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

August 24, 2026

[redacted], CHIEF HEALTH SERVICES OFFICER
FOULKEWAYS AT GWYNEDD
1120 MEETING HOUSE ROAD
GWYNEDD, PA, 19436

RE: FOULKEWAYS AT GWYNEDD
1120 MEETING HOUSE ROAD
GWYNEDD, PA, 19436
LICENSE/COC#: 12774

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2026, 07/16/2026 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: *FOULKEWAYS AT GWYNEDD* **License #**: *12774* **License Expiration**: *08/27/2027*

Address: *1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *FOULKEWAYS AT GWYNEDD*

Address: *1120 MEETING HOUSE ROAD, GWYNEDD, PA, 19436*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *06/14/2004* **Issued By**: *COPA L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *82* **Waking Staff**: *62*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/16/2026*

Inspection Dates and Department Representative

07/15/2026 - On-Site: [redacted]

07/16/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *112* **Residents Served**: *76*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *76*

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

Have Mobility Need: *6* **Have Physical Disability**: *0*

Inspections / Reviews

07/15/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/15/2026*

08/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/24/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/21/2026*

Inspections / Reviews *(continued)*

08/24/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *08/24/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

08/24/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *08/24/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.
25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident 1, admitted [redacted], did not have a resident-home contract completed until [redacted]

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

The administrator or designee will complete the initial audit of current resident files to verify that a signed written resident home contract is in place for the residents currently residing in personal care by 8/30/26. On 8/17/26, the administrator provided training to the Chief Health Services Officer, CFO & Social Service staff on the requirement to have a resident-home contract completed prior to admission or within 24 hours after admission. For all new admissions, the administrator or designee will ensure a written resident home contract is completed prior to or within 24 hours of admission.

Licensee's Proposed Overall Completion Date: *08/30/2026*

Implemented ([redacted] - 08/24/2026)

91 - Telephone Numbers

2. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by the telephone in Abington West room #71 and Abington East room #83.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

The administrator immediately posted the required emergency telephone numbers on telephones in apartments # 71 and # 83 while surveyors were in the building. The administrator or designee conducted a facility wide audit on 8/10/26
of all telephones with outside lines to ensure the complaint emergency contact list is posted. On 8/17/26, the administrator provided training to the CNA's and professional nurses on regulation 2600.91. and report to the administrator if they observe a missing emergency tag on a telephone with an outside line.

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

Implemented ([redacted] - 08/24/2026)

107d - Procedure Emergency Management Agency Submission

3. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

107d Procedure Emergency Management Agency Submission *(continued)*

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 2/13/2024.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

The Director of Quality Improvement along with the Facilities Director updated and submitted the home's written emergency procedures to Lower Gwynedd Township on 8/5/26 and received confirmation that it was received.
A tracking calendar will be established by the Director of Quality Improvement and Facility Director for the administrator to ensure annual submission to the Lower Gwynedd Township

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

Implemented ([redacted] - 08/24/2026)

121a - Unobstructed Egress

4. 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 7/16/2026 at 10:53 AM, a long red strap was pulled across the entrance to the main dining area which blocked egress from the home's emergency exit in the dining area.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

The red strap was immediately removed from the dining area entrance restoring an unobstructed egress route while surveyor was in the building. On 7/20/26, the administrator provided training to nursing and dining services staff on regulation 2600.121.a. to ensure understanding on maintaining unlocked and unobstructed egress routes. An initial audit was performed on 8/18/26 by the administrator to assess the home for potential blocked egress routes. Administrator or designee will perform these audits thereafter on a weekly basis x 4, then monthly x 4 to ensure egress routes from rooms or from the building are unlocked and unobstructed. Results of the audits will be reported at QAPI.

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

Implemented ([redacted] - 08/24/2026)

123b - Emergency Procedures Posted

5. 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] - 08/24/2026)***

Copies of the Home's emergency procedure were immediately posted in conspicuous and public locations when the surveyors were in the building. On 8/17/26, the administrator provided training to nursing and support staff if the emergency procedures is observed to be missing from a public place. The administrator or designee will conduct

123b - Emergency Procedures Posted (continued)

weekly checks x 4, then monthly x 4 to ensure the emergency procedure postings remain visible and available. The initial audit was completed on 7/20/26.

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

Implemented (- 08/24/2026)

132b - Safety Inspection/Fire Drill

6. 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 drill observed by a fire safety expert was conducted on 12/4/2025, the previous observed drill occured on 11/15/2024.

Plan of Correction ***Accept (- 08/17/2026)***

Facilities Director has contacted a qualified fire safety expert to schedule the annual fire safety inspection and expert fire drill for 2026 to ensure it aligns with the dates from 2025.Facilities Director will develop an annual tracking system to ensure future fire safety expert inspection and drill occurs within the required 12-month window.

Licensee's Proposed Overall Completion Date: *08/30/2026*

Implemented (- 08/24/2026)

132e - Fire Drill Sleeping Hours

7. Requirements

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

Description of Violation

The home conducted an overnight fire drill during sleeping hours on 2/11/2025 at 2:31 AM then did not conduct another overnight fire drill during sleeping hours until 9/7/2025 at 11:08 PM.

Plan of Correction ***Accept (- 08/24/2026)***

The 2026 sleeping fire drill occurred on 3/28/26 12:57am and the next sleeping drill is scheduled on a date that will ensure compliance is maintained. The Facilities Director has developed a fire drill plan that ensures that the sleeping hours drills are spaced and accomplished exactly 6 months apart. The administrator will monitor the monthly fire drills to ensure the schedule is followed and in compliance with regulatory guidance.

Licensee's Proposed Overall Completion Date: *08/30/2026*

Implemented (- 08/24/2026)

141b1 - Annual Medical Evaluation

8. Requirements

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

Description of Violation

Resident 1's most recent medical evaluation was completed on The resident's previous medical evaluation

141b1 - Annual Medical Evaluation (continued)

was completed on [redacted] and did not contain the resident's current list of medications.

Resident 2's most recent medical evaluation was completed on [redacted] but does not include the resident's ability to self-administer medications.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

Resident 2's [redacted] medical evaluation was updated to include the resident's ability to self-administer medications. All medical evaluations will be completed at least annually and include the resident's medication list and their ability to self-administer medications. On 8/10/26 an initial audit was completed by the administrator or designee to ensure all resident's current DME's are accurate and fully completed. The administrator or designee will continue these audits thereafter on a weekly basis x 4, then monthly x 4 to ensure all resident current DME's are accurate and complete. Results of the audits will be reported at QAPI. Ongoing, the administrator or designee will utilize the newly implemented electronic health record dashboard to track the due date of the DME to ensure it is completed and in compliance with the regulatory guidelines.

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

Implemented ([redacted] - 08/24/2026)

181c - Self-administration Assessment

9. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 2 self-administers medications to include dorzolamide HCL 2% drops, and fluticasone propionate 120 50 mcg spray ; however, resident 2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

The licensed provider for Resident 2 completed this resident's formal self-administration assessment on 7/17/26 and received education on the regulation. The administrator will ensure that all residents who desire to self-administer medications will be assessed by their licensed practitioner upon admission, annually or change in condition in conjunction with their DME.

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

Implemented ([redacted] - 08/24/2026)

181d -Storing Medication

10. Requirements

2600.
181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 1 self-administers medications and stores medications in [redacted] room. On 7/16/2026 at approximately

181d -Storing Medication (continued)

10:00 AM , there were several unlocked, unattended medications in resident's bathroom cabinet. The resident was not the room at the time and the resident's door was unlocked.

Resident 3 self-administers medications and stores medications in [redacted] room. On 7/16/2026 at 10:04 AM, there were several unlocked, unattended medications to include diclofenac sodium, ammonium lactate, acetaminophen 500 mg, and Ibuprofen 200 mg in the resident's bathroom cabinet. The resident was not in the room at the time and the door was wide open.

Repeated Violation 7/6/2025 et al

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

The maintenance team immediately installed a cabinet lock for Resident 1 and Resident 3 on 7/18/26 to provide a place for secure medication storage in their rooms. Administrator educated other residents who self-medicate on the mandatory requirement to secure their medications when out of the room beginning on 8/18/26. Administrator or designee will perform random audits weekly beginning on 8/21/26 to ensure residents who self-administer medications are securing their medication appropriately in their rooms. Results of the audits will be reported at QAPI.

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

Implemented ([redacted] - 08/24/2026)

181f - Record of Medication

11. Requirements

2600.
181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 7/16/2026, resident 3 record did not include a current list of medications. The list in the resident's record did not have nystatin cream, acetaminophen 500 mg, and Ibuprofen 200 mg, which the resident is currently taking.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

Resident 3's records and medication list were immediately reviewed and updated to include all current prescription, CAM and OTC medications.
Administrator or designee completed initial audits on 8/10/26 of self-administration resident records. These audits will continue monthly thereafter starting in 9/10/26 to ensure active medication lists match both physical storage and clinical orders. Results of the audits will be reported at QAPI.

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

Implemented ([redacted] - 08/24/2026)

183b - Meds and Syringes Locked

12. Requirements

2600.

183b - Meds and Syringes Locked *(continued)*

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 5/17/2026 at 10:40 AM, dorzolamide hcl 2% drops, latanoprost drops, acetaminophen, and Aleve that expired 2/2012 was unlocked, unattended, and accessible in in resident 2's room. Resident 2 has not been assessed as capable to self-administer medications.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

Expired and unsecured medications were immediately removed from Resident 2's room and properly disposed of in accordance with facility policy. A comprehensive room by room audit was conducted on 8/10/26 to ensure no resident who requires assistance with medication administration possessed unsecured medication. Administrator or designee will continue to audit residents' rooms thereafter x 4 weeks, then monthly x 4 to ensure no expired medications are being kept by residents. Audit results will be reported at QAPI. On 7/20/26 On 7/20/26, the administrator provided training to the staff who access resident rooms on the requirement that medications must be locked in a resident's room. Training included guidance for staff on what to do if they observed unlocked medications in the home.

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

Implemented ([redacted] - 08/24/2026)

183d - Prescription Current

13. 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 7/16/2026, Fluticasone Nasal 50 mcg prescribed for individual resident 4, was in the home's medication cart; however, the medication was discontinued on 5/5/2025.

On 7/16/2026, Vashe wound cleanser prescribed for individual resident 5, was in the home's medication cart; however, the medication was discontinued on 5/13/2026.

Repeated Violation 7/6/2025 et al

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

On 7/20/26, the administrator provided training to the staff who are qualified to handle and administer medications with a focus on ensuring discontinued medications are removed immediately. Discontinued medications were immediately removed from the medication cart and destroyed/disposed of according to facility policy. Administrator or designee began the random medication cart audits on 8/13/26. These audits will continue thereafter on a weekly basis x 4, then monthly x 4 to ensure discontinued items are removed. Results of the audits will be reported at QAPI.

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

Implemented ([redacted] - 08/24/2026)

183e - Storing Medications

14. Requirements

2600.

183e Storing Medications *(continued)*

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 7/16/2026 the following was observed:

Latanoprost 0.005% eye drops for resident 6 were in the home's medication cart. There was no "opened on" date marked on the medication however there was a handwritten expiration date of 6/4/2026.

Resident 7's Timolol eye drops were in the home's medication cart and not dated with the day they were opened. According to the manufacturer's instructions the unused portion of this medication should be discarded 28 days after opening.

Resident 8's refresh eye drops were in the medication cart with an expiration date of 4/30/2025.

A blister pack of resident 9's alprazolam .25 mg tablets had punctured foil in pill slots 3, 4, 20 and 21. Slots 4, 20 and 21 were taped over. All 4 slots still contained pills.

A blister pack of resident 10's tramadol hcl tabs was punctured foil in pill slots 13, 14, and 20. All 3 slots still contained pills.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

Immediately the undated, improperly labelled, and compromised sealed medication for affected residents was discarded and/or returned to pharmacy according to facility policy. Refilled medications were received from pharmacy and were appropriately dated and labelled. On 7/20/26 the Administrator provided nursing staff, who are qualified to handle and administer medications, education on proper eye drop dating protocols and inspection of blister packs for integrity. Additional qualified nursing staff training will be completed by 8/30/26. Administrator or designee began random audits of the medication carts on 8/14/26 to ensure all eye drops are dated when opened and blister packs do not have medications sealed with tape. These audits will continue thereafter on a weekly basis x 4, then monthly x 4. Results of the audits will be reported at QAPI.

Licensee's Proposed Overall Completion Date: *08/30/2026*

Implemented ([redacted] - 08/24/2026)

184a - Resident's Meds Labeled

15. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident 11's hydrocortisone 1% cream does not include the correct instructions for administration

184a Resident's Meds Labeled (continued)

. The label reads "apply to rash daily for 7 days" the resident's doctor's current order is "apply to face daily for 14 days". There is no change of direction sticker on this medication.

The pharmacy label for resident 11's melatonin 5 mg tablet does not include the correct instructions for administration. The label reads "take at bedtime" the resident's doctor's current order is "take at bedtime as needed". There is no change of direction sticker on this medication.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

Administrator contacted the pharmacy to request updated corrected labels and change of direction stickers for resident 11' s order for hydrocortisone and melatonin. Nursing staff will cross check pharmacy labels against current physician orders upon delivery. By 8/30/26, the administrator will provide training to the staff who are qualified to handle and administer medications with a focus on ensuring all prescriptions include all labelling components per regulatory requirements. Administrator or designee began random audits on 8/10/26 of orders filled by the pharmacy to ensure they matched the physician orders and included all labelling components per regulatory requirements. These audits will continue thereafter on a weekly basis x 4, then monthly x 4 to ensure that all medications stored in the cart remain compliant with the current physician orders. The audit results will be reported at QAPI.

Licensee's Proposed Overall Completion Date: *08/30/2026*

Implemented ([redacted] - 08/24/2026)

184b - Labeling OTC/CAM

16. 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 7/16/2026, a package of acetaminophen suppositories USP 650 mg belonging to resident 12 was in the home's medication cart and was not labeled with the resident's name.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

The unlabeled acetaminophen suppositories were immediately removed and verified for ownership and a label was created by pharmacy with the resident's full name. By 8/30/26, the administrator will provide training to the staff who are qualified to handle and administer medications to inspect incoming OTC and CAM items to ensure immediate labeling with the resident's name prior to cart storage. Administrator or designee began random medication cart audits on 8/14/26 and will continue to audit one cart thereafter on a weekly basis x 4, then monthly x 4 to ensure OTC and CAM are labelled appropriately with results reported at QAPI.

Licensee's Proposed Overall Completion Date: *08/30/2026*

Implemented ([redacted] - 08/24/2026)

185a - Implement Storage Procedures

17. Requirements

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

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident 13 is prescribed Genteal tears 0.1%-0.3%-0.2% drops as needed. On 7/16/2026 this medication was not available in the home.

On 7/16/2026 at 11:30 AM, resident 14's glucometer was not calibrated to the correct date and time. The glucometer was set to 03/01 at 7:21 PM.

The controlled substance log for resident 15's lacosamide 150 mg tabs did not have a time documented for doses given on 7/15/2026 and 7/16/2026. The home is not following their controlled substance policy.

The home's policy for administration of schedule II narcotics indicates:

- *B. Schedule II Narcotics administration will be recorded on the resident's Medication Administration Record and signed out with each dose given.*
- *C. Schedule II narcotics administration will also be recorded on the Controlled Drug Administration Record."*

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

Genteal tears were immediately reordered, received, dated & placed in the medication cart for resident 13 on the day of the survey. The Glucometer for resident 14 was immediately calibrated to the correct date and time; The controlled substance logs for resident 15 were compared to the MAR for time of administration and confirmed for accuracy. On 7/20/26 staff who are qualified to handle and administer medications were educated by the administrator on the facility policy for controlled substances, ensuring all prescribed medications are reordered timely and on calibration of routine medical equipment. Administrator or designee began random audits on 8/13/26 to ensure that the controlled drug substance log and the MAR are complete and accurate. The audits included checking to ensure that eye drops were ordered timely, and all glucometers are properly programmed. These audits will continue thereafter on a weekly basis x 4, then monthly x 4. Results will be reported at QAPI.

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

Implemented ([redacted] - 08/24/2026)

187a - Medication Record

18. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.

187a - Medication Record *(continued)*

11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 11 is prescribed Fiberlax 625 mg tablet and Prednisone acetate drops. However, resident's 7/2026 medication administration record does not indicate diagnosis or purpose for these medications.

Resident 14 is prescribed torsemide 20 mg, trazadone 100 mg, and tramadol 50 mg. However, resident's 7/2026 medication administration record does not indicate diagnosis or purpose for these medications.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

July 2026 MAR for residents 11 and 14 were immediately updated to include the diagnosis and clinical purpose for all listed medications. Education was provided to the practitioner on 8/5/26 that ordered the medications to include diagnosis and purpose. By 8/30/26, the administrator will provide training to the staff who are qualified to handle and administer medications so they may identify missing information or errors on the MAR such as missing diagnosis or purpose. Administrator or designee began weekly audits on 8/10/26 to continue x 4 weeks, then monthly x 4 on existing MAR entries to ensure that the diagnosis and purpose indicator is included for all medications ordered.

Licensee's Proposed Overall Completion Date: *08/30/2026*

Implemented ([redacted] - 08/24/2026)

187b - Date/Time of Medication Admin.

19. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 7/16/2026 at 8:00 AM, Staff person A did not administer fluticasone propionate 120 50 mcg spray to resident 2, however staff person A documented the medication as administered. Staff interviewed reported that resident 2 self-administers this medication.

Resident 16 is prescribed Lorazepam 2mg/ml 0.25 ml at 2:00 PM and as needed. Resident 16's 7/2026 medication administration record does not include the initials of the staff person who administered this medication on 7/4/2026 at 2:00 PM.

On 7/11/2026 in the early morning, staff person B documented resident 17 was administered tramadol 50 mg 1/2 tab, however this medication was not signed out on the controlled substance log and the count for this medication was correct, indicating this medication was not administered.

Repeated Violation 7/6/2025 et al

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

On 7/20/26 staff who are qualified to handle and administer medications were educated by the administrator on

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

proper documentation for medication administration to include the difference between self-administration and staff administration in accordance with the regulations and facility policy. Resident 2's support plan and MAR reviewed and updated to reflect their ability to self-administer this medication. Resident 16 and 17's records were reviewed, and it was determined that both residents refused their medication on the dates that were not signed by the nurse. Nursing staff educated on documentation requirements for refusal of medication including notifying provider of a refusal, which was completed for both Resident 16 and 17. Administrator or designee began audits on 8/10/26 to continue weekly x 4, then monthly x 4 to ensure controlled substance count and MAR are accurate and signature is present. Results of the audits will be reported at QAPI.

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

Implemented ([redacted] - 08/24/2026)

187d - Follow Prescriber's Orders

20. Requirements

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

Description of Violation

Resident 16 is prescribed lorazepam 2mg/ml, give 0.25ml by mouth every day at 2:00pm. However, resident 14 was not administered this medication on 7/2/2026 at 2:00 PM.

Resident 17 is prescribed tramadol 50 mg 1/2 tab by mouth twice daily scheduled to be administered between 5a and 6a and then later between 5p and 9p . However, resident 17 was not administered this medication on 7/11/2026 in the early morning.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

On 8/17/26, staff who are qualified to handle and administer medications were educated on the facility policy for controlled substances, including the requirement to immediately report a missed dose to the prescriber by the administrator. In addition, staff were educated on the proper way to document missed or refused medication during administration times. Provider was notified on 8/14/26 of Resident 16 and Resident 17's refusal/missed medications. Nursing supervisor will monitor MAR to ensure all medications are administered and documented prior to the end of each nursing shift. Administrator or designee began a daily review of MAR for omission refusal and exclusions on 8/10/26 to prevent missed doses and ensure all entries are appropriately documented.

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

Implemented ([redacted] - 08/24/2026)

225a - Assessment 15 Days

21. 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 1's who was admitted to the home on [redacted] did not have an assessment completed until [redacted]

225a - Assessment 15 Days *(continued)*

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

The administrator and designee completed an audit of admission dates and initial assessment completion dates on 8/10/26 to confirm compliance for all other residents. On 8/17/26 the administrator provided education to nursing staff, who are qualified to complete the written initial assessment, education on the requirement that assessments must be documented within 15 days of admission. The administrator or designee will utilize the newly implemented electronic health record dashboard to monitor new resident files weekly, beginning on 8/11/26 to ensure initial assessments are completed on DHS forms within 15 days of admission as required.

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

Implemented ([redacted] - 08/24/2026)

225c - Additional Assessment

22. 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 18's assessment, dated [redacted], does not include a description of need for any of the following:

Securing transportation, making and keeping appointments, and understanding instructions which all are documented as "D- Total assistance needed."

Caring for possessions and obtaining seasonal clothing which are both documented as "B- Prompting/Cueing needed".

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

Resident 18's assessment was updated to include a comprehensive narrative description of need for all identified assistance levels. On 8/10/26, administrator or designee began audits to ensure resident support plans include a description of needs for all care and services provided. Audits will continue thereafter on a weekly basis x 4, then monthly x 4 and the results will be reported at QAPI.

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

Implemented ([redacted] - 08/24/2026)

227a - Support Plan 30 Days

23. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 1's who was admitted to the home on [redacted] did not have an assessment and support plan completed until [redacted] Resident 1 is assessed as needing prompting and cueing for managing and securing health care however, there is no description of need or plan to support the need listed on the document.

227a Support Plan 30 Days *(continued)*

Plan of Correction ***Accept (- 08/24/2026)***

Resident 1's support plan was updated 7/16/26 to include detailed support for healthcare management. On 8/17/26 the administrator provided education to nursing staff, who are qualified to complete the written support plan, education on the requirement that the plan must be developed, implemented and documented within 30 days of admission. On 8/10/26, the administrator audited new resident admissions to ensure all had support plans developed, implemented and documented within 30 days as required. The administrator or designee will utilize the newly implemented electronic health record dashboard to monitor new resident files weekly, beginning on 8/11/26 to ensure written support plans for new admissions are developed, implemented and documented within 30 days as required.

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

Implemented (- 08/24/2026)

227d - Support Plan Medical/Dental

24. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 16, dated [redacted] indicates the resident has a need for moderate supervision in the home. The resident's support plan, dated [redacted] does document that staff and family will ensure resident is supervised both in and out of the home. However, staff interviewed reported that resident 14 wears a wander guard and has one on one assistance which is not documented in the support plan.

The assessment for resident 18, dated [redacted], indicates the resident has a need for a bedside mobility device. The resident's support plan, dated [redacted] does not document any risks associated with the device, the identification of the specific device to be used, and if a cover is required to meet FDA guidelines.

Plan of Correction ***Accept (- 08/24/2026)***

Resident 14's support plan reviewed and updated on 8/17/26 to ensure interventions are in place to support supervision needs in the home. Resident 16's support plan reviewed and updated on 8/17/26 to ensure interventions are in place to support resident needs for a wander guard for safety and 1:1 support for meaningful engagement. Resident 18's support plan reviewed and updated on 8/17/26 to include bedside mobility information including detail on the specific device used, associated risks and if a cover is required to meet FDA guidelines. On 8/17/26 the administrator provided education to nursing staff, who are qualified to complete the written support plan, education on the specific requirements that must be included in the plan. On 8/10/26, administrator or designee audited the resident support plans to ensure details for bedside mobility devices, resident with wander guard and residents with supervisor requirements were documented if ordered. These audits will continue weekly x 4, then monthly x 4 and the results will be presented at the QAPI meeting

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

Implemented (- 08/24/2026)

251b - Record Entries Legible

25. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On resident 13's controlled substance log for clonazepam 0.5 mg tablets the date on the 3rd line is not legible because multiple numbers have been written over each other.

On resident 15's controlled substance log for lacosamide 150 mg tablets the date on the 5th line is not legible because multiple numbers have been written over each other in blue and black ink.

Plan of Correction ***Accept ([redacted] - 08/24/2026)***

Resident Controlled Substance Log entry reviewed to ensure the entries are clear and able to be understood. On 8/17/26, the administrator educated staff who are qualified to handle and administer medications on the proper way to correct documentation errors on the controlled substance log. On 8/10/26, the administrator or designee audited the controlled substance log documentation entries to ensure the nursing staff entries were clearly documented. These audits will continue weekly x 4, then monthly x 4 and the results will be presented at QAPI.

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

Implemented ([redacted] - 08/24/2026)