

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

September 25, 2026

[REDACTED]
EM RURAL LIVING LLC
[REDACTED]
[REDACTED]

RE: THE WYNWOOD HOUSE AT GREEN
HILLS
301 FARMSTEAD LANE
STATE COLLEGE, PA, 16803
LICENSE/COC#: 23227

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2026, 07/08/2026, 07/13/2026, 07/27/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE WYNWOOD HOUSE AT GREEN HILLS **License #:** 23227 **License Expiration:** 10/25/2026
Address: 301 FARMSTEAD LANE, STATE COLLEGE, PA 16803
County: CENTRE **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: EM RURAL LIVING LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/03/1997 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 39 **Waking Staff:** 29

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 08/18/2026

Inspection Dates and Department Representative

07/07/2026 - On-Site: [REDACTED]
07/08/2026 - Off-Site: [REDACTED]
07/13/2026 - Off-Site: [REDACTED]
07/27/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 45 **Residents Served:** 36

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 2 **Are 60 Years of Age or Older:** 36
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 3 **Have Physical Disability:** 1

Inspections / Reviews

07/07/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/18/2026

Inspections / Reviews (*continued*)

09/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

09/25/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] significant change RASP dated [REDACTED] identified bowel and bladder management needs related to incontinence. The RASP indicated staff were to assist with toileting and change incontinence products as needed daily.

On [REDACTED] resident [REDACTED] experienced an unwitnessed fall while attempting to change their and sustained a left hip fracture. Staff reported not being aware resident [REDACTED] required assistance with changing adult brief.

Plan of Correction

Accept [REDACTED] - 09/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/01/2026 by the Administrator to All current resident assessments and Resident Assessment Support Plans (RASPs) were reviewed to verify that ADL assistance needs, including toileting and incontinence care requirements, are accurately documented and reflect current resident needs.

To enhance the currently compliant operations, on 07/01/2026 the Administrator will A process was implemented requiring management to review all new, revised, and significant change assessments to ensure that identified care needs are communicated to appropriate staff and reflected in resident care documentation, with a completion date of 09/21/2026.

Effective 07/15/2026 the Administrator will perform monthly audits of Effective 6/22/2026 the Administrator/RCD will perform Monthly Audits of Rasps, through 9/21/2026 to maintain ongoing compliance with ADL's Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/21/2026 to maintain ongoing compliance with Resident care plan audits will be conducted monthly for three months to ensure ADL assistance needs are accurately identified, communicated, and provided in accordance with resident assessments and support plans.with assistance with ADLs as indicated in the resident's assessment and support plan. Compliance monitoring activities will be implemented under the supervision of the Administrator/RCD. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Adminstrator /RCD for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/25/2026)

42b Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

42b- Record review revealed resident [REDACTED] significant change resident assessment – support plan (RASP) dated [REDACTED], identified resident [REDACTED] required assistance with toileting and incontinence care. The RASP indicated staff

42b - Abuse (continued)

were to assist resident [REDACTED] with toileting, checking and changing incontinence products as needed daily.

Interview with staff revealed staff were not aware resident [REDACTED] required assistance with changing into adult brief. On [REDACTED], resident # attempted to change their adult brief without staff assistance, experienced an unwitnessed fall, and sustained a left hip fracture.

42b -Review of residents' records, residents' interviews, and staff interviews revealed that the home was unable to ensure resident [REDACTED]'s rights were protected from abuse.

Resident [REDACTED] initial medical evaluation, dated [REDACTED], documented a diagnosis of dementia, short-term memory deficits, the need for assistance with high-level decision-making, and the need for assistance with all decision-making.

Resident [REDACTED] annual medical evaluation, dated [REDACTED], documented no cognitive impairment.

During resident [REDACTED]'s interview, the resident believed to be at a summer activity program staff contracted by the home and resident [REDACTED] is the assistant to the summer activity program. Staff interviews report that resident [REDACTED] at times will call resident [REDACTED] by the name of resident [REDACTED]'s spouse. Resident [REDACTED] did not identify themselves as a resident of the personal care home.

During staff interviews, staff reported that on multiple occasions in June 2026, resident [REDACTED] took resident [REDACTED] to resident [REDACTED]'s bedroom and staff observed resident [REDACTED] on top of resident [REDACTED] engaging in sexual relations while both residents were unclothed. Resident [REDACTED] had stated of having a [REDACTED] addiction to staff. The staff stated their concerns regarding the resident's relationship to the management team in June 2026 at first contact.

The home was unable to provide documentation demonstrating the home has assessed resident [REDACTED] ability to consent to a sexual relationship with regards to the resident's initial medical evaluation determining the resident's cognitive functioning as impairment by a medical professional. Additionally, the home did not provide documentation of measurements for interventions, monitor documentation for identified concerns, or notify a medical professional for advice, consent evaluation, or involvement referrals to protective services/ombudsman.

Plan of Correction**Accept [REDACTED] - 09/21/2026)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2026 by the Administrator to A comprehensive audit of all resident assessments and support plans was completed to verify that toileting, incontinence care, and assistance needs are accurately documented and communicated to staff.

To enhance the currently compliant operations, on 07/15/2026 the Administrator will Added monthly audits of resident assessments, support plans, incident reports, and abuse investigations to verify compliance with regulatory requirements, RESIDENT [REDACTED] WAS DISHCARGED FROM THE FACILITY 7/8/2026. A REPORTABLE WAS DONE 7/08/2026, RESIDENT [REDACTED] REMAINS ON 15 MINUTE CHECKS, with a completion date of 09/22/2026.

Effective 07/15/2026 the Adminstrator will perform monthly audits of Effective 6/22/2026 the administrator/rcd will perform Monthly Audits of RASPS, through 9/22/2026 to maintain ongoing compliance with Abuse, Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/22/2026 to maintain ongoing compliance with Conduct monthly audits of resident assessments, support plans, and physician evaluations for residents with cognitive impairments to ensure appropriate interventions and protections are in place. Review all incident reports, grievance reports, abuse allegations, and unusual event reports weekly to ensure concerns are identified, investigated, documented, and addressed timely. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented [REDACTED] - 09/25/2026)

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED] and [REDACTED] the home had only 2 staff in the building from 11:30p.m. to 6:30a.m.. The home had a total of 36 residents in the building at that time. Three of the residents are considered a total assist and four other residents are considered a moderate assist needing physical or oral assistance to evacuate the building. The home does not have any interior fire safe areas so all residents must evacuate to an outdoor designated meeting area in the front of the home. In the event of an emergency evacuation, the home would not have enough staff to remain outside with residents and evacuate the three total assists and four moderate assists in the home.

Plan of Correction

Accepted [REDACTED] 09/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/10/2026 by the Administrator to Effective 7/10/2026, staffing schedules will be reviewed Monthly by the Administrator and/or designee to verify staffing levels are appropriate based on the current needs of the resident population. Any identified staffing concerns will be addressed promptly through schedule adjustments, utilization of available personnel, and management oversight.

To enhance the currently compliant operations, on 07/10/2026 the Administrator/RCD will The Administrator and Resident Care Director will conduct a monthly review of resident acuity, evacuation needs, and support plans to ensure staffing levels remain sufficient to meet the needs of all residents, with a completion date of 09/22/2026.

Effective 07/10/2026 the Administrator will perform monthly audits of Effective 7/10/2026 the Administrator/RCD will perform Monthly Audits of Staff Schedule, through 9/22/2026 to maintain ongoing compliance with Staffing Schedule Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/22/2026 to maintain ongoing compliance with Effective 7/10/2026, staffing schedules will be reviewed Monthly by the Administrator and/or designee to verify staffing levels are appropriate based on the current needs of the resident population. Any identified staffing concerns will be addressed promptly through schedule adjustments, utilization of available personnel, and management oversight. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented [REDACTED] - 09/25/2026)

132f - Alternate Exit Routes

4. Requirements

132f - Alternate Exit Routes (*continued*)

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door exit number 1 was the only exit route used during the fire drills held from 6/19/25 to 6/8/26.

Plan of Correction**Accept** [REDACTED] - 09/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/15/2026 by the Administrator to The current Administrator was not employed at the facility during the time period in which the cited deficiency occurred. Upon receipt of the citation, the Administrator reviewed all fire drill records, evacuation procedures, and the facility's fire safety program. It was determined that fire drills had not consistently incorporated alternate exit routes.

To enhance the currently compliant operations, on 07/31/2026 the Administrator will Effective immediately, the facility has revised its fire drill procedure to require the rotation of all approved exit routes during fire drills. A fire drill scheduling log has been implemented to identify and document the exit route utilized for each drill and to ensure that alternate exits are used throughout the year. A training was done on 7/31/2026 see attached, The Administrator will observe each fire drill, with a completion date of 09/22/2026.

Effective 07/10/2026 the Administrator/RCD will perform monthly audits of Effective 7/10/2026 the Administrator/RCD will perform Monthly Audits of Fire Drills, through 9/22/2026 to maintain ongoing compliance with Fir Drills Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/22/2026 to maintain ongoing compliance with The Administrator and/or designee will review each completed fire drill report to verify that alternate exit routes are being utilized and documented appropriately. Any deficiencies identified will be addressed immediately through staff re-education and corrective action. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented [REDACTED] - 09/25/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident [REDACTED] record review revealed that the resident's annual medication evaluation (HS 2136), dated [REDACTED], was incomplete. Page 5 of the HS 2136, the state standard annual medical evaluation form, which documents the medical professional's identifying information and determination that the resident is appropriate for placement in a personal care home setting, was not included in the record.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction**Accept** [REDACTED] **09/21/2026)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2026 by the Administrator to The current Administrator was not employed at the facility at the time the cited deficiency occurred. This Plan of Correction is submitted to address the regulatory requirement and ensure ongoing compliance. Upon identification of the deficiency, Resident [REDACTED]'s record was reviewed. The physician's office was contacted to obtain the missing page of the annual medical evaluation (HS 2136). The missing documentation, including the medical professional's identifying information and determination regarding appropriateness for placement in a personal care home, was requested and filed in the resident's record upon receipt.

To enhance the currently compliant operations, on 07/08/2026 the Administrator will A tracking system has been implemented to monitor annual medical evaluations and ensure required documentation is obtained and maintained. Tracking System is a log kept by the Administrator, with a completion date of 09/22/2026.

Effective 07/13/2026 the Administrator/RCD will perform monthly audits of Effective 7/13/2026 the Administrator/RCD will perform Monthly Audits of DMES, through 9/22/2026 to maintain ongoing compliance with DMEs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/22/2026 to maintain ongoing compliance with The Administrator and/or Resident Care Director will conduct monthly audits of resident records for three months to verify annual medical evaluations are complete, current, and contain all required pages and signatures. Any deficiencies identified will be corrected immediately and reviewed through the facility's Quality Assurance process to ensure ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented [REDACTED] **09/25/2026)**

141b2 - Medical Evaluation Changes

6. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Record review revealed resident [REDACTED] experienced a change in mobility needs on [REDACTED]. A significant change resident assessment – support plan was completed on [REDACTED], identifying changes in resident [REDACTED] mobility needs. Review of resident [REDACTED] record revealed a medical evaluation was not completed following the change in mobility status.

141b2 - Medical Evaluation Changes (continued)

Plan of Correction

Accept [REDACTED] - 09/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/22/2026 by the Administrator to The current Administrator was not employed at the facility at the time the cited deficiency occurred. This Plan of Correction is submitted to address the regulatory requirement and ensure ongoing compliance. Upon identification of the deficiency, the current Administrator conducted a review of the resident assessment, support plan, and medical evaluation processes. Resident records were audited to determine whether residents who experienced a significant change in condition had corresponding medical evaluations completed as required.

To enhance the currently compliant operations, on 06/22/2026 the Administrator / RCD will The facility has implemented a procedure requiring the Resident Care Director and/or designee to review all significant change assessments to determine whether the change in condition warrants a medical evaluation. A tracking log has been established to document changes in condition (charting notes), physician notification (charting notes), medical evaluation requests (call to the doctor), and receipt of completed evaluations (log kept on top of the Administrator's desk, with dme dates of each resident), with a completion date of 09/21/2026.

Effective 06/22/2026 the Administrator /RCD will perform monthly audits of Effective 6/22/2026 the Administrator/RCD will perform Monthly Audits of DMES, through 9/21/2026 to maintain ongoing compliance with Medical Evaluations . Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/21/2026 to maintain ongoing compliance with To ensure ongoing compliance, the Administrator and/or Resident Care Director will conduct monthly audits of resident records for a period of three months to verify that significant changes in condition are appropriately identified, physician notification has occurred, and required medical evaluations have been completed and maintained in the resident record. Any identified concerns will be addressed immediately through corrective action and additional staff education as needed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] 09/25/2026)

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] initial medical evaluation documented a diagnosis of [REDACTED]. The home's staff reported that resident [REDACTED] exhibited sexual behaviors and has been observed engaging in sexual activity with resident [REDACTED] since June 2026. However, a review of resident [REDACTED] initial assessment, dated [REDACTED], revealed no assessment or documentation addressing the reported sexual behavior or the resident's recent care needs were noted. Additionally, resident [REDACTED] annual assessment, dated [REDACTED], did not include an assessment of the resident [REDACTED] reported sexual behavior or safety plan documentation for all residents in the home.

225c Additional Assessment (continued)

Plan of Correction

Accepted [REDACTED] - 09/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/15/2026 by the Administrator to The current Administrator was not employed at the facility at the time the cited deficiency occurred. Upon review of the citation, the records of Resident [REDACTED] and Resident [REDACTED] were reviewed to determine whether significant changes in condition, behaviors, and care needs had been appropriately assessed and documented. Additional assessments were completed to address identified behavioral, cognitive, safety, and psychosocial needs. Resident Assessment Support Plans (RASPs) were reviewed and updated as indicated based on assessment findings.

To enhance the currently compliant operations, on 07/15/2026 the Administrator/RCD will The Administrator and Resident Care Director will review all reported significant changes in resident condition, behavior, cognition, safety concerns, and service needs to determine whether an additional assessment is required, with a completion date of 09/22/2026.

Effective 07/15/2026 the Administrator/RCD will perform monthly audits of 7/15/2026 Effective the Administrator/RCD will perform Monthly Audits of Support plans/RASPS , through 9/21/2026 to maintain ongoing compliance with Support Plans Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/21/2026 to maintain ongoing compliance with The Administrator and/or Resident Care Director will conduct monthly audits of resident assessments, significant change documentation, and support plan updates for three months through 09/21/2026. The audits will verify that significant changes are identified timely, additional assessments are completed when required, and support plans are updated accordingly. Any deficiencies identified will be corrected immediately through reassessment, support plan updates, staff education, and management follow up. Audit findings will be reviewed as part of the facility's Quality Assurance process to ensure ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented [REDACTED] - 09/25/2026)

226b - Mobility Requirements

8. Requirements

2600.

226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

Description of Violation

Resident [REDACTED]'s significant change resident assessment and support plan (RASP), dated [REDACTED], identified bowel and bladder management needs related to incontinence. The RASP indicated staff were to assist resident [REDACTED] with toilet and check and change incontinence products as needed daily.

On [REDACTED] resident [REDACTED] experienced an unwitnessed fall while attempting to change their adult brief. Resident [REDACTED] was transported to the hospital and diagnosed with a [REDACTED]

Interview with the staff revealed staff were not aware resident [REDACTED] required assistance with changing adult briefs. The home did not ensure the interventions identified and resident [REDACTED] RASP for toileting and incontinence care were implemented prior to the resident [REDACTED] attempting to change their adult brief without staff assistance.

226b Mobility Requirements (continued)

Plan of Correction

Accepted [REDACTED] - 09/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/15/2026 by the Administrator to prevent recurrence, the facility has implemented the following measures: The Administrator and Resident Care Director will review all new admissions, annual assessments, and significant change assessments to ensure identified mobility needs and required interventions are incorporated into the Resident Assessment Support Plan (RASP).

To enhance the currently compliant operations, on 07/15/2026 the Administrator will The current Administrator was not employed at the facility at the time the cited deficiency occurred. This Plan of Correction is submitted to address the regulatory requirement and ensure ongoing compliance with resident care, safety, and implementation of interventions identified in resident assessments and support plans. Upon review of the citation, The facility completed a review of residents with identified mobility, toileting, incontinence, transfer, and ADL assistance needs to ensure interventions identified in the assessment and support plan were accurately reflected in resident care practices and communicated to staff. A facility wide audit was completed to verify that residents requiring assistance with toileting, incontinence care, transfers, ambulation, and other mobility related needs have current assessments and support plans that accurately reflect their care requirements. Any identified discrepancies were corrected immediately and communicated to staff, with a completion date of 09/22/2026.

Effective 07/15/2026 the Administrator/RCD will perform monthly audits of Effective 7/15/2026 the Administrator/RCD will perform Monthly Audits of Support Plans, through 9/21/2026 to maintain ongoing compliance with RASPS. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/21/2026 to maintain ongoing compliance with The Administrator and/or Resident Care Director will conduct monthly audits of resident assessments, support plans, and care intervention documentation for three months through 09/21/2026. Audits will verify that mobility related needs are accurately assessed, communicated to staff, and implemented in accordance with the resident's support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented [REDACTED] 09/25/2026)

252 - Record Content

9. Requirements

2600.

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

Description of Violation

Resident [REDACTED] record does not include any documentation of hospice care services and hospice enrollment order, including orders for the services from the visiting hospices nurse.

252 Record Content (continued)

Plan of Correction**Accept** [REDACTED] - 09/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/15/2026 by the Administrator/RCD to The Current Administrator, was the Administrator at the time Of Resident 1's Admission or Discharge. The facility completed a review of current residents to identify any significant changes in condition, behavior, cognition, supervision needs, or safety concerns that may require an additional assessment prior to the annual assessment. Any resident identified as having experienced a significant change was reassessed and the support plan updated as needed. Including any outside services were being used.

To enhance the currently compliant operations, on 07/15/2026 the Administrator/RCD will To prevent recurrence, the facility has implemented the following measures: The Administrator and Resident Care Director will review all new admissions, annual assessments, and significant change assessments to ensure identified mobility needs and required interventions are incorporated into the Resident Assessment Support Plan (RASP), with a completion date of 09/22/2026.

Effective 07/15/2026 the Administrator/RCD will perform monthly Audits of Effective 7/15/2026 the Administrator/RCD will perform Monthly Audits of Support Plans, through 9/21/2026 to maintain ongoing compliance with RASPS/Support plans. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/21/2026 to maintain ongoing compliance with The Administrator and/or Resident Care Director will conduct monthly audits of all resident records involving hospice, visiting nurse, or home health services for three months through 09/21/2026. Audits will verify that required healthcare service documentation, enrollment records, and provider orders are complete and maintained in the resident record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/22/2026**Implemented** [REDACTED] - 09/25/2026)