

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

October 13, 2026

[REDACTED], DIRECTOR
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]
[REDACTED]

RE: SALISBURY BEHAVIORAL HEALTH
LLC
626 EASTON ROAD
GLENSIDE, PA, 19038
LICENSE/COC#: 12832

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2026, 07/27/2026, 07/28/2026 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: SALISBURY BEHAVIORAL HEALTH LLC

License #: 12832

License Expiration: 03/25/2027

Address: 626 EASTON ROAD, GLENSIDE, PA 19038

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 01/14/2002

Issued By: COPA

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 8

Waking Staff: 6

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 07/31/2026

Inspection Dates and Department Representative

07/23/2026 - On-Site: [REDACTED]

07/27/2026 - On-Site: [REDACTED]

07/28/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 9

Residents Served: 8

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8

Are 60 Years of Age or Older: 4

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

07/23/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/31/2026

Inspections / Reviews (*continued*)

09/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/08/2026

09/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/11/2026

10/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/27/2026, at approximately 7:30 AM, resident medical appointment information, laboratory results, and blood glucose readings were observed unsecured and unattended, in the medication room where they were accessible to unauthorized individuals. Additionally, Staff Person A repeatedly left the medication room unattended throughout the morning with the Quick MAR application open on the laptop without securing the medication room door, leaving the room and resident information accessible.

Repeat Violation: 7/29/2025

Plan of Correction

Accept () - 09/03/2026)

On 7-28-26 the administrator had a meeting with staff person A, after being notified by [REDACTED] via phone of some of the preliminary exit call findings. The administrator gave staff a verbal warning about leaving the medication room unattended and resident information being accessible. On 8-27-2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "Record Confidentially" with staff. The administrator also posted a sign in and outside of the medication room reminding staff "When leaving the medication room unattended make sure the door is fully closed and locked securely" (please see attached) Affective 8-27-26 the administrator started conducting monthly record confidentiality pop up checks during various shifts and times. (please see attached) The PCH administrator/director pop up checks started on 8-27-26 and will continue until 11-28-26. This should prevent any future violations of regulation 17 Record Confidentiality.

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

Implemented () - 10/13/2026)

42b - Abuse

2. Requirements

2600.

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

Description of Violation

Staff Person B has been assessing and collecting fines from residents for alleged behavioral infractions. Examples of these infractions include: entering the kitchen without permission or supervision (a \$10 fine), leaving a mess in the bathroom (a \$5 fine), and being present in the common hallway outside of the medication room while another resident is receiving medication (a \$10 fine). Staff persons in the home document the alleged behavioral infractions on a "fine sheet" and/or the staff communication book. Staff Person B then reviews the documented infractions and determines, implements and collects the associated fines from the residents. If an infraction is considered a "repeat offense" a higher fine amount is determined by Staff Person B.

42b Abuse (continued)

On 7/23/26, The fines sheet was observed hanging up on a cabinet in the medication room by an agent of the Department.

Repeat Violation: 9/3/2025

Plan of Correction**Accept () - 09/08/2026)**

Immediately Staff person B was suspending pending an investigation after the 626 exit call conference findings of violation 42b on 7 31 26. The PCH director submitted a reportable incident to DHS on 7 31 26 (please see attached) A certified investigator was assigned to the case and completed their investigation. The results of the investigation was shared with DHS and all residents were refunded their monies on behalf of the company. A final incident report was submitted to DHS on 8 13 26.(please see attached). On 8 27 2026 the administrator/director had a staff meeting where reviewed violation 42B Abuse with all staff. All staff were retrained on Abuse on 9/4/26. This abuse training covered Physical abuse, non physical abuse, neglect and exploitation. Affective 9/6/26 the administrator started conducting monthly meetings with the residents. During the meeting they discussed treatment of residents, abuse and resident rights. This will be a safe place for the residents to share and vent while they drink coffee, tea, or juice and snack. The PCH director will audit and attend these meetings to ensure they are being conducted monthly. This started on 9/6/26 and will continue until 12/7/26.

Licensee's Proposed Overall Completion Date: 09/06/2026

Implemented () - 10/13/2026)**42c - Treatment of Residents****3. Requirements**

2600.

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

Description of Violation

On 7/27/2026 at approximately 8:25 AM, Resident 1 entered the kitchen to place their dirty dish in the dishwasher. Staff Person A loudly and admonishingly stated, in the presence of agents of the Department and other residents, "you're not supposed to be in here without staff." Resident 1 was visibly upset by the interaction and ran upstairs to their room.

Plan of Correction**Accept () - 09/08/2026)**

On 7 28 26 the administrator had a meeting with staff person A, after being notified by via phone of some of the preliminary exit call findings . The administrator gave staff a verbal warning about violation 42c treatment of residents. On 8 3 26 the PCH director meet with staff person A and assigned an online training on resident rights/ensuring proper treatment and care of residents. Staff person A completed the training on 8 3 26 (please see attached).

On 8 27 2026 the administrator/director had a staff meeting where reviewed violation 42c Treatment of residents with all staff. All staff were retrained on Abuse on 9/4/26. This abuse training covered Physical abuse, non physical abuse, neglect and exploitation. Affective 9/6/26 the administrator started conducting monthly meetings with the residents. During the meeting they discussed abuse, treatment of residents and resident rights. This will be a safe place for the residents to share and vent while they drink coffee, tea, or juice and a snack. The PCH director will audit and attend these meetings to ensure they are being conducted monthly. This started on 9/6/26 and will

42c Treatment of Residents (continued)

continue until 12/6/26.

Licensee's Proposed Overall Completion Date: 09/06/2026

Implemented () - 10/13/2026)

42q - Compensation**4. Requirements**

2600.

42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Residents are not being compensated for performing required household labor on behalf of the home:

- Residents are required to clear their place settings after meals by scraping their plates into the trash, placing their dishes into the dishwasher, and wiping down and clearing their placemats. Resident's 1 and 2 were observed performing these tasks. Resident 3 left the dining area without clearing [REDACTED] placemat and Staff Person A asked the remaining residents in the room "Where did [Resident 3] go? Why [REDACTED] leave [REDACTED] mat?".*
- On 7/27/2026, at approximately 10:25 AM, a grocery order was delivered to the home. Staff Person C asked Residents 2 and 4 to assist with bringing the groceries inside. Both residents were observed carrying the groceries from outside into the home and placing the groceries on the dining room table.*

Plan of Correction

Accept () - 09/03/2026)

On 8 27 2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "42q Compensation" with staff. The administrator also placed a sign in the kitchen and in the dinning area so staff and residents see and be reminded that residents are not required to clear their place settings after meals by scraping their plates into the trash, placing their dishes into the dishwasher, and wiping down and clearing their placemats. Also on the sign it states that resident do not assist with carrying in the groceries. Affective 8 27 26 the administrator started conducting monthly 42q compensation pop up checks during various shifts and times. (please see attached) The PCH administrator/director pop up checks started on 8 28 26 and will continue until 11 28 26. This should prevent any future violations of regulation 42q Compensation.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 10/13/2026)

85a - Sanitary Conditions**5. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On 7/27/2026 at approximately 8:00 AM, during medication administration to Resident 5, one of the tablets being administered fell on the floor. Staff Person A picked the tablet up off of the floor and gave it back to the resident to be administered.

Plan of Correction

Accept () - 09/03/2026)

On 7-28-26 the administrator had a meeting with staff person A, after being notified by () via phone of some of the preliminary exit call findings. The administrator gave staff a verbal warning about violation 85a-Sanitary Conditions. Staff person A was reminded of the policy that when a pill drops on the floor. Staff are to immediately properly dispose of that pill in the pill destroyer. Then use a pill from the end of the blister back as a replacement of the disposed pill. After that staff will notify the pharmacy that specified pill had fell on the floor needs to be replaced. On 8-27-2026 the administrator/director had a staff meeting where () reviewed violation "85a-Sanitary Conditions" with staff. Effective week of 9-01-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass. The nurse will share the results of () audit with the PCH director and administrator.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 10/13/2026)

95 - Furniture and Equipment

6. Requirements

2600.

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

Description of Violation

On 7/23/2026 there were 2 chairs in the dining room that were torn with the foam stuffing exposed.

Plan of Correction

Accept () - 09/03/2026)

After being notified by () via phone of some of the preliminary exit call findings On 7-28-26. The administrator ordered brand new chairs to replace the ones that were torn and discarded the two torn chairs. The new chairs arrived on 8-7-26. On 8-26-27 the lead DSP began conducting weekly furniture and equipment checks. (please see attached) On 8-27-2026 the administrator/director had a staff meeting where () reviewed violation "Furniture and Equipment" with staff. Starting 8-28-26 the administrator will audit the furniture and equipment checks to ensure they are completed accurately. The lead checks and admin audits will continue until 2-26-27. (please see attached) This should prevent any future violations of regulation 95 - Furniture and Equipment.

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

Implemented () - 10/13/2026)

103c - Food Protected

7. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 7/27/2026, at approximately 7:30 AM, there were several uncovered breakfast plates consisting of scrambled eggs

103c Food Protected (continued)

and apple slices left on the kitchen counter uncovered and unattended.

Plan of Correction**Accept () - 09/03/2026)**

On 8 27 2026 the administrator/director had a staff meeting where () reviewed violation "Food protected" with staff. The administrator also posted a sign in the kitchen reminding staff to not leave residents food on the kitchen counter uncovered and unattended (please see attached). Affective 8 28 26 the administrator started conducting monthly food protected pop up checks during various shifts and times. (please see attached) The PCH administrator/director pop up checks started on 8 28 26 and will continue until 11 28 26. This should prevent any future violations of regulation 103c Food Protected.

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

Implemented () - 10/13/2026)**103g - Storing Food****8. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 7/27/26, the bacon in the refrigerator was opened and unsealed.

Plan of Correction**Accept () - 09/03/2026)**

On 8 26 27 the 2nd shift DSP began conducting weekly storing/outdated food checks. (please see attached) On 8 27 2026 the administrator/director had a staff meeting where () reviewed violation "Storing food" with staff. Starting 8 28 26 the administrator will audit the weekly storing/outdated food checks to ensure they are completed accurately. The DSP checks and admin audits will continue until 2 26 27. (please see attached) This should prevent any future violations of regulation 103g storing food.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 10/13/2026)**103i - Outdated Food****9. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 7/27/26, there was an unlabeled, undated onion with mold in a sandwich bag in the refrigerator.

Plan of Correction**Accept () - 09/03/2026)**

On 8 26 27 the 2nd shift DSP began conducting weekly storing/outdated food checks. (please see attached) On 8 27 2026 the administrator/director had a staff meeting where () reviewed violation "Outdated Food" with staff. Starting 8 28 26 the administrator will audit the weekly storing/outdated food checks to ensure they are completed accurately. The DSP checks and admin audits will continue until 2 26 27. (please see attached) This should prevent any future violations of regulation 103i Outdated food.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 10/13/2026)

104c - Condiments**10. Requirements**

2600.

104.c. Condiments shall be available at the dining table.

Description of Violation

At mealtime, on 7/27/2026 at approximately 8:10 AM, condiments were not available at the dining tables. Scrambled eggs, bagels, apple slices and sausage was served at this meal.

Plan of Correction**Accept ([REDACTED] - 09/03/2026)**

Immediately condiments were placed available at the dining room table. On 8-26-27 the lead DSP began conducting weekly condiment checks. (please see attached) On 8-27-2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "Condiments" with staff. Starting 8-28-26 the administrator will audit the weekly condiment checks to ensure they are completed accurately. The lead checks and admin audits will continue until 2-26-27. (please see attached) This should prevent any future violations of regulation 104c-Condiments.

Licensee's Proposed Overall Completion Date: 08/30/2026**Implemented ([REDACTED] - 10/13/2026)****107c - Food/Water 3 Day Supply****11. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/23/2026, the home served 8 residents. The home did not have a 3-day supply of nonperishable food on the premises. There were 16 12-ounce cans of evaporated milk.

Plan of Correction**Accept ([REDACTED] - 09/03/2026)**

On 7-28-26 after being notified by [REDACTED] via phone of some of the preliminary exit call findings. The administrator put in a emergency 3-day supply of nonperishable food order. The 3-day supply of nonperishable food order was delivered the next day on 7-29-26. On 8-26-27 the lead DSP began conducting weekly food/water 3 day supply checks. (please see attached) Starting 8-28-26 the administrator will audit the weekly food/water 3 day supply checks to ensure they are completed accurately. The lead checks and admin audits will continue until 2-26-27. (please see attached) This should prevent any future violations of regulation 107c-weekly food/water 3 day supply.

Licensee's Proposed Overall Completion Date: 08/30/2026**Implemented ([REDACTED] - 10/13/2026)****141b1 - Annual Medical Evaluation****12. Requirements**

2600.

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

Description of Violation

Resident 6's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

141b1 Annual Medical Evaluation (continued)**Plan of Correction**

Accept () - 09/08/2026)

Resident #6

Moving forward if a resident is administrator/ Care coordinator will document that in charts. Then the administrator/ Care coordinator will coordinate This will ensure that all residents continue to have a medical evaluation completed. Affective 8 28 26 the administrator will conduct monthly Annual Medical Evaluation checks.(please see attached) the PCH director will audit the monthly checks monthly to ensure they are being completed. The administrator checks started on 8 28 26 and will continue until 11 27 26. (please see attached) This should prevent any future violations of regulation 141b1 Annual Medical Evaluation.

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

Implemented () - 10/13/2026)

162e - Menu Changes**13. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 7/27/2026, scrambled eggs, bacon and cereal, as an alternative option, were listed on the menu for the breakfast meal. Scrambled eggs, sliced apples, sausage and bagels were served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction

Accept () - 09/03/2026)

On 8 27 2026 the administrator/director had a staff meeting where reviewed violation "Menu Changes" with staff. Affective 8 28 26 the administrator started conducting monthly menu changes pop up checks during various shifts and times. (please see attached) The PCH administrator/director pop up checks started on 8 28 26 and will continue until 11 28 26. This should prevent any future violations of regulation 162e Menu Changes.

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

Implemented () - 10/13/2026)

182c - Medication Administration**14. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.

182c Medication Administration (continued)

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 7/7/2026 the home did not observe the resident ingest their medications and/or complete documentation in accordance with § 2600.187 (relating to medication records) for the following residents:

- Resident 2 [REDACTED]
- Resident 4 [REDACTED]
- Resident 6 [REDACTED]
- Resident 7 [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/03/2026

On 7/28/26 the administrator had a meeting with staff person A, after being notified by [REDACTED] via phone of some of the preliminary exit call findings. The administrator gave staff a verbal warning about violation 182c Medication Administration. [REDACTED] also reviewed the home's medication administration procedure with staff person A. Moving forward staff person A will observe medication administration through completion and document administration at the time medications are administered. If [REDACTED] does not [REDACTED] will be removed from the schedule and completing the medication training /observation training again. Effective week of 9/01/26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass. The nurse will share the results of [REDACTED] audit with the PCH director and administrator.

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

Implemented [REDACTED] - 10/13/2026

183b - Meds and Syringes Locked**15. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 7/23/2026:

- at 9:42 AM, [REDACTED] was unlocked, unattended, and accessible in Room 8.
- at 9:50 AM, [REDACTED] was unlocked, unattended, and accessible in Room 7.

Plan of Correction

Accept [REDACTED] - 09/03/2026

Immediately on 7/23/26 the administrator removed the [REDACTED] from the residents room and explained to them that their doctor must prescribe all medication even OTC medications and they must be kept in an area or container that is locked. Moving forward all prescription and

183b - Meds and Syringes Locked (continued)

over-the-counter medications will be maintained in a locked medication area or container when not being administered, including medications maintained in resident rooms. On 8-27-2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "Meds and Syringes Locked" with staff. Effective week of 9-01-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass. The nurse will share the results of [REDACTED] audit with the PCH director and administrator.

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

Implemented ([REDACTED] - 10/13/2026)

183d - Prescription Current**16. 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 7/27/2026:

- [REDACTED] prescribed for individual 8, was in the home's basement closet; however, this individual is not a resident of the home.
- [REDACTED] prescribed for individual 9, was in the home's basement closet; however, this individual is not a resident of the home.
- [REDACTED] prescribed for individual 10, was in the home's basement closet; however, this individual is not a resident of the home.
- [REDACTED] prescribed for individual 11, was in the home's basement closet; however, this individual is not a resident of the home.
- [REDACTED] prescribed for individual 12, was in the home's basement closet; however, this individual is not a resident of the home.
- [REDACTED] prescribed for individual 13, was in the home's basement closet; however, this individual is not a resident of the home.
- [REDACTED] prescribed for individual 14, was in the home's basement closet; however, this individual is not a resident of the home.

Plan of Correction

Accept ([REDACTED] - 09/03/2026)

The PCH director removed all medications belonging to individuals no longer residing in the home. They were removed and disposed of in accordance with the home's medication disposal procedure on 7/31/26 after receiving the preliminary findings. The administrative nurse came to the site on August 3rd and conducted a pop up audit for any additional medication that may be in the home. This was to ensure that only current prescription, for residents living in the home are kept in the home. Effective week of 9-01-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass, and a medication in home audit. The nurse will share the results of [REDACTED] audit with the PCH director and administrator. This will ensure all medications maintained in the home will correspond with each resident's current medication orders.

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

183d Prescription Current (continued)*Implemented () - 10/13/2026)***17. 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 7/27/2026:*

- [REDACTED] prescribed for Resident 5, was in the home's medication room; however, the medication is not listed on Resident 5's current medication orders.
- [REDACTED] prescribed for Resident 6 was in the home's medication room; however, the medication is not listed on Resident 6's current medication orders.
- [REDACTED] prescribed for Resident 7, was in the home's medication room; however, the medications are not listed on Resident 7's current medication orders.

*Repeat Violation: 7/29/2025***Plan of Correction***Accept () - 09/03/2026)*

The administrative nurse came to the site on August 3rd and conducted a pop up audit for any additional medication that may be in the home. This was to ensure that only current prescription, for residents living in the home are kept in the home. Effective week of 9-01-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass, and a medication in home audit. The nurse will share the results of [REDACTED] audit with the PCH director and administrator. This will ensure all medications maintained in the home will correspond with each resident's current medication orders.

Licensee's Proposed Overall Completion Date: 08/31/2026*Implemented () - 10/13/2026)***183e Storing Medications****18. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/23/2026 the open date indicated on Resident 2's [REDACTED] was illegible, and the expiration date indicated was for year 2027. According to the manufacturer's instructions [REDACTED] is to be discarded 10 days after first use.

*Repeat Violation: 7/29/2025***Plan of Correction***Accept () - 09/03/2026)*

On 8-27-2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "Storing Medications"

183e - Storing Medications (continued)

with staff. Effective Immediately medications requiring an opened/discard date will be clearly dated upon opening and stored in accordance with manufacturer instructions. Staff will utilize appropriate opened/discard-date labeling to ensure expiration dates are clearly identifiable. Effective week of 9-01-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass, and a medication in home audit. The nurse will share the results of her audit with the PCH director and administrator. This will ensure all prescription medications are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

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

Implemented () - 10/13/2026)

184a - Resident's Meds Labeled**19. 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

were observed in the home's basement closet. The pharmacy label for neither of these medications included the resident's name, the date the prescription was issued, the prescribed dosage and instructions for administration, and/or the name and title of the prescriber.

Plan of Correction

Accept () - 09/03/2026)

The PCH director immediately removed all medications found in the home's basement. They were removed and disposed of in accordance with the home's medication disposal procedure on 7/31/26 after receiving the preliminary findings. The administrative nurse came to the site on August 3rd and conducted a pop up medication in home audit. This was to ensure that only current prescription, for residents living in the home are kept in the home and labeled. Effective week of 9-01-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass, and a medication in home audit. The nurse will share the results of audit with the PCH director and administrator. This will ensure all medications maintained in the home will correspond with each resident's current medication orders and labeled accordingly. Prescription medications will be maintained in their original pharmacy-issued containers with complete required labeling. Medications with incomplete pharmacy labels will be replaced or appropriately relabeled through the dispensing pharmacy as applicable.

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

Implemented () - 10/13/2026)

185a - Implement Storage Procedures

20. 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.

Description of Violation

On 7/27/2026, two large, full black trash bags were observed in the basement closet of the home containing multiple medications prescribed to various individuals who were not residents of the home. Included among the medications were:

- 3 boxes of prescribed [REDACTED] with a post it note attached stating "this is discontinued should we save this". According to the home's medication policy, "Prescription medications will be disposed of by returning the unused or expired medications in the original containers to the pharmacy."
- a paper cup stapled shut containing loose pills with no information identifying the medications. According to the home's medication policy, "All prescription medications will be kept in original containers".
- Sandwich bags with loose pills labeled as [REDACTED] According to the home's medication policy, "All prescription medications will be kept in original containers", "All controlled substances will be double locked" and "In the event that the prescription of controlled substances on hand is no longer valid, the medication must be returned to the pharmacy or destroyed".
- numerous bubble packs containing controlled medications including: [REDACTED]. According to the home's medication policy, "All controlled substances will be double locked" and "In the event that the prescription of controlled substances on hand is no longer valid, the medication must be returned to the pharmacy or destroyed."

Plan of Correction

Accept ([REDACTED] - 09/03/2026)

The PCH director immediately removed all medications found in the home's basement. They were removed and disposed of in accordance with the home's medication disposal procedure on 7/31/26 after receiving the preliminary findings. The administrative nurse came to the site on August 3rd and conducted a pop up medication in home audit. This was to ensure that only current prescription, for residents living in the home are kept in the home and labeled. On 8-27-2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "Implement Storage Procedures" with staff. Effective immediately medications will be stored and disposed of in accordance with the home's medication policy. Discontinued medications and medications belonging to former residents will be removed from the home and appropriately disposed of. Medications will remain in their original containers, and controlled medications will be maintained using the required double-locking system. Effective week of 9-01-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass, and a medication in home audit. The nurse will share the results of [REDACTED] audit with the PCH director and administrator.

This will ensure the home's procedures for the safe storage, access, security, distribution are implemented.

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

Implemented ([REDACTED] - 10/13/2026)

187d Follow Prescriber's Orders**21. Requirements**

2600.

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

Description of Violation

Resident 7 was prescribed [REDACTED]. However, on 7/27/2026 there was still [REDACTED] remaining in the bubble pack located in the home's medication room.

Plan of Correction

Accept ([REDACTED] - 09/03/2026)

On 8-27-2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "follow Prescriber's Orders" with staff. Effective Immediately medications will be administered in accordance with the prescriber's order, including prescribed start dates, duration, and completion of time-limited medication orders. Medication staff will review the requirements for following prescriber directions as written. On 8-3-26 the administrative nurse came to the site to audit the medication room and quickmar. This audit was to ensure the home was following the directions of the prescriber. Effective week of 9-01-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass, and a medication in home audit. The nurse will share the results of [REDACTED] audit with the PCH director and administrator.

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

Implemented ([REDACTED] - 10/13/2026)

190b Insulin Injections**22. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department approved medications administration course that includes the passing of a written performance based competency test within the past 2 years, as well as successful completion of a Department approved diabetes patient education program within the past 12 months.

Description of Violation

On 6/2/2026 and 6/12/2026, at 12:00 PM, Staff Person D, who has not successfully completed the Department-approved medications administration course, assisted Resident [REDACTED].

Plan of Correction

Accept ([REDACTED] - 09/03/2026)

[REDACTED] will be limited to staff who have completed the applicable Department-approved medication administration requirements and required diabetes patient education. Staff who have not completed the required training will not provide this assistance. Staff person D was immediately removed from the schedule until successful completion of the required annual diabetes patient education. Effective 9-1-26 our training manager will send monthly reports to the administrator. This will assist the administrator with keeping track of which staff are currently due for annual trainings before the expire. Also allow the administrator to monitor if a staff hasn't completed a scheduled training then they will not be added to the schedule to work until the required training is completed. The PCH direct will also have regular monthly meetings with our quality team to monitor staff training compliance affective 9/1/26.

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

Implemented ([REDACTED] - 10/13/2026)

225a Assessment 15 Days**23. 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

An assessment was not completed for Resident 15, who was admitted to the home on [REDACTED]

Plan of Correction**Accept ([REDACTED] - 09/03/2026)**

On 8-27-2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "Assessment 15 days" with staff. It was found out during the staff meeting Resident 15 did have an Initial assessment completed on [REDACTED] (please see attached) It was located in the previous administrators mail box for review. The PCH director meet with the lead DSP staff that informed [REDACTED] that the protocol after completion was to place it in the administrators mail box for review. Then the administrator would review it and file in residents charts. Effective Immediately whenever completing an assessment it will immediately be placed in the resident charts. The administrator will review it from the residents chart. Effective 8-31-26 the PCH administrator audited all resident's Initial Assessment forms to check if they where completed in the required time frame. (please see attached) Moving forward this will be required upon new admission. The PCH director will monitor that this is completed upon new admission moving forward.

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

Implemented ([REDACTED] - 10/13/2026)**227g Support Plan Signatures****24. 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 2 participated in the development of [REDACTED] support plan on [REDACTED] However, the assessor did not sign the support plan.

Plan of Correction**Accept ([REDACTED] - 09/03/2026)**

On 7-28-26 the administrator whom was the assessor signed Resident #2 RASP and dated the updated change. (please see attached) 8-27-2026 the administrator had a staff meeting where [REDACTED] reviewed violation "Support Plan Signatures" with staff. Affective 8-28-26 the administrator will conduct monthly Support plan checks.(please see attached) the PCH director will audit the monthly checks monthly to ensure they are being completed. The administrator checks started on 8-28-26 and will continue until 11-27-26. This should prevent any future violations of regulation 227g Support Plan Signatures.. On 7-28-26 the administrator whom was the assessor signed Resident #2 RASP and dated the updated change.

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

Implemented ([REDACTED] - 10/13/2026)**251b Record Entries Legible****25. Requirements**

2600.

251b Record Entries Legible (continued)

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

Correction fluid was used on Resident 2's documentation of medical evaluation dated [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/03/2026)

On 8 27 2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "Record Entries Legible" with staff. Effective Immediately all staff records must be permanent, legible, dated and signed by the staff person making the entry. Effective week of 8 31 26 the PCH administrator will audit all resident's medical evaluation forms monthly to check if correction fluid was used. This will continue for three months until 11 30 26. The PCH director will monitor that these correction fluid audits were completed. Also a sign was placed in the office to remind staff to not use any correction fluid on the residents records. (please see attached)

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

Implemented ([REDACTED] - 10/13/2026)

252 - Record Content**26. Requirements**

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.

252 - Record Content (continued)

24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 1's record does not include color of hair, religious affiliation, if any, language or means of communication spoken or used by the resident, identifying marks, and/or a photograph of the resident that is no more than 2 years old.

Plan of Correction**Accept ([REDACTED] - 09/03/2026)**

On 7-23-26 after the preliminary exit call findings the administrator printed out resident #1 correct face sheet. (please see attached) Resident #1 Face sheet was missing the information because the administrator did not place the correct face sheet in the resident charts. (please see attached) On 8-26-27 the lead DSP began conducting weekly Record Content checks. (please see attached) On 8-27-2026 the administrator/director had a staff meeting where [REDACTED] reviewed violation "Record Content" with staff. Starting 8-28-26 the administrator will audit the weekly record content checks to ensure they are completed accurately. The lead checks and admin audits will continue until 2-26-27. (please see attached) This should prevent any future violations of regulation 252-Record Content.

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

Implemented ([REDACTED] - 10/13/2026)