

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

September 8, 2026

[REDACTED], EXECUTIVE DIRECTOR
MARIS GROVE INC
500 MARIS GROVE WAY
GLEN MILLS, PA, 19342

RE: MARIS GROVE
500 MARIS GROVE WAY
1ST AND 3RD FLOORS
GLEN MILLS, PA, 19342
LICENSE/COC#: 13466

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2026, 07/23/2026 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: MARIS GROVE

License #: 13466

License Expiration: 03/11/2027

Address: 500 MARIS GROVE WAY, 1ST AND 3RD FLOORS, GLEN MILLS, PA 19342

County: DELAWARE

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: MARIS GROVE INC

Address: 500 MARIS GROVE WAY, GLEN MILLS, PA, 19342

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: / 1

Date: 03/01/2025

Issued By: Concord Township

Type: / 2

Date: 03/01/2025

Issued By: Concord Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 98

Waking Staff: 74

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 07/23/2026

Inspection Dates and Department Representative

07/22/2026 On Site: [REDACTED]

07/23/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65

Residents Served: 49

Secured Dementia Care Unit

In Home: Yes

Area:

Capacity: 44

Residents Served: 42

Rose Court - Memory Care

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 49

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 49

Have Physical Disability: 1

Inspections / Reviews

07/22/2026 - Full

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/17/2026

08/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

Reviewer: [REDACTED]

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

09/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents**1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] former staff member A spoke to resident #1 in a disrespectful manner. Staff member A stated to the resident "look at this [REDACTED] and "get [REDACTED] up" after resident #1 had fallen. Staff member A also said "the resident is always doing stupid [REDACTED]", in front of the resident, to staff member B, who witnessed staff member A's actions.

Plan of Correction

Accept ([REDACTED] - 08/31/2026)

Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

On [REDACTED] upon discovery of Staff Member A's interaction with Resident 1, the Memory Care Wellness Manager and Human Resources Manager immediately initiated an investigation. As part of the investigation Staff Person A, and other team members who may have witnessed the interaction were interviewed. Staff Member A was immediately suspended pending investigation. Following conclusion of the investigation, the Personal Care Home separated employment with Staff Member A due to the interaction and deficient practice. Resident 1 was interviewed and assessed by the Memory Care Wellness Manager and ongoing Mental Health Support was requested and offered through Vital Health Services.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

On [REDACTED] upon discovery of Staff Member A's interaction with Resident 1, the Memory Care Wellness Manager and Human Resources Manager immediately initiated an investigation. As part of the investigation Staff Person A, Staff Person B and other team members who may have witnessed [REDACTED] interactions were interviewed. The Personal Care Home did identify a pattern of behavior with Staff Member A that was not in alignment with Erickson Senior Living Policy and Code of Conduct. The Personal Care Home separated employment with Staff Member A on [REDACTED] It is the Home's practice to support the resident within the Memory Care neighborhood with a empathic approach if distress was observed and for Vital Health Solutions to follow to address any emotional concerns.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

The Personal Care Home Manager or designee will in-service the Personal Care team and nurses on Person Centered Language(PCA) and the importance of respect and dignity in communication and actions. Target Date for completion of the education is September 4, 2026.

The Personal Care Home Manager or designee will complete 4 observations weekly for two weeks then 10 monthly for 2 months to audit staff interactions observing for use of PCA language and that residents are treated with respect and dignity. Any concerns will be immediately addressed, and the team member(s) will be educated on the spot.

42c - Treatment of Residents (continued)

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

The Personal Care Manager or designee will report monthly on Person Centered Language(PCA) audits related to dignity and care through our facility Quality Assurance/Performance Improvement (QAPI) program for the next 3 months beginning in the September 2026 QAPI meeting through November 2026 QAPI meeting reporting on result for August 2026 through October 2026 audits.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented ( **- 09/08/2026)**

42s - Privacy**2. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 07/22/26, at approximately 2:00 PM, video recording devices were identified in the home's main lobby. The home does not have language in the resident contract informing residents that these areas are subject to video recording nor are there signs posted in these areas indicating images are being recorded.

Plan of Correction

Accept ( **- 08/31/2026)**

Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Upon discovery of the deficit practice the Personal Care Manager immediately requested and placed signage for the cameras located within the lobby of the Personal Care Home entrance.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

The Personal Care Home Manager identified that all residents in the Personal Care and Memory Care had the potential to be affected by the deficient practice and immediately added the necessary signage.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

42s - Privacy (continued)

The Personal Care Manager or designee will educate the General Services Director and Security Manager on the 2600 Regulations for signage in the Personal Care Home to prevent further installation of audio and visual recording devices without proper signage. The Personal Care Home Manager or designee with audit on compliance of signage within the Personal Care Home for 3 weeks beginning the week of August 17th through September 4, 2026.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

The Personal Care Manager or designee will report on the compliance audits of the signage located in the Personal Care Home through the Quality Assurance/Performance Improvement (QAPI) program in the September 2026 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 09/08/2026

65e - 12 Hours Annual Training

3. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person B received only 9.74 hours of annual training in training year 2025.

Repeated Violation - 07/09/2025, et al.

Plan of Correction

Accept () - 08/31/2026

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What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The Personal Care Manager in collaboration with the Human Resource Manager or Designee re-ran Staff Person B's training transcript to assess the scope of the deficient practice and verify the number of completed training hours and assigned hours for 2025. Staff Person B was assigned 14.53 hours but did not complete all assigned hours within the 2025 calendar year. Upon discovery of the deficient practice, prior to the Annual Survey, Staff Person B was assigned to complete the missed hours on () first shift back in January 2026.

How will you identify other employees having the potential to be affected by the same deficient practice and what corrective action will be taken?

65e - 12 Hours Annual Training (continued)

The Personal Care Manager in collaboration with the Human Resource Manager or Designee will run the training transcripts for a 10% sample of direct care employees currently working in the Memory Care and Personal Care programs to verify the number of completed training hours and assigned topics for 2025. Any identified team member as missing hours would be assigned to complete the training hours. Target date for the completion of the audit is September 4, 2026.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

The Personal Care Home made changes to the rollout of required education for the 2026 Education Plan to address the deficient practice. The Personal Care Manager in collaboration with the other Direct Care Department Managers will ensure all Direct Care employees in continuing care were assigned 12 hours of training topics to maintain compliance with the 2600 Regulations. The Personal Care Home is also working to ensure training documents are uploaded into the Home's Workday platform for streamlined electronic tracking.

For the 2026 training year the Staff Development Coordinator, Department Managers, and/or designee will track the training progress of all staff working in Memory Care and Personal Care programs, by running the staff's learning transcripts quarterly for the remainder of the year. Audits for 2026 will begin in the month of August, in order to identify the number of training hours/topics each staff member still needs to complete. This practice will be ongoing. Any staff person working in Memory Care and Personal Care identified as not completing the required training hours/topics by December 15, 2026, will be removed from the schedule until the training is completed.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

The Personal Care Manager or designee will report quarterly on the compliance with annual education completion as part of the facility Quality Assurance Program (QAPI) program in the September 2026 QAPI meeting through January 2027 QAPI meeting reporting the audit result for August 2026 through December 2026.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 09/08/2026)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.

65f - Training Topics (*continued*)

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, and safe management techniques during training year 2025.

Plan of Correction

Accept () - 08/31/2026)

Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The Personal Care Manager in collaboration with the Human Resource Manager re-ran Staff Person B's training transcript to assess the scope of the deficient practice and verify the number of completed training hours and assigned topics for 2025. Staff persons B did not attend the Home's Education Fair and therefore did not receive education on the above topics. The Personal Care Manager in collaboration with Staff Person B's Manager has assigned Staff Person B self-study materials to cover the Education Fair topics not completed in 2025. Target date of completion is September 4, 2026.

How will you identify other employees having the potential to be affected by the same deficient practice and what corrective action will be taken?

The Personal Care Manager in collaboration with the Human Resource Manager or Designee will run the training transcripts for a 10% sample of direct care employees currently working in the Memory Care and Personal Care programs to verify that the required topics under the 2600.65f regulations were completed. Any identified team member identified as missing topic would be assigned to complete the training topics to ensure compliance. The target date for completion of the audit is September 4, 2026.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

The Personal Care Home has identified the deficient practice and is working to digitize the topics under 2600.65f so they can be uploaded and electronically assigned into Home's Workday platform for streamlined electronic tracking.

For the 2026 training year the Staff Development Coordinator, Department Managers, and/or designee will track the training progress of all staff working in Memory Care and Personal Care programs, by running the staff's learning transcripts quarterly for the remainder of the year. Audits for 2026 will begin in the month of August, in order to identify the number of training hours/topics each staff member still needs to complete. This practice will be ongoing. Any staff person working in Memory Care and Personal Care identified as not completing the required training hours/topics by December 15, 2026, will be removed from the schedule until the training is completed.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality

65f Training Topics (continued)

assurance programs will be established?

The Personal Care Manager or designee will report quarterly on the compliance with annual education completion as part of the facility Quality Assurance Program (QAPI) program in the September 2026 QAPI meeting through January 2027 QAPI meeting reporting the audit result for August 2026 through December 2026.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 09/08/2026)

65g - Annual Training Content**5. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), falls and accident prevention during training year 2025.

Repeated Violation 07/09/2025, et al.

Plan of Correction

Accept () - 08/31/2026)

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What corrective action(s) will be accomplished for those employees found to have been affected by the deficient practice?

The Personal Care Manager in collaboration with the Human Resource Manager re ran Staff Person B's training transcript to assess the scope of the deficient practice and verify the number of completed training hours and assigned topics for 2025. Staff Person B was assigned the above topics but did not complete all assigned hours within the 2025 calendar year. Upon discovery of the deficient practice, prior to the Annual Survey, Staff Person B was assigned to complete the missed hours on her first shift back in January 2026.

How will you identify other employees having the potential to be affected by the same deficient practice and what corrective action will be taken?

65g Annual Training Content (continued)

The Personal Care Manager in collaboration with the Human Resource Manager or Designee will run the training transcripts for a 10% sample of direct care employees currently working in the Memory Care and Personal Care programs to verify required topics, under the 2600.65f regulations, were assigned and completed. Any identified team member identified as missing topic would be assigned to complete the training topics to ensure compliance. The target date for completion of the audit is September 4, 2026.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

For the 2026 training year the Staff Development Coordinator, Department Managers, and/or designee will track the training progress of all staff working in Memory Care and Personal Care programs, by running the staff's learning transcripts quarterly for the remainder of the year. Audits for 2026 will begin in the month of August, in order to identify the number of training hours/topics each staff member still needs to complete. This practice will be ongoing. Any staff person working in Memory Care and Personal Care identified as not completing the required training hours/topics by December 15, 2026, will be removed from the schedule until the training is completed.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

The Personal Care Manager or designee will report quarterly on the compliance with annual education completion as part of the facility Quality Assurance Program (QAPI) program in the September 2026 QAPI meeting through January 2027 QAPI meeting reporting the audit result for August 2026 through December 2026.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 09/08/2026)

82c - Locking Poisonous Materials**6. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The Original Tom's of Maine Whiten + Deep Clean Anticavity Toothpaste, with a manufacture's label indicating "warnings: keep out of reach of children under 6 years of age. If more than used for brushing is accidentally swallowed, get medical help or dial (412) 390 3381 right away (Poison Control Center), was unlocked, unattended, and accessible to residents in room 328 which is on the 3rd floor memory care unit. Not all the residents of the home, including residents of the memory care unit, have been assessed capable of recognizing and using poisons safely.

Repeated Violation 07/09/2025, et al.

Plan of Correction

Accept () - 08/31/2026)

Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

82c - Locking Poisonous Materials (continued)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The Assisted Living Manager who was present at the time of discovery of the deficient practice, immediately notified a team member to secure the poisonous material located at the resident's sink.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Immediately following the discovery of the deficient practice, caregivers were instructed to check their assignments for poisonous materials that were unsecured and secure all materials as required.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

The Personal Care Manager or designee will in-service all caregivers working in Memory Care regarding the poisonous materials regulation. The Personal Care Administrator or designee will also share and re-educate families via the Memory Care newsletter of the poisonous materials regulations and options for oral hygiene that are allowable within the regulations. The target date of completion for in-service is September 4, 2026. The Wellness Manager or designee will audit a 10% sample of residents rooms for unsecured poisonous material weekly for one month and monthly for two months, auditing from August 2026 through October 2026.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

The Wellness Manager or designee will report monthly on the poisonous material compliance through our facility Quality Assurance/Performance Improvement (QAPI) program for the next 3 months beginning in the September 2026 QAPI meeting through November 2026 QAPI meeting reporting on results for August 2026 through October 2026 audits.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 09/08/2026

102k - No Common Towel**7. Requirements**

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

On 07/22/26, at approximately 9:24 AM, there were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the memory care spa room near the signage reading "323 - 332".

Plan of Correction

Accept () - 08/31/2026

Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

102k No Common Towel (continued)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Upon discovery of the deficit practice the Personal Care Manager immediately notified the Housekeeping Manager so that the paper towel dispenser could be refilled.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

The Personal Care Administrator immediately requested the Housekeeping Team check all common hand washing areas within the Memory Care and Personal Care Home for availability of paper towels and a sanitary means to dry hands. The Housekeeping Manager immediately audit and refilled as needed all hand washing areas within the Memory Care and Personal Care Home.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

The Housekeeping Supervisor or designee will audit the availability of paper towels within all common hand washing areas within the Memory Care and Personal Care Home. The Housekeeping Supervisor or designee will audit all common hand washing areas within the Memory Care and Personal Care Home for weekly for 3 weeks beginning the week of August 17, 2026 through September 4, 2026 and then monthly for two months.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

The Housekeeping Supervisor or designee will report on the compliance audits for the availability of paper towels through our facility Quality Assurance/Performance Improvement (QAPI) program for the next 3 months beginning in the September 2026 QAPI meeting through November 2026 QAPI meeting reporting result for August 2026 through October 2026 audits.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 09/08/2026)

171b5 - First Aid Kit**8. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 07/22/26, the first aid kit in the 2023 Kia SUV used to transport residents does not include a breathing shield, eye coverings or a thermometer. Additionally the antiseptic in the kit expired in 04/2026.

171b5 First Aid Kit (continued)

On 07/22/26, the first aid kit in the 2016 Dodge SUV used to transport residents had antiseptic pads with an expiration date of 02/2019 and an antiseptic spray that expired in 05/2019.

Plan of Correction**Accepted () - 08/31/2026)**

Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Upon discovery of the deficit practice the transportation team was notified of the deficient practice and immediately instructed to obtain the necessary items per the 2600 regulations and remove any expired items.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

The Transportation Manager or designee will audit all the First Aid kits within the transportation vehicles for compliance with the 2600 regulations and for expired products. Target Date of completion is August 31, 2026.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

The Transportation Manager or designee will audit the contents of the First Aid kits located within transportation vehicles quarterly beginning in August 2026.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

The Memory Care Manager or designee will report quarterly on the compliance of the First Aid kits located within the transportation vehicles through our facility Quality Assurance/Performance Improvement (QAPI) program for remainder of the 2026 reporting year.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/08/2026)**227g -Support Plan Signatures****9. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's assessment and support plan dated [REDACTED] indicates the resident is "Unable to participate, Unable to sign". Also indicated in the "Part V: Participation" section, next to where the resident's [REDACTED] and relationship are listed, a handwritten note states "audited & emailed [REDACTED]" and an additional signature page shows [REDACTED] signature dated [REDACTED], four months after the support plan was completed.

227g -Support Plan Signatures (continued)**Plan of Correction****Accept ([REDACTED] - 08/31/2026)**

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What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Upon discovery of the deficit practice in [REDACTED] the Memory Care Manager immediately sent the Resident Assessment and Support Plan to the resident's responsible party for signature and noted the audit on the RASP.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

The Memory Care Manager or designee will complete a 100% audit of the Resident Assessment and Support Plans in Memory Care and Personal Care to ensure all Support Plans have been provided to the resident or responsible party for review and signature. The target date for completion of the audit is August 31, 2026.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

The Memory Care Manager or designee will audit all new admission for Support Plan signatures weekly for 2 weeks beginning the week of August 24, 2026 through September 4, 2026 and then a monthly for two months.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

The Memory Care Manager or designee will report monthly on the Support Plan signatures compliance audits through our facility Quality Assurance/Performance Improvement (QAPI) program for the next 3 months beginning in the September 2026 QAPI meeting November 2026 meeting reporting results for August 2026 through October 2026 audits.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented ([REDACTED] - 09/08/2026)