

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

September 17, 2026

[REDACTED]  
SNH PENN TENANT LLC  
[REDACTED]  
C/O INTEGRACARE CORP  
[REDACTED]

RE: GLEN MILLS SENIOR LIVING  
242 BALTIMORE PIKE  
GLEN MILLS, PA, 19342  
LICENSE/COC#: 14511

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: GLEN MILLS SENIOR LIVING

License #: 14511

License Expiration: 06/26/2027

Address: 242 BALTIMORE PIKE, GLEN MILLS, PA 19342

County: DELAWARE

Region: SOUTHEAST

## Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: SNH PENN TENANT LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 86

Waking Staff: 65

## Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 08/13/2026

## Inspection Dates and Department Representative

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

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 100

Residents Served: 66

## Secured Dementia Care Unit

In Home: Yes

Area: SCDU

Capacity: 22

Residents Served: 16

## Hospice

Current Residents: 3

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 66

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 0

## Inspections / Reviews

07/23/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/24/2026

08/27/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/01/2026

Inspections / Reviews (*continued*)

## 09/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

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

## 09/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

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 [REDACTED], there were multiple prescription orders along with binders of resident information were unlocked, unattended, and accessible in the medication room.

## Plan of Correction

Accepted [REDACTED] - 08/27/2026)

*Immediate Action: On 8/25/26 the Wellness office was immediately secured by the EOO and all confidential information protected.*

*Action Plan: On 7/30/2026 staff were educated regarding the importance of confidentiality of resident records and securing wellness room at all times. On 8/21/2026, All provider binders, resident charts and prescription information have been moved to the secured wellness room behind the Resident medication room to limit access to authorized personal only by the Resident Wellness Director. Removing protected information from the front wellness office where residents frequent for medication administration will reduce the potential for breach of confidentiality.*

*Long Term Plan: Beginning 8/24/2026 the Resident Wellness Director or Designee will conduct weekly audits of the Front Wellness Office for 90 days to ensure all confidential materials and resident information is secured in the back wellness office.*

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

Implemented [REDACTED] 09/17/2026)

## 81b - Resident Personal Equipment

## 2. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

On [REDACTED] at 1:37 pm, the bedside mobility device installed on Resident [REDACTED] bed had a loose pillowcase which does not allow for safe gripping of the device, spins freely and moves from side to side when pulled.

On [REDACTED] at 2:04 pm the bedside mobility device installed on Resident [REDACTED] bed has an opening of 11" x 5" between the top, side and middle bars of the device, requiring a secure cover to prevent entrapment. The device did not have a secure a cover.

On [REDACTED] at 1:57 pm, the bedside mobility device installed on Resident [REDACTED]s bed has a loose a pillowcase that does

**81b Resident Personal Equipment (continued)**

not allow for the safe gripping of the device. The device is also not installed correctly to the bed frame and the device swings freely because the pins to secure it are not in place.

On [REDACTED] at 1:45 pm, a bedside mobility device was on the floor and not installed on the bed for Resident [REDACTED]. Resident [REDACTED] states staff remove the bar and leave it on the floor during their transfers because it is easier to transfer Resident [REDACTED]. Resident [REDACTED] states they do not want the device removed so they may use it appropriately.

**Plan of Correction****Accept [REDACTED] S - 08/27/2026)**

Immediate Action: Resident [REDACTED] Pillowcase was removed from enabler bar by the Resident Wellness Director. Resident [REDACTED]: Resident enabler bar was secured with a secure mesh cover on 7/30/2026 which does not impede use of enabler bar and will remain in place to prevent accident/injury. Resident [REDACTED]: Pillowcase was removed from enabler bar and proper installation was ensured by the Maintenance Assistant on 7/30/2026 with a replacement pin to ensure security of device. Resident [REDACTED] Enabler bar was removed from bed as resident was assessed to be using the equipment incorrectly. Resident has since been moved to skilled rehab due to decline and assessment of ability to properly use enabler will be done upon [REDACTED] return to the community prior to re installation.

Action Plan: Education provided to Wellness and Housekeeping/Maintenance on staff 7/30/2026 as to the proper installation and care of enabler bars and the reporting of loose/unstable enablers to maintenance for repair.

Long term plan: Safety and Maintenance Engineer or Designee will conduct weekly audits on enabler bars in the community for a period of 90 days beginning 8/24/2026 to ensure proper installation and repair of all enablers.

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

**Implemented [REDACTED] 09/17/2026)****85a - Sanitary Conditions****3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On [REDACTED], there are 12 round reddish brown splatters of various sizes on the ceiling tiles on the third floor main area.

**Plan of Correction****Accept [REDACTED] - 08/27/2026)**

Immediate Action: On 7/24/2026 Maintenance Assistant removed soiled ceiling tiles and replaced with clean tiles.

Action Plan: On 7/30/2026 Staff were educated as to the importance of maintaining clean and sanitary conditions and reporting items to be cleaned/repared to front desk for work orders. Maintenance conducted an inspection of common area ceiling tiles to ensure cleanliness. Any ceiling tiles soiled were removed and/or cleaned/replaced accordingly.

Long term Plan: Safety and Maintenance Assistant or designee will conduct a Monthly audit of common area ceiling tiles to ensure cleanliness beginning 8/24/26 for a period of 90 days.

## 85a - Sanitary Conditions (continued)

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

Implemented [REDACTED] - 09/17/2026)

## 101j5 - Bedside Table/Shelf

## 4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

5. A bedside table or a shelf.

## Description of Violation

*There is no bedside table or shelf beside resident [REDACTED] bed.*

## Plan of Correction

Accept [REDACTED] - 08/27/2026)

*Immediate Action: Table was placed at bedside by maintenance assistant on 7/24/2026.**Action Plan: Resident family notified of regulation to bedside table at all times. A small table was placed at the bedside to allow for the commode the resident and family prefer at the bedside. Staff educated 7/30/2026 as to the regulation stating resident must have a bedside table and/or shelf.**Long term Plan: Staff audit sheet will be completed weekly and any items identified to be out of compliance will be immediately reported to the direct supervisor, the RWD and/or the EOO. Weekly audits of bedside tables will continue for an additional period of 90 days starting 8/24/26 by the Safety and Maintenance Engineer or designee.*

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

Implemented (MS - 09/17/2026)

## 181d -Storing Medication

## 5. 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 [REDACTED] self-administers medications and stores medications in [REDACTED] room. On [REDACTED] at 2:11 pm, there were several unlocked, unattended medications to include [REDACTED] in resident [REDACTED] bedroom.*

## Plan of Correction

Accept [REDACTED] 09/01/2026)

*Immediate Action: Resident [REDACTED] medications were immediately placed in a secured lock box by the Resident Wellness Director on 7/28/2026. Resident [REDACTED] was educated on the importance of keeping medications locked when not in use.**Action Plan: On 7/30/2026 All certified medication wellness staff educated on the procedures for self-administration of medications and their proper storage, along with reporting identified non-compliance to the community self-administration policy. Staff will report any identified violations of policy to Resident Wellness Director for correction and re-evaluation of ability to self-administer medications.*

## 181d -Storing Medication (continued)

*Long Term Action: Resident Wellness Director or designee will conduct weekly audits for a period of 90 days beginning 8/24/2026 to ensure the safe storage and handling of medications for self-administering residents.*

**Update:** Maintenance, Kitchen, and housekeeping staff were included in the training held on 7/30/2026 (see attached) in which we reviewed the protocol for self-administering residents and medications in rooms. The secondary in-service for certified medication administration staff was also held to review in detail the plan to reduce opportunity for repeat violations.

Licensee's Proposed Overall Completion Date: 08/27/2026

Implemented [REDACTED] - 09/17/2026)

## 182c - Medication Administration

## 6. 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.
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 [REDACTED] at 9:14 am, staff person A did not 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), did not complete documentation in accordance with § 2600.187 (relating to medication records) for resident [REDACTED] who requires this assistance to take [REDACTED].

## Plan of Correction

Accepted [REDACTED] - 09/01/2026)

*Immediate Action: Staff member 5 removed medication from counter and destroyed per protocol, physician was notified of omission of one tablet Acetaminophen due to resident refusal of medication, and family was notified of refused medication. Resident reports that [REDACTED] "did not need a second tylenol" because [REDACTED] felt it may make [REDACTED] sick. Staff member 5 reports witnessing resident ingest all other medications prior to this leaving wellness office and only one [REDACTED] remained in the cup.*

*Action Plan: Staff Member 5 educated to regulation 2600.182c on 7/30/2026 by Resident Wellness Director.*

*Long Term Plan: Resident Wellness Director or designee will conduct weekly audits beginning 8/24/2026 for a period of 90 days of medication administration policy compliance to include one weekly medication technician re-education.*

## 182c - Medication Administration (continued)

**Update: Please see weekly audit sheet which will include Resident Wellness Director having a one on one in-service with a different medication assistant each week.**

Licensee's Proposed Overall Completion Date: 08/27/2026

Implemented [REDACTED] - 09/17/2026)

## 183b - Meds and Syringes Locked

## 7. 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 [REDACTED] at 1:37 pm, Resident [REDACTED] had an unlocked bottle of deep-sea nasal spray at bedside. The resident has not been assessed as capable of self-administering medications.

On [REDACTED] at 1:57 pm, Resident [REDACTED] had a Ziploc bag of medications on their counter to include these medications [REDACTED] Resident [REDACTED] has not been assessed as capable of self-administering medications.

On [REDACTED] at 11:13 am, Resident [REDACTED] had multiple unlocked medications in their room on their bed side table. Resident [REDACTED] has not been assessed as capable of self-administering medications.

On [REDACTED] at 9:13 am, Resident [REDACTED] was alone in the medication room, having apparently just received their medications. A medication cup containing a pill was placed next to the resident. When inquired, the resident indicated they did not know what the medication was or if it was theirs. Staff person A had left the medication room prior to ensuring the resident had taken all of their medication.

On [REDACTED], Resident [REDACTED] had a sample bottle of refresh eye drops, unlocked and not labeled in their room. Resident [REDACTED] has not been assessed as capable of self-administering medications.

## Plan of Correction

Accept [REDACTED] - 08/27/2026)

**Immediate Action:** On 7/29/2026 Wellness staff conducted a sweep of resident apartments removing all medications that were not secured in rooms identified to be in compliance with self-administration. Medications found were identified to have correct orders in place or destroyed/returned to family members. All medications listed may keep at bedside were removed from resident areas and returned to the wellness cart for safe administration.

**Action Plan:** On 7/30/2026 All certified medication wellness staff and housekeeping staff were educated on the procedures for self-administration of medications and their proper storage, along with reporting identified non-compliance to the community self-administration policy. Staff will report any identified violations of policy to Resident Wellness Director for correction and re-evaluation of ability to self-administer medications. Staff will remove medications from resident room regardless of self-administration status if not properly secured and return

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

to their identified area of storage.

*Long Term Action: A communication and reminder to family members and residents regarding medications, including OTC medications and items must be brought to Wellness unless the resident has been given an order for such medication and the resident is documented and approved to self-medicate. Staff audit sheet will be completed weekly and any items identified to be out of compliance will be immediately reported to the direct supervisor, the RWD and/or the EOO. Resident Wellness Director or designee will conduct weekly audits for a period of 90 days beginning 8/24/2026 to ensure the safe storage and handling of medications for self-administering residents*

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

**Implemented ( ) - 09/17/2026)**

**183d - Prescription Current****8. 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 [REDACTED], [REDACTED] prescribed for Resident [REDACTED] was in the home's refrigerator; however, the medication was discontinued on [REDACTED]

**Plan of Correction**

**Accept ( ) - 09/01/2026)**

*Immediate Action: The discontinued Lantus Medication was removed from the Wellness refrigerator and disposed of per policy by medication technician.*

*Action Plan: On 7/30/2026 staff members who are approved for medication administration received additional training on the importance of proper medication storage and disposing of discontinued medications.*

*Long term plan: Resident Wellness Director or designee will perform weekly audits of the wellness carts & refrigerator beginning 8/24/2026 for a period of 90 days*

*Update: Audits will be conducted on all discontinued medications in the medication carts and wellness refrigerators. (See attached audit form)*

**Licensee's Proposed Overall Completion Date: 08/27/2026**

**Implemented ( ) - 09/17/2026)**

**183e - Storing Medications****9. 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.

## 183e Storing Medications (continued)

**Description of Violation**

On [REDACTED] [REDACTED] belonging to Resident [REDACTED] was opened and did not have the date of opening. According to the manufacturer's instructions unused portions of this medication must be discarded 28 days after opening.

Repeat violation: [REDACTED] et al.

**Plan of Correction**

Accept [REDACTED] - 08/27/2026)

*Immediate Action: With no open date, staff were unable to determine a discard date and medication was destroyed per policy on 7/28/26 by medication technician. An additional supply was available in the refrigerator, which was used at next administration time and marked with open date.*

*Action Plan: Staff members certified to administer medications received additional training on 7/30/2026 which included properly dating medications upon opening to ensure proper use and discard prior to expiration per manufacturers recommendations.*

*Long Term Plan: Resident Wellness Director or Designee will perform weekly audits beginning 8/24/2026 for a period of 90 days to ensure all medications in use have proper opened on dates and are within the manufacturers recommended guidelines for expiration.*

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

Implemented [REDACTED] - 09/17/2026)

## 184a - Resident's Meds Labeled

**10. 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 [REDACTED] [REDACTED] does not include the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber. The label on the bottle was so worn that no information was legible at all.

**Plan of Correction**

Accept [REDACTED] - 09/01/2026)

*Immediate Action: Medication was removed from cart and destroyed per policy. Resident POA delivered new prescription bottle on 7/28/2026 to avoid missed administration. Resident Wellness Director examined label to ensure identification and placed clear tape over label to maintain integrity and legibility.*

*Action Plan: Staff certified to administer medication were educated on 7/30/2026 of the importance of proper identification of medication and legibility of all medication labels.*

**184a - Resident's Meds Labeled (continued)**

*Long Term Plan: Resident Wellness Director or Designee will perform weekly audits on any bottled medications in carts to ensure labels remain legible.*

**Update:** *Audit has been changed to include ALL prescription bottles in the med carts.*

**Licensee's Proposed Overall Completion Date:** 08/27/2026

**Implemented** [REDACTED] - 09/17/2026)

**184b - Labeling OTC/CAM****11. 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 [REDACTED] a package of [REDACTED] belonging to resident [REDACTED] was in the 3rd floor medication cart and was not labeled with the resident's name.

**Plan of Correction**

**Accept** [REDACTED] - 08/27/2026)

*Immediate Action: The unlabeled medication was verified to belong to resident [REDACTED] and accurate to physicians orders before labeling bottle with residents name and room number by Resident Wellness Director.*

*Action Plan: On 7/30/2026 Staff members certified to receive CAM/OTC medication from pharmacy or family members were educated as to the importance of labeling medications with resident name/room after ensuring accuracy of medication to physicians order.*

*Long Term Plan: Resident Wellness Director or Designee will perform weekly audits beginning 8/24/2026 to ensure all CAM/OTC medications are properly labeled with resident name/room number before securing in medication cart for a period of 90 days.*

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

**Implemented** [REDACTED] - 09/17/2026)

**187a - Medication Record****12. 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 [REDACTED]'s July 2026 medication administration record does not have a diagnosis or purpose listed for [REDACTED] tab 25.

Resident [REDACTED] is prescribed a Novolog sliding scale for insulin coverage 4 times a day, However, resident's July 2026 medication administration record does not indicate units given for any injection administered in July. Additionally, on [REDACTED] at 5:00 pm, Resident [REDACTED]'s sliding scale medication administration record was marked in the notes as "held for parameters" however, there was no corresponding glucose reading recorded on the medication administration record.

**Plan of Correction**

Accept [REDACTED] - 08/27/2026)

*Immediate Action:* On 7/28/26 Executive Director corrected order in eMAR system to include documentation of resident 9's NovoLog sliding scale coverage per physicians order and missing diagnosis was added to resident order under the direction of residents primary care physician.

*Action Plan:* On 7/30/2026 staff members certified to administer medications received education on the importance of proper documentation of units of insulin administered according to physicians orders on the resident medication administration record, as well as documentation of diagnosis related to prescribed medications in residents file.

*Long Term Plan:* Resident Wellness Director or designee will conduct weekly audits beginning 8/24/26 for a period of 90 days of residents on sliding scale coverage to ensure proper documentation of such coverage according to the physicians order, as well as all medications having a related diagnosis documented for use under the direction of residents physician.

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

Implemented [REDACTED] - 09/17/2026)

## 187b - Date/Time of Medication Admin.

**13. 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**

Resident [REDACTED] is prescribed [REDACTED] to be applied to buttocks twice daily. Resident [REDACTED]'s July 2026 medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED] at 5:00 pm [REDACTED] thru [REDACTED] at 8:00 am and 5:00 pm, [REDACTED] at 8:00 am and 5:00 pm. There is a note that says "not given by facility" on the MAR however, this resident has not been assessed as capable of self-administering medication and staff of the home has been administering this medication.

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

On [REDACTED] Staff Person A administered [REDACTED] to Resident [REDACTED] however, the medication administration record was documented with a notation that Resident [REDACTED] self-administered the medication.

On [REDACTED] at 9:27 am, Staff Person A administered medications to Resident [REDACTED] at 9:14 however did not document the medication administration record until 9:27 am.

**Plan of Correction****Accept [REDACTED] - 09/01/2026)**

Immediate Action: Resident [REDACTED] ear drops were removed as a self-administered medication and placed in medication cart for staff administration due to difficulty of administration and nature of medication. Resident 4 Zinc medication was secured in medication cart for proper administration.

Action Plan: On 7/30/2026 Wellness Staff were educated to policy and regulation related to medications being administered by certified or licensed staff only. Staff certified to administer medications were educated to policy of administering medication and documenting in real time, and against leaving topical medications in resident rooms to prevent administration of medications by unlicensed staff.

Long Term Plan: Resident Wellness Director or designee will perform weekly audits beginning 8/24/2026 for a period of 90 days to ensure medications are administered as directed by licensed/certified staff only and that documentation occurs at the time of administration.

Licensee's Proposed Overall Completion Date: 08/27/2026

**Implemented [REDACTED] 09/17/2026)****187d - Follow Prescriber's Orders****14. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] is prescribed Boost drink at daily 9:00 am, however, the medication administration record does not indicate it administered for any date in July, and the staff person assigned to the medication cart on [REDACTED] indicated that they never give the resident a Boost.

Resident [REDACTED] has an order for daily standing blood pressure checks and daily seated blood pressure checks scheduled at 11am however these blood pressure checks were not completed on [REDACTED] and [REDACTED]

Repeat violation: [REDACTED] et al. [REDACTED] et al.

**Plan of Correction****Accept [REDACTED] - 08/27/2026)**

Immediate Action: Verification of new order received at pharmacy completed by Resident Wellness Director. Resident 4 Boost order was placed by physician on 7/23/2026 (Date of survey), medication arrived to facility on 7/24/2026 at 5pm and administration began on 7/25/2026. Resident 9 BP order reviewed, Physician deemed unnecessary and order was discontinued on 7/18/2026.

Ongoing Plan: On 7/30/2026 all staff who are certified/licensed to administer medication were educated on ensuring the vital signs are completed as ordered, as well as ensuring the start date/time of a medication corresponds to the

**187d - Follow Prescriber's Orders (continued)**

*delivery time to the facility to avoid gaps/omissions of administration once received.*

*Long Term Plan: Resident Wellness Director or designee will perform weekly audits of new medication orders to ensure start date/time coordinates with arrival of medication to the facility to avoid any gaps/holes in MAR beginning 8/24/2026 for a period of 90 days.*

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

**Implemented [REDACTED] - 09/17/2026)**

**233c - Key-Locking Devices****15. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

On [REDACTED] at 10:32 am, The directions for operating the home's locking mechanism are not conspicuously posted near the door to exit the Secure Dementia Care Unit (SDCU).

Repeat Violation: [REDACTED] et al.

**Plan of Correction**

**Accepted [REDACTED] - 08/27/2026)**

*Immediate Action: Door code and instruction posted next to exit gate of memory care courtyard on 7/23/2026 by Executive Operations Officer.*

*Action Plan: On 7/30/2026 staff were educated to the importance of door codes being posted conspicuously at all times for all exit doors in the memory care community regardless of their auto-release egress system status.*

*Long Term Plan: Maintenance director or designee will perform weekly audits beginning 7/27/2026 for a period of 90 days to ensure all exits from the secured memory care area have posted instructions/code for delayed egress doors and courtyard gate.*

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

**Implemented [REDACTED] 09/17/2026)**