

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

September 21, 2026

[REDACTED]
MORRIS-PACE ASSISTED LIVING INC
[REDACTED]

RE: MORRIS-PACE PERSONAL CARE
416 READING AVENUE
WEST READING, PA, 19611
LICENSE/COC#: 21590

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2026, 08/06/2026 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: MORRIS-PACE PERSONAL CARE

License #: 21590

License Expiration: 05/21/2027

Address: 416 READING AVENUE, WEST READING, PA 19611

County: BERKS

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: MORRIS-PACE ASSISTED LIVING INC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other

Date: 08/07/2007

Issued By: Reading Borough

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 59

Waking Staff: 44

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 07/24/2026

Inspection Dates and Department Representative

07/13/2026 - On-Site: [REDACTED]

08/06/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 63

Residents Served: 59

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 40

Are 60 Years of Age or Older: 28

Diagnosed with Mental Illness: 40

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

07/13/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/16/2026

08/19/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/26/2026

Inspections / Reviews (*continued*)

08/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/04/2026

09/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

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] returned to the home from an in-patient hospitalization on [REDACTED]. Documentation in the resident's record indicated that resident [REDACTED] requires assistance with 24 hour 1:1 supervision and constant verbal cues for safety and ambulation. As per interviews with staff, the resident did not receive this assistance as required since returning to the home on [REDACTED].

Plan of Correction

Directed [REDACTED] - 08/25/2026)

1. Health, Safety, & Welfare are our main concern for our residents.
2. When I spoke to the hospital prior to [REDACTED] discharge I was informed that [REDACTED] was at "[REDACTED] baseline" and was independent. The resident returned to the home and the DME did not require a one-on-one.
3. When the DHS inspectors came out (7/13/26) and they reviewed all the paperwork, the last page of the D/C paperwork stated that the resident needed to have a one-on-one for [REDACTED] safety, I did not read that page of the D/C paperwork and was not aware of this. Also it was not posted on the DME that was submitted to the facility.
4. Upon being notified of this DHS required that we send this resident to the ER and notify them that we can not meet [REDACTED] needs per D/C paperwork. [REDACTED] has not returned nor have we received any information on where [REDACTED] is or relocated to. We are conducting weekly reviews of staffing as required for compliance. We are also having a staff training on 8/26/26 using the (RASP) for meeting the needs of all of our residents.
5. Admin will have to read the entire D/C paperwork to ensure that the facility can meet all of the needs of our residents and if we cannot we will not re-admit anyone who needs a higher level of care. We had already sent this resident to [REDACTED] PCP and were awaiting [REDACTED] new MA51 stating that [REDACTED] needs a higher level of care.
6. The Admin is responsible for reading the entire D/C paperwork in order to prevent this from happening again causing a violation.

Proposed Overall Completion Date: 08/26/2026

Directed: In addition to the above plan of correction, the administrator or designee will review the staff schedule one week in advance to ensure that there is enough staff scheduled to work for all hours to meet resident needs in the home. If there are any call offs or no-shows, the staff person will be replaced. This will be documented with the name of the person reviewing the schedule, date of review, and any action needed and taken.

Directed Completion Date: 09/04/2026

Implemented [REDACTED] - 09/04/2026)

60a - Staff/Support Plan

2. 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] there were 59 residents in the home, one of whom requires 1:1 monitoring 24 hours per day and constant

60a Staff/Support Plan (continued)

verbal queuing for safety and ambulation. On [REDACTED] there was only 1 staff person working from approximately 8:00 p.m. to 5:00 a.m. In the event of an emergency, 1 staff member would not be able to safely evacuate all residents.

Plan of Correction

Directed [REDACTED] - 08/25/2026)

1. Proper staffing is a necessity for the safety and welfare of our residents.
2. One staff was on duty on July 4th.
3. Due to a staff member leaving employment and not replaced at that time the home was not sufficiently staffed as required.
4. The home has hired (7/10/26) a new live in staff for compliance and [REDACTED] has taken the CPR First Aid(8/22/26), [REDACTED] along with the other 3 Live in's now meet the required staffing for this shift.
5. Admin will have one of the other Live in's come on shift as coverage for the missing staff that left employment. We are fully staffed and will be making weekly checks
6. Admin is responsible for preventing staff shortages and preventing future violations.

Proposed Overall Completion Date: 08/24/2026

Directed: In addition to the above plan of correction, the administrator or designee will review the staff schedule one week in advance to ensure that there is enough staff scheduled for all hours to meet resident needs in the home. If there are any call offs or no-shows, the staff person will be replaced. This will be documented with the name of the person reviewing the schedule, date of review, and any action needed and taken.

Directed Completion Date: 09/04/2026

Implemented [REDACTED] - 09/04/2026)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED], from approximately 8:00 p.m. to 5:00 a.m. 59 residents were present in the home. During this time only 1 staff person was working in the home who is certified in CPR and First Aid.

Plan of Correction

Directed [REDACTED] - 08/25/2026)

1. It is required that the facility has more than one FIRST AID & CPR trained personnel 24 hours a day.
2. On July 4th there was only one staff on shift 7p 7a.
3. The requirements for overnight staffing is to have 2 staff on due to the 59 residents in the facility, there was only one on staff due to the other staff not being present.
4. I had three live in at the time and all three were CRP & First Aid certified however the other two did not come on shift to cover the missing live in staff, they were in the building 7/4/26.
5. I've hired a 4th live in to stay in compliance. [REDACTED] will be trained in CPR & First Aid (8/22/26) when the agency comes back out, With the other 3 live in's and now a 4th night staff being certified we meet the regulations.
6. Admin is responsible for preventing future violations and keeping staffing levels in place.

Proposed Overall Completion Date: 08/22/2026

63a - First Aid/CPR Training (continued)

Directed: In addition to the above plan of correction, the administrator will schedule enough working staff at all times in the home that are CPR/first aid certified to meet the requirements of this regulation. Live-in staff that are not actively working will not be counted for this ratio. The administrator or designee will review the staff schedule one week in advance to ensure that there is enough staff scheduled for all hours to meet the required staff to resident ratio for CPR/first aid. If there are any call offs or no-shows, the staff person will be replaced. This will be documented with the name of the person reviewing the schedule, date of review, and any action needed and taken.

Directed Completion Date: 09/04/2026

Implemented [REDACTED] - 09/04/2026)

88a - Surfaces

4. 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

At 9:00 a.m. the bottom 4 steps in the front of the building, on the left side, were covered in small to medium sized rocks, which would cause a slipping/falling hazard.

Plan of Correction

Accept [REDACTED] - 08/19/2026)

1. All walk ways must be clear & free of debris.
2. There were pebbles & small rocks on the steps due to the heavy rain from the night before.
3. Night staff was not aware that the rain from the night before had caused the debris to wash over the steps and created a hazardous situation.
4. The overnight staff (7/13/26) went out and cleaned up the debris at the time of the inspection once we were made aware of this. Staff, day & night, now are aware and during the cigarette butt clean up they will focus on the steps if there are more heavy rains/storms that caused this hazard.
5. All staff are aware of this (via APP) and are making checks during their shift to ensure that those steps and all exits are clear & free of debris.
6. ALL STAFF are responsible from preventing future violations and keeping all exits free & clear.

Licensee's Proposed Overall Completion Date: 08/10/2026

Implemented [REDACTED] - 09/21/2026)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

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

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The initial medical evaluation dated [REDACTED] for resident [REDACTED] indicates that the residents is in need of both a personal care home and a skilled nursing facility to meet the resident's needs.

Plan of Correction

Accepted [REDACTED] - 08/25/2026)

1. DME's are required to have the accurate information for the resident as to meet their needs.
2. DHS inspector stated that the "medical evaluation", dated 4/10/26 had inaccurate information on the needs of Resident [REDACTED]. Upon reading both DME's dated 3/30/26 & 6/8/26 there is no mention of the need for both PCH & SNIF.
3. DHS inspector found, in the discharge paperwork that resident needed "supervision" but did not state [REDACTED] needed one on one. If that had been the case I would not have accepted [REDACTED] back knowing we don't have the staffing for this.
4. Resident [REDACTED] was sent to the ER as required by the DHS inspector, informing the ER that we are not able to meet this needs of this resident. This is the first time I was made aware that we can do this, send someone out for this and not have to go through the AAA for approval for higher level of care, which we had already requested a new MA51 from [REDACTED] PCP the week before. *All DME's have been audited by 8/21/26 and I found a few with the wrong form (A/L). I have requested their PCP complete a new form for compliance.
5. Asking for the D/C paperwork be sent to me prior to them being re admitted. Reading of the "entire" D/C paperwork and understanding that [REDACTED] needed a higher level of care instead of believing what was told to me by the Social Worker.
6. Admin is responsible for preventing this violation from happening again. Being more focused on what has been written will go a long way with preventing this. Auditing has made this easier for me to focus on the needed forms.

Proposed Overall Completion Date: 08/21/2026

Licensee's Proposed Overall Completion Date: 08/21/2026

Implemented [REDACTED] - 09/04/2026)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

141b1 - Annual Medical Evaluation (continued)

Description of Violation

The annual medical evaluation dated [REDACTED] for resident [REDACTED] is incomplete, section 5, advanced directives, section 7, allergies, and section 14, secured dementia needs, were left blank.

The status change medical evaluation for resident [REDACTED] dated [REDACTED] does not indicate if the resident can or cannot self-administer medications.

Repeated Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/25/2026)

1. All DME's must have the accurate and complete information in order to know if the facility can meet their needs.
2. Upon receiving resident [REDACTED] & [REDACTED] DME from [REDACTED] PCP/Hospital I did not check that all of the boxes were checked/completed. I did not send the forms to them, they completed it on their own. I usually send the forms to them with the needed boxes checked and have them correct any issues they find.
3. Not proof reading the documents and missing necessary information causes this not to be in compliance. I have to slow down when documents come in and not rush to file them. These two residents NO LONGER live here so I am unable to complete the required DME's for correction. I will continue to send their DME's to their PCP's and also give a copy to the resident at the time of their appointment so I'm assured that the Dr will have the correct forms.
4. I have checked my new admissions, [REDACTED] & [REDACTED] and I have made sure that all boxes are addressed. *All DME's have been audited by 8/21/26.
5. I continue to try my best to eye ball all of the documents that we receive for compliance and address any/all issues. Having a second pair of eyes on these also help me out a well. My other Admin will assist me with this weekly.
6. I, the Admin is responsible for preventing these issues/violations. Being made aware helps sharpen my focus.

Proposed Overall Completion Date: 08/21/2026

Licensee's Proposed Overall Completion Date: 08/21/2026

Implemented [REDACTED] - 09/21/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

On [REDACTED] and [REDACTED] at 6:52p.m. resident [REDACTED] was out of the home and did not to take their prescribed [REDACTED] [REDACTED], and [REDACTED]

Plan of Correction

Directed [REDACTED] 08/25/2026)

1. Medication is the backbone of this business and must be a priority for the Safety, Health, & Welfare of our residents.
2. Resident was on some substance and stayed away from the facility, [REDACTED] did not take [REDACTED] meds on purpose. [REDACTED] has the right of refusal so we have tried to get [REDACTED] help but [REDACTED] says that there is nothing wrong with [REDACTED] and would go out and "medicate" [REDACTED]
3. Resident [REDACTED] refused [REDACTED] meds by staying away from the facility on purpose, knowing that we only have a 2 hour window to administer this medication.

187d Follow Prescriber's Orders (continued)

4. Resident [REDACTED] has the right of refusal, if [REDACTED] stays away from the facility there is nothing I can do however we did not contact [REDACTED] Dr to inform them that he's missed [REDACTED] meds for those two evenings. (8/12/26) Moving forward we will contact the Dr's of any resident that has missed their meds by phone or email within 24 hours. This way all we are on the same page. I have completed a training on what needs to happen if a resident ever misses any meds for any reason. This, I find out to my surprise, is a med error when this continually happens. My thought on this was it is a refusal when they deliberately miss their meds however I understand they have to "be here" in order for it to be a "refusal"!

5. Med Staff will contact the Dr of any resident that has missed their meds deliberately or out of facility, and then coach the resident on the need to be compliant with Dr's orders & our homes rules they signed. Memorandum posted in the Med Room for reminder. 30 day notice will be submitted if this behavior continues.

6. Med Staff are responsible for preventing this from happening again and also notifying the Dr within 24 hours that a resident has missed or deliberately refused [REDACTED] meds.

Proposed Overall Completion Date: 08/12/2026

Proposed Overall Completion Date: 08/21/2026

Directed: In addition to the above plan of correction, all staff that pass medications will be educated on medication errors and reporting requirements of errors. The home will develop a policy regarding residents that miss medications due to not being in the home whether planned or not planned. The policy will address actions needed to be taken for medication errors that occur when a resident does not return for scheduled medications.

Directed Completion Date: 09/04/2026

Implemented [REDACTED] - 09/21/2026)

188b - Medication Error Reporting**8. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

On [REDACTED] and [REDACTED] at 6:52p.m. resident [REDACTED] was out of the home and did not to take their prescribed [REDACTED], [REDACTED], and [REDACTED]. The prescriber was not notified of the medication errors.

Plan of Correction

Directed [REDACTED] - 08/25/2026)

1. Medication is the backbone of this business and must be a priority for the Safety, Health, & Welfare of our residents.

2. Resident was on some substance and stayed away from the facility, [REDACTED] did not take [REDACTED] meds on purpose. We have tried to get [REDACTED] help but [REDACTED] says that there is nothing wrong with [REDACTED] and would go out and "medicate" [REDACTED]

3. Resident [REDACTED] refused [REDACTED] meds by staying away from the facility on purpose, knowing that we only have a 2 hour window to administer this medication.

188b - Medication Error Reporting (continued)

4. Resident [REDACTED] has the right of refusal, if [REDACTED] stays away from the facility there is nothing I can do however we did not contact [REDACTED] Dr to inform them that he's missed [REDACTED] meds for those two evenings. (8/12/26) Moving forward we will contact the Dr's of any resident that has missed their meds by phone or email. This way all we are on the same page. I have completed a training on what needs to happen if a resident ever misses any meds for any reason. This, I find out to my surprise, is a med error when this continually happens. My thought on this was it is a refusal when they deliberately miss their meds however I understand they have to "be here" in order for it to be a "refusal"!

5. Med Staff will contact the Dr following our training we conducted of any resident that has missed their meds deliberately or out of facility and coach the resident on the need to be compliant with our homes rules they signed. Memorandum posted in Med Room for reminder. 30 day notice will be submitted if this behavior continues.

6. Med Staff are responsible for preventing this from happening again and also notifying the Dr that a resident has missed or deliberately refused [REDACTED] meds.

Proposed Overall Completion Date: 08/12/2026

Proposed Overall Completion Date: 08/21/2026

Directed: In addition to the above plan of correction, the home will develop a policy regarding residents that miss medications due to not being in the home whether planned or not planned. The policy will address actions needed to be taken for medication errors that occur when a resident does not return for scheduled medications.

Directed Completion Date: 09/04/2026

Implemented [REDACTED] - 09/21/2026)

225a - Assessment 15 Days**9. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] initial assessment dated [REDACTED] notes the resident can independently manage finances however as per documentation in the resident's record dated [REDACTED] the resident is incapable of managing finances and needs a representative payee to manage funds. The assessment also does not note if the resident requires assistance obtaining seasonal clothing.

Resident [REDACTED]'s assessment dated [REDACTED] notes the resident is independent regarding supervision. Interviews with staff noted the resident required 1:1 supervision when in the home as the residents were observed to have wandering tendencies shortly after being admitted to the home on [REDACTED]. The resident's assessment was not updated to reflect the resident's required supervision needs.

225a - Assessment 15 Days (continued)

Plan of Correction

Directed [REDACTED] - 08/25/2026)

1. The RASP/DME are two of the most important documents needed for the Health & Welfare of the resident.
2. The resident was admitted again to our facility on 4/10/26, [REDACTED] was admitted into the hospital on 5/1/26 after a fall while [REDACTED] was out of the facility. After [REDACTED] Rehabilitation we were contacted and were informed that [REDACTED] would not be coming back to us because [REDACTED] was not at [REDACTED] baseline. Also asking about [REDACTED] income and how was [REDACTED] paying the rent to us. I informed them that [REDACTED] paid [REDACTED] own rent by me taking [REDACTED] to the bank for withdrawal. We were informed that [REDACTED] had lost [REDACTED] wallet and didn't know where it was. A couple of days later they called back stating that [REDACTED] was at [REDACTED] "baseline" and would be returning, I then asked was [REDACTED] at [REDACTED] baseline and was told "YES". I asked what happened about [REDACTED] not being able to come back and was told that [REDACTED] "improved". I took the view that [REDACTED] could not manage [REDACTED] finances because [REDACTED] had lost [REDACTED] wallet and could not tell them where or when.
3. Upon returning to the facility 6/8/26 Resident [REDACTED] was very confused but was not wandering aimlessly. [REDACTED] helped me to get [REDACTED] ID replaced and bank card. [REDACTED] did not present to be needing one-on-one supervision. [REDACTED] new DME had checked boxes that stated [REDACTED] was using a rolling walker, supervision, & cueing. We "supervise" all our residents, the box for "one person assist" was not checked but behind it was "0 times" and I don't know what that means. 7/5/26 As [REDACTED] continued to reside here we noticed that [REDACTED] was not getting better and had walked off to the store and got lost. We then contacted [REDACTED] PCP and they came and picked [REDACTED] up for a new MA51.(7/8/26) Our thoughts were that [REDACTED] needed a higher level of care and needed this form to contact the AAA for assistance. DHS came out on 7/13/26 about [REDACTED] wandering inside of the building and going into other residents room. The issue for [REDACTED] was that our facility is set up so that all stairways (7) that lead up to the bedrooms look the same, you have to look at the letter on the door at the bottom of the steps to be sure you're going up the correct stairway. [REDACTED] went into the right room BUT went up the wrong stairway. DHS felt that [REDACTED] was not appropriate for PCH and requested we send [REDACTED] to the ER stating "we can't meet [REDACTED] needs". I did not update [REDACTED] RASP waiting for the new MA51 stating [REDACTED] needs a higher level of care once assessed. I missed the box for whether [REDACTED] needed assistance with seasonal clothing. Staffing were requested to keep an eye on [REDACTED] (supervision) due to [REDACTED] getting lost at the store.(7/5/26)
4. This resident no longer lives here so there is nothing I can do to fix this, (7/13/26) [REDACTED] was sent to the ER stating that we can not meet [REDACTED] needs. However we were informed by DHS that we don't need to wait for the AAA to determine & assess whether [REDACTED] needs a higher level of care, we can send [REDACTED] to the ER when this happens. I was not aware that this was an option. I have a training scheduled for 8/26/26 on Resident Assessment/Support plan in order to make all staff aware of what the needs are of all of our resident.
5. When I am reviewing any residents application I look for any note that states that a resident is a wanderer or has elopement issues, I then interview that perspective resident and ask about confusion/wandering/elopement, then the Social Services person if there are any concerns about this behavior. It is part of our admittance protocol.
6. I as the Admin will be responsible for preventing another violation of this nature. It is so refreshing to know that we have other options when/if this happens in the future.

Proposed Overall Completion Date: 08/26/2026

Directed: In addition to the above plan of correction, all resident RASP's will be audited by the administrator or designee to ensure they are updated with all current resident information. This will be documented with the date, resident, person completing the audit, and if any updates were needed.

Directed Completion Date: 09/04/2026

Implemented [REDACTED] 09/04/2026)

251c - Standardized Forms

10. Requirements

2600.

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

Description of Violation

Resident [REDACTED]'s medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form.

Plan of Correction

Accepted [REDACTED] - 08/25/2026)

1. All medical evaluations forms must be current and completed timely for compliance.
2. The new PCH DME forms were sent to us however the Dr's office use the ones they had and sent us the form for Assistant Living instead of the new PCH form.
3. I, the Admin did not see the difference on the form when I received it and filed it away for compliance. It was brought to me attention when the DHS was here on 7/13/26 that it was on the AL form. I now send my PCH form to the Dr and ask for it to be completed timely and on this form for compliance.
4. This resident no longer lives here so I can't have it completed on the proper form however I do send the proper (PCH) form prior to their appointment and with the resident to their Dr's appointment for completion. This way I stay in compliance. I have audited all charts and found a few DME's that have to be re-done due to some on the wrong form, and some that the PCP still has not returned the needed documents we sent to them. I will continue to contact them for compliance.
5. When a resident has an appointment with their PCP I send a copy to the Dr's office via email or fax prior to their appointment AND send it with them when they go to that appointment to ensure they have the correct form.
6. I, as the Admin is responsible for preventing this violation by sending the proper form to the Dr's office and also send it with the resident when they go to their appointment.

Licensee's Proposed Overall Completion Date: 08/24/2026

Implemented [REDACTED] - 09/21/2026)
