escaped connected to the 2nd floor back bedroom appeared unsafe. It was heavily rusted with large cracks and small holes. There was a large, rusted slab in the middle of the walkway that could cause a tripping hazard.

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

On 7/23/2026, additional engineering paperwork was sent to the project contractor to be submitted to L&I to acquire a permit in order to start repairs on the fire escape. To prevent this violation for recurring in the future, after the completed repairs, the maintenance personnel will provide maintenance of the fire escape on a yearly ongoing basis which will include painting and checking for any areas that may be compromised. The Administrator will also examine the fire escape on a monthly basis.

Licensee's Proposed Overall Completion Date: *08/25/2026*

Implemented ([redacted] - 11/23/2026)

101j5 - Bedside Table/Shelf

13. Requirements

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

Description of Violation

There is no bedside table or shelf beside resident 2's bed.
There is no bedside table or shelf beside resident 4's bed

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

To prevent this violation from recurring in the future, on 7/10/2026 the maintenance personnel mounted a stationary shelf beside resident 2 and 4's bedside after realizing that residents were moving furniture around.

Starting 8/4/2026, the Administrator has created a daily monitoring checklist that will be utilized by the staff

101j5 Bedside Table/Shelf (continued)

member on duty to ensure continued compliance.

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

Implemented ([redacted] - 11/23/2026)

101j7 - Lighting/Operable Lamp

14. Requirements

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

Description of Violation

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

Repeated Violation 7/9/2025.

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

To prevent this violation from recurring in the future, on 7/10/2026, the maintenance personnel installed a stationary light by the bedside of resident 2 that can be turned on and off after realizing that Residents were moving furniture around.

Starting 8/4/2026, the Administrator has created a daily monitoring checklist that will be utilized by the staff member on duty to ensure continued compliance.

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

Implemented ([redacted] - 11/23/2026)

107b - Emergency Procedures

15. Requirements

2600.
107.b. The home shall have written emergency procedures that include the following:
1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include contact information for each resident's designated person and means of transportation in the event that relocation is required.

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

To prevent this violation from recurring, on 7/8/2026, the Administrator has developed a single binder and is actively gathering all the necessary documents and information that is needed on all individual Residents in light of the Department Agent clarifying the recommendation/need to have a single binder that can be collected with all of the

107b - Emergency Procedures (continued)

pertinent information in the event of an emergency and evacuation/relocation is necessary.

The compiled information on Emergency Procedure is projected to be fully completed by 8/17/2026. Also, starting 8/4/2026, the Administrator has created a monthly monitoring checklist that will be utilized by the Direct Care Staff Member on duty to ensure continued compliance.

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

Implemented ([redacted] - 11/05/2026)

121a - Unobstructed Egress

16. Requirements

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

Description of Violation

On 7/7/2026 at 9:16 AM, plastic liners, a large bucket and a ladder blocked egress from the home's third floor fire escape.

The door leading out to the 3rd floor fire escape did not open completely and dragged along the floor of the fire escape, preventing it from opening futher.

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

On 7/8/2026, the maintenance personnel removed all of [redacted] work materials from the egress area. Maintenance personnel removed [redacted] ladder from the room exiting onto the third floor fire escape landing as this ladder was previously used to access the roof from the inside to repair the leak identified earlier. The door leading out from the third floor room onto the fire escape landing drags due to the fire escape needing to be repaired which the Administrator is in the process of repairing (please see question number 12).

Starting on 8/4/2026, the Administrator has created a daily monitoring checklist that will be utilized by the staff member on duty to ensure continued compliance.

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

Implemented ([redacted] - 11/23/2026)

123b - Emergency Procedures Posted

17. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

On 7/8/2028 a copy of the home's current emergency procedures were posted by the Administrator in a conspicuous and public space after they were removed by a Resident. To remain in compliance with this requirement, all staff and the Administrator will monitor the area where the procedures are posted on a daily ongoing basis.

123b - Emergency Procedures Posted *(continued)*

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented ([redacted] - 11/23/2026)

127a - Portable Space Heaters

18. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

On 7/7/2026 at 9:40 AM, 3 portable space heaters were located in the basement.

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

On 7/7/2026, immediate action was taken by removing all 3 portable space heaters and they were taken off of the property by the Administrator. To prevent this from recurring in the future, all staff were reeducated and re-informed of the possible dangers of the space heaters starting a fire that could impact Resident safety. Also, a weekly routine inspection will be conducted by the Administrator throughout the home to ensure compliance with the above regulation.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented ([redacted] - 11/05/2026)

132b - Safety Inspection/Fire Drill

19. 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 last fire safety inspection and drill observed by a fire safety expert was conducted on 11/3/2025. The prior fire safety inspection was conducted on 8/23/2024. The home could not provide proof of the prior observed fire drill.

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

The home has since been able to locate the documentation of the prior fire safety inspections that was conducted on 8/23/2024. To prevent this violation from recurring in the future, the Administrator now has a separate and secured red fire inspection binder where all fire related documents will be stores on an ongoing basis to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented ([redacted] - 11/23/2026)

132c - Fire Drill Records

20. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 11/3/2025 does not include time, the amount of time it took for

132c - Fire Drill Records (continued)

evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Plan of Correction ***Accept (- 08/03/2026)***

Monthly fire drills are being documented and recorded. It was brought to light by the Department Agent that the yearly fire drill that is conducted by the Fire Department also needs to be documented and recorded despite the documentation provided by the Fire Department. To prevent this violation from recurring in the future, going forward the Administrator will now be sure to document Fire Department yearly fire drills on an ongoing basis to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented (- 11/23/2026)

144c1 - Smoking Area Guidelines

21. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permit's smoking in in the alley next to the residence. On 7/7/2026 at 9:00 AM 3 residents were observed smoking on the front porch and in front of the home.

Plan of Correction ***Accept (- 08/03/2026)***

To prevent this violation from recurring, on 7/8/2026 at 9:00AM, all residents and staff were called for a meeting by the Administrator. Residents and staff were reminded that smoking is only allowed in the designated area and were educated about the seriousness of this offense and its resulting in a violation. Everyone agreed to comply with the regulation and a "no smoking" sign was placed on the front porch. Staff member on duty will also monitor the front of the building and the porch for compliance.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented (- 11/23/2026)

183b - Meds and Syringes Locked

22. 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 7/7/2026 at 9:34 AM, Flonase spray was unlocked, unattended, and accessible in resident 2's room. Resident 2 has not been assessed as capable of self-administering medications.

Plan of Correction ***Accept (- 08/14/2026)***

Resident #2's doctor has accessed and verbally deemed capable of self-administering own Fluticasone

183b - Meds and Syringes Locked (continued)

nasal spray. When asked for written documentation, [redacted] response was for me to come back later. Since then, additional attempts have been made to obtain written documentation. Administrator hopes to obtain this written documentation this upcoming week by 8/14/2026.

On 8/4/2026 at 10:00AM, all residents and staff were called for a meeting by the Administrator. Residents and the staff were informed that a doctor's order is required for self-administration of medication. Everyone understood the Department regulation and agreed to comply.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 11/23/2026)

183d - Prescription Current

23. 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 7/7/2026, a bottle of Dayquil belonging to resident 5 was stored in the home kitchen pantry. The home does not have an order for this medication.

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

To prevent reoccurence of this violation, as of 7/8/2026 Resident #5 has discontinued taking the Dayquil cold medicine. Also going forward, if anytime it becomes necessary for over the counter medicine, a doctor's prescription will be required as well as proper labeling of the medication and to be stored away in a safe, locked area as are the regulalry stored medications.

Starting 8/4/2026, as part of the daily checklist, the Administrator will conduct an ongoing monitoring inspection throughout the facility for any outside medication that may have been brought to the facility by the resident and to make sure that all medication guidelines are in compliance.

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

Implemented ([redacted] - 11/23/2026)

183e - Storing Medications

24. 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 7/7/2026 a used medication cup was stored in the home's pantry with a bottle of Dayquil. Also stored in the pantry was single blister of medication belonging to resident 6. It was jammed into a Monday evening compartment of a large medication reminder box. The back of the packaging was torn and 5 pills remained inside.

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

To prevent reoccurence of this violation, as of 7/8/2026 Resident #5 has discontinued taking the Dayquil cold medicine. Also going forward, if anytime it becomes necessary for over the counter medicine, a doctor's

183e - Storing Medications (continued)

prescription will be required as well as proper labeling of the medication and to be stored away in a safe, locked area as are the regulalry stored medications. Also, all unused or discontinued medications are normally returned to the pharmacy. The single blister packet that was in the closet was an overlooked item that was sent back to the pharmacy.

Starting 8/4/2026, as part of the daily checklist, the Administrator will conduct an ongoing monitoring inspection throughout the facility for any outside medication that may have been brought to the facility by the resident and to make sure that all medication guidelines are in compliance. This monitoring will also include ensuring that any medications that need to be returned back to the pharmacy, are returned in a timely manner.

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

Implemented ([redacted] - 11/23/2026)

184b - Labeling OTC/CAM

25. 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 7/7/2026, a package of Dayquil belonging to resident 5 was in the kitchen pantry and was not labeled with the resident's name.

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

To prevent reoccurence of this violation, as of 7/8/2026 Resident #5 has discontinued taking the Dayquil cold medicine. Also going forward, if anytime it becomes necessary for over the counter medicine, a doctor's prescription will be required as well as proper labeling of the medication and to be stored away in a safe, locked area as are the regulalry stored medications.

Starting 8/4/2026, as part of the daily checklist, the Administrator will conduct an ongoing monitoring inspection throughout the facility for any outside medication that may have been brought to the facility by the resident and to make sure that all medication guidelines are in compliance.

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

Implemented ([redacted] - 11/23/2026)

190a - Completion Medication Course

26. 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 A, who could not provide documentation of successful completion of the Department-approved medications administration course, administered medications to residents to include the following:
On 6/16/2026 through 7/6/2026 at 8:00 PM, Resident 2 received atorvastatin calcium 20 mg tablet and metformin HCL 500 mg tablet.

190a Completion Medication Course (continued)

Staff person B, who could not provide documentation of successful completion the Department approved medications administration course, administered medications to residents to include the following:

On 7/19/2026 through 7/7/2026 at 8:00 AM, Resident 2 received cetirizine HCL 10 mg tablet and metformin HCL 500 mg tablet.

Plan of Correction ***Accept (- 08/14/2026)***

Staff person A and staff person B medication document of training is current and up to date. At the time of the inspection on 7/7/2026, this documentation was presented to the Department Agent.

Starting as of 8/4/2026, immediately upon the completion of a staff medication training, the Administrator will store the record of training in each individual staff members folder so that it will not be misplaced and easily accessible if requested.

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

Implemented (- 11/23/2026)

225c - Additional Assessment

27. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 2's assessment, dated , does not include a need for assistance of managing finances. The home manages the resident's finances.

Resident 3's assessment, dated , does not include a need for assistance of managing finances. The home manages the resident's finances.

Resident 6's assessment, dated does not include a need for assistance of managing finances. The home manages the resident's finances. The home could not provide a prior assessment for resident 4 who's date of admission is

Plan of Correction ***Accept (- 08/03/2026)***

On 7/23/2026 Resident #2, #3 and #6 current assessment has been updated by the Administrator to reflect the Resident's need for financial assistance however, the Resident's are still capable of managing their eighty five dollar monthly spending allowance. All other assessments will be checked and updated as needed. There were no prior assessments for Resident #4 who's admission was

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented (- 11/23/2026)

251c - Standardized Forms

28. Requirements

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

Description of Violation

Resident 2's documentation of medical evaluation, dated [redacted] was not completed on the Department's current standardized form.

Resident 3's documentation of medical evaluation, dated [redacted], was not completed on the Department's current standardized form.

Resident 4's documentation of medical evaluation, dated [redacted] was not completed on the Department's current standardized form.

Resident 6's documentation of medical evaluation, dated [redacted] was not completed on the Department's current standardized form.

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

On 7/24/26 the Administrator has contacted the residents' doctors office and has requested the completion of the new and updated medical evaluation form of all the above mentioned current residents including resident 2, 3, 4 and 6. To prevent the reference of this violation, starting immediately, the Administrator will monitor department update emails closely (on a daily basis) for any new memos or updates/changes.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented ([redacted] - 11/23/2026)

252 - Record Content

29. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.

252 Record Content *(continued)*

15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 2's record does not include a photograph of the resident that is no more than 2 years old, and the resident's initial intake assessment.

Resident 3's record does not include the resident's initial intake assessment.

Resident 6's record does not include the resident's initial intake assessment.

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

On 7/8/2026, Resident number 2's record has been updated to include an updated photo. All of the other residents photos will be checked and updated as appropriate. Resident number 2,3 and 6 initial intake assessments could not be located at this time. To prevent the reoccurrence of this violation in the future, upon initial intake of a new resident, the direct care staff and the Administrator will review the record content list and use it as a guide to complete the intake process.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented ([redacted] - 11/23/2026)