

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

October 13, 2026

[REDACTED], ADMINISTRATOR
MOUNT CARMEL OPCO LLC
2616 LOCUST GAP HIGHWAY
MOUNT CARMEL, PA, 17851

RE: MOUNT CARMEL SENIOR LIVING
COMMUNITY
2616 LOCUST GAP HIGHWAY
MOUNT CARMEL, PA, 17851
LICENSE/COC#: 23172

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2026 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: MOUNT CARMEL SENIOR LIVING COMMUNITY **License #:** 23172 **License Expiration:** 09/20/2026
Address: 2616 LOCUST GAP HIGHWAY, MOUNT CARMEL, PA 17851
County: NORTHUMBERLAND **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: MOUNT CARMEL OPCO LLC
Address: 2616 LOCUST GAP HIGHWAY, MOUNT CARMEL, PA, 17851
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 09/27/1996 **Issued By:** DLI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 25 **Waking Staff:** 19

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 07/27/2026

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 26 **Residents Served:** 20

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 20
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 5 **Have Physical Disability:** 0

Inspections / Reviews

07/27/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/28/2026

09/03/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/09/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/10/2026

Inspections / Reviews (*continued*)

09/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/28/2026

10/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct Care Staff Person A, date of hire [REDACTED], Pennsylvania State Police Criminal Background check was requested on 7/27/26.

Plan of Correction

Accept [REDACTED] - 09/17/2026)

2600. 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Prior to reopening November 2025 following fire, [REDACTED] (regional director) spoke directly with regional of operations consultant [REDACTED] and stated no further employee actions were necessary to open. [REDACTED] did specifically ask if files for employees, certifications, etc. needed to be redone. I disagree with this citation.

Direct Care Staff Person A, date of hire [REDACTED], Pennsylvania State Police Criminal Background check was requested on 7/27/26 by HR director.

All employee files audited 7/28 and 7/29 with HR and administrator to ensure all preemployment required state documentation completed on current and previous since reopening employees.

Background check was run and obtained on 7/27/26 in the evening by HR for this employee.

HR will monitor employee files monthly to ensure all required documents are present and compliant for 6 months starting 8/24/26. PC admin will review audit results with HR manager to ensure ongoing compliance and prevention from reoccurrence.

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented [REDACTED] - 10/06/2026)

57c - 2 Hours/Day

2. Requirements

2600.

- 57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 7/25/26 and 7/26/26, there were 20 residents in the home, including 5 residents with mobility needs, requiring a total minimum of 25 hours of direct care service. On these dates, only 22.5 hours of direct care staffing was available.

Plan of Correction

Accept [REDACTED] - 09/17/2026)

2600. 57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

On 7/25/26 and 7/26/26, there were 20 residents in the home, including 5 residents with mobility needs, requiring a total minimum of 25 hours of direct care service. On these dates, only 22.5 hours of direct care staffing was available.

There was a plan in place prior to renewal survey to increase staffing hours to add additional minimum 4 hours a shift, this was left in the hands of vice president of operations for company approval. Administrator continues to review scheduling to ensure shift coverage to maintain proper care hours for all residents beginning July 27, 2026.

57c - 2 Hours/Day (continued)

Administrator is in process of hiring. In the meantime, between administrator and the current staff, the needed additional hours are being filled in. Schedule is being updated continually to reflect as such to ensure all immobile residents are provided their required 2 hours of care per day. Hiring continues by HR director and administrator. Hours will continue to be monitored bi-weekly x 6 months to ensure all care is being provided to all residents. Census continues to fluctuate with actual heads in beds and those on bed holds. The administrator will review the resident census, and mobility needs to ensure staffing reflects the 75% of required direct care is staffed properly during awake hours. If there are not enough hours, schedule changes will occur immediately to accommodate. This will occur biweekly for 6 months by administrator. Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)

57d - Waking Hours**3. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 7/25/26 and 7/26/26, there were 20 residents in the home, including 5 residents with mobility, requiring a total minimum of 18.74 hours of direct care staffing during waking hours. On these dates, only 15 hours of direct care staffing was available during the waking hours.

Plan of Correction

Accept () - 09/17/2026)

2600. 57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

On 7/25/26 and 7/26/26, there were 20 residents in the home, including 5 residents with mobility, requiring a total minimum of 18.74 hours of direct care staffing during waking hours. On these dates, only 15 hours of direct care staffing was available during the waking hours.

There was a plan in place prior to renewal survey to increase staffing hours to add additional minimum 4 hours a shift, this was left in the hands of vice president of operations for company approval. Administrator continues to review scheduling to ensure shift coverage to maintain proper care hours for all residents beginning July 27,2026 and biweekly from there on. Administrator is in process of hiring. In the meantime, between administrator and the current staff, the needed additional hours are being filled in. Schedule is being updated continually to reflect as such. Hiring continues by HR director and administrator. Hours will continue to be monitored by the administrator bi-weekly x 6 months to ensure all care is being provided to all residents. Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)

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

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Staff Person B did not wash thier hands, use hand sanitizer, or wear sterile gloves before touching Resident #1's

85a - Sanitary Conditions (continued)

Lorazepam 1 mg tablets to perform a medication pill count.

Plan of Correction**Accept () - 09/17/2026)**

2600. 85.a. Sanitary conditions shall be maintained.

Staff Person B did not wash thier hands, use hand sanitizer, or wear sterile gloves before touching Resident #1's

Lorazepam 1 mg tablets to perform a medication pill count.

Staff received immediate education in medication administration during this occurrence with surveyor present on 7/27/2026. Staff on first shift received reeducation and retraining on the needed sections following renewal survey on afternoon of 7/27/26. Administrator will continue to observe and monitor medication administration per medication admin guidelines in state of PA x 6 months moving forward. Beginning 9/8/26. All staff received in-service and reeducation during staff meeting August 4th, 2026.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)**85d - Trash Receptacles****6. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:05 a.m., in the common shower room, there was an uncovered garbage can by the sink.

Plan of Correction**Accept () - 09/17/2026)**

2600. 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

At approximately 9:05 a.m., in the common shower room, there was an uncovered garbage can by the sink.

Garbage can was immediately given a lid by staff present during walk through 7/27/26 with surveyors present. Lid was removed to change trash and not replaced overnight 7/26-7/27 causing this error.

Reeducation given to employees on shift regarding need for cans in bathrooms to have lids on 7/27/26. All staff received in-service and reeducation during staff meeting August 4th, 2026.

Housekeeping to audit each bathroom monthly x 6 months to ensure lids are in place on all trash cans.

Administrator will review audits each month to ensure compliance remains in effect. Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)**102i - Soap Dispenser****7. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At approximately 9:05 a.m., in the common shower room, there was an unlabeled bar of dove soap sitting on the sink.

Plan of Correction**Accept () - 09/17/2026)**

2600. 102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted

102i - Soap Dispenser (continued)

unless there is a separate bar clearly labeled for each resident who shares a bathroom.

At approximately 9:05 a.m., in the common shower room, there was an unlabeled bar of dove soap sitting on the sink. Soap was removed immediately and disposed of properly with surveyors present during walk through on 7/27/26. Staff on shift received immediate reeducation on 7/27/26 regarding. All staff received in-service and reeducation during staff meeting August 4th, 2026.

Inservice given to all staff regarding regulation. Staff to monitor daily all bathroom areas to ensure soap is properly stored x 6 months. Administrator to review audits monthly to ensure compliant. Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)

103e - Left Overs**8. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The kitchenette in the dining area there was two unlabeled and undated bowls of food and an opened unlabeled and undated Dannon yogurt were noted in the refrigerator in the kitchenette in the dining room.

Repeat violation: 12/9/25

Plan of Correction

Accept () - 09/17/2026)

2600. 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

The kitchenette in the dining area there was two unlabeled and undated bowls of food and an opened unlabeled and undated Dannon yogurt were noted in the refrigerator in the kitchenette in the dining room.

Food immediately removed from refrigerator with surveyors present during walkthrough on 7-27-26. Staff on shift given immediate education on 7-27-26 afternoon. All staff received in-service and reeducation during staff meeting August 4th, 2026. Reviewed with dietary director PC 2600 regulations 8/5/26.

Staff will recheck the refrigerator daily to make sure all leftover food is properly labeled and dated in a proper storage container. All food will be removed if not labeled and dated or stored properly. Daily audits x 6 months by staff. Beginning 9/8/26. Administrator will review monthly x 6 months to ensure completion.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)

107d - Procedure Emergency Management Agency Submission**9. Requirements**

2600.

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

Description of Violation

The facility's written emergency procedures have not been submitted to the local emergency management agency in the year 2025.

107d - Procedure Emergency Management Agency Submission (continued)**Plan of Correction****Accept () - 09/17/2026)**

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

The facility's written emergency procedures have not been submitted to the local emergency management agency in the year 2025.

Information immediately sent to agency 7/27/26. Received email receipt of acceptance 7/28/26.

Administrator will audit quarterly x 1 year the state book to ensure all required items are present and in compliance.

Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)**124 - Notice to Fire Department****10. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The facility does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction**Accept () - 09/17/2026)**

2600. 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

The facility does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Letter immediately sent to fire marshal via email 7/27/26.

Administrator will audit quarterly x 1 year the state book to ensure all required items are present and in compliance.

Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/13/2026)**141a 1-10 Medical Evaluation Information****11. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

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

Description of Violation

Resident #2's initial Medical Evaluation dated [REDACTED] does not address the resident's immunization history.

Plan of Correction

Accept [REDACTED] - 09/17/2026

2600. 141.a.

A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

A general physical examination by a physician, physician's assistant or nurse practitioner.

Medical diagnosis including physical or mental disabilities of the resident, if any.

Medical information pertinent to diagnosis and treatment in case of an emergency.

Special health or dietary needs of the resident.

Allergies.

Immunization history.

Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

Body positioning and movement stimulation for residents, if appropriate.

Health status.

Mobility assessment updated annually or at the Department's request.

Resident #2's initial Medical Evaluation dated [REDACTED] does not address the resident's immunization history.

DME immediately corrected 7/28/26 with physician documenting immunization history information.

All staff received in-service and reeducation during staff meeting August 4th, 2026.

Staff will audit resident paperwork quarterly x 1 year to ensure proper completion. Beginning 9/8/26. Administrator to review audits monthly to ensure completion and compliance.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented [REDACTED] - 10/06/2026

181d -Storing Medication**12. 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.

181d Storing Medication (continued)**Description of Violation**

Resident #3 self administers medication and stores medication in their room. At approximately 11:30 a.m., there were several unlocked, unattended medications, including Theratears Ophthalmic Solution, Orajel 2x toothache and gum/throat gel 20 .026%, and Voltaren Arthritis pain cream, in the resident's bedroom.

Plan of Correction**Accept () - 09/17/2026)**

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.

Resident #3 self administers medication and stores medication in their room. At approximately 11:30 a.m., there were several unlocked, unattended medications, including Theratears Ophthalmic Solution, Orajel 2x toothache and gum/throat gel 20 .026%, and Voltaren Arthritis pain cream, in the resident's bedroom.

Immediately locked resident's room upon exit with surveyor present 7/27/26. Alerted resident of room being locked 7/27/26.

Reminded resident of need to lock room for safety with medications being present and to keep them in locked nightstand drawer 7/27/26. Went over with staff on shift 7/27/26 reeducation on locking room and proper storage of self administration medications in resident rooms. All staff received in service and reeducation during staff meeting August 4th, 2026.

Staff will check those residents with self admin who have medications. Ensuring they are properly stored in their rooms weekly x 3 months. Administrator to review monthly audit of staff to ensure compliance and completion. Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)**182c - Medication Administration****13. Requirements**

2600.

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

7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

At 9:45 a.m. Staff Person C was administering Resident #4's medication; the medication was pre poured in a medication cup in the top drawer of the medication cart. The staff person gave the resident the cup of medication and moved on to the next resident. The staff person stated they had marked the Administration Record as administered at 8:00 a.m. when they pre poured the medication.

Plan of Correction**Accept () - 09/17/2026)**

2600. 182.c. Medication administration includes the following activities, based on the needs of the resident:

- 7. Complete documentation in accordance with § 2600.187 (relating to medication records).*

At 9:45 a.m. Staff Person C was administering Resident #4's medication; the medication was pre poured in a medication cup in the top drawer of the medication cart. The staff person gave the resident the cup of medication and moved on to the next resident. The staff person stated they had marked the Administration Record as administered at 8:00 a.m. when they pre poured the medication.

Staff member was pulled from med cart immediately once alerted to infraction 7/27/26 by administrator. Med error reported to state 7/27/26 by administrator. Immediate reeducation given to staff member on med medication administration 7/27/26 by administrator. All staff received in service and reeducation during staff meeting August

182c - Medication Administration (continued)

4th, 2026. Administrator will oversee employees as required per regulations and med admin program through ODP monthly x 6 months. Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)

183a - Original Containers and Injections**14. Requirements**

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

At 8:00 a.m. Staff Person C pre-poured four resident's medications and locked them in the top drawer of the medication cart. The staff person then indicated on the medication administration record that the medications were administered 8:00 a.m.

Plan of Correction

Accept () - 09/17/2026)

2600. 183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

At 8:00 a.m. Staff Person C pre-poured four resident's medications and locked them in the top drawer of the medication cart. The staff person then indicated on the medication administration record that the medications were administered 8:00 a.m.

I do not agree with this citation- per medication administration course- you can pre-pour medications 2 hours before administration.

Staff member was pulled from med cart immediately once alerted to infraction 7/27/26 by administrator. Med error reported to state 7/27/26 by administrator. Immediate reeducation given to staff member on med medication administration 7/27/26 by administrator. All staff received in-service and reeducation during staff meeting August 4th, 2026. Administrator will oversee employees as required per regulations and med admin program through ODP monthly x 6 months. Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)

184b - Labeling OTC/CAM**15. 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

At approximately 11:00 a.m. in the Short Hall medication cart, there was a package of Firegells Cough Drops: Menthol Honey Lemon, and a bottle of Tylenol Extra Strength Rapid Release 500 mg gel caps, belonging to Resident #5 that was not labeled with the resident's name.

184b Labeling OTC/CAM (continued)**Plan of Correction****Accept () - 09/17/2026)**

2600. 184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

At approximately 11:00 a.m. in the Short Hall medication cart, there was a package of Firegells Cough Drops: Menthol Honey Lemon, and a bottle of Tylenol Extra Strength Rapid Release 500 mg gel caps, belonging to Resident #5 that was not labeled with the resident's name.

Medication was immediately removed from the cart with surveyor present 7/27/26. Medications were properly labeled and replaced into cart 7/27/26 during survey.

Reeducated staff on proper medication labeling afternoon of 7/27/26.

All staff received in service and reeducation during staff meeting August 4th, 2026.

Staff to audit medication carts x 6 months weekly for proper medication labeling. Administrator to review audits monthly to ensure completion and compliance. Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)**187c - Refusal of Medication****16. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 7/26/26 at 9:00 p.m., Resident #6 refused to take a scheduled dose of Gabapentin 200 mg tablet. The facility did not notify the prescribing physician.

Plan of Correction**Accept () - 09/17/2026)**

2600. 187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

On 7/26/26 at 9:00 p.m., Resident #6 refused to take a scheduled dose of Gabapentin 200 mg tablet. The facility did not notify the prescribing physician.

Immediately notified physician via phone call.

Reeducated staff on proper documentation and process of medication refusals on shift 7/27/26.

Physician immediately faxed 7/27/26 alerting of refusal since original was not able to be found. All staff received in service and reeducation during staff meeting August 4th, 2026. Staff will monitor refused meds weekly x 6 months to ensure proper notification and documentation. Administrator to review audits for completion and compliance monthly x 6 months Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)**187d - Follow Prescriber's Orders****17. Requirements**

187d Follow Prescriber's Orders (continued)

2600.

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

Description of Violation

Resident #7 is prescribed Mucinex Oral Tablet Extended Release, 12-hour, 600 mg tablet every 12 hours. On 7/27/26 at approximately 11:30 a.m., this medication was not available on the medication cart for administration.

Plan of Correction

Accept () - 09/17/2026)

2600. 187.d.

The home shall follow the directions of the prescriber.

Resident #7 is prescribed Mucinex Oral Tablet Extended Release, 12-hour, 600 mg tablet every 12 hours. On 7/27/26 at approximately 11:30 a.m., this medication was not available on the medication cart for administration.

Medication was immediately brought in by family and properly labeled 7/27/26 evening. Medication was not started but start date in computer was reflected as being started. Start date was corrected 7/27/26. Physician was notified via phone call 7/27/26. Staff on shift immediately educate 7/27/26 afternoon. All staff received in-service and reeducation during staff meeting August 4th, 2026.

Staff to audit medication carts x 6 months weekly to ensure medication is present as prescribed. Administrator to review audits monthly to completion and compliance Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)

190a Completion Medication Course**18. Requirements**

2600.

190.a. A staff person who has successfully completed a Department approved medications administration course that includes the passing of the Department's performance based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person A initially passed the Department approved Medication Administration Course on [REDACTED] The staff person completed their last annual practicum on 12/2024 and were requalified to pass medications. The staff person has not completed any annual practicums since 12/2024.

Staff Person D initially passed the Department approved Medication Administration Approved Course on [REDACTED] The staff person completed their last annual practicum 12/2024.

Plan of Correction

Accept () - 09/17/2026)

2600. 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Staff Person A initially passed the Department approved Medication Administration Course on 5/13/2005. The staff person completed their last annual practicum on 12/2024 and were requalified to pass medications. The staff

190a - Completion Medication Course (continued)

person has not completed any annual practicums since 12/2024.

Staff Person D initially passed the Department approved Medication Administration Approved Course on 3/26/12. The staff person completed their last annual practicum 12/2024.

Prior to reopening November 2025 following fire, [REDACTED] (regional director) spoke directly with regional of operations consultant [REDACTED] and stated no further employee actions were necessary to open. [REDACTED] did specifically ask if files for employees, certifications, etc. needed to be redone. I disagree with this citation.

Staff members pulled immediately from passing medications and enrolled in course with administrator as trainer 7/28/26.

Staff members given timeline to complete course before going back on medication cart. Med certifications completed by staff member A 9/4/26, staff member d 8/5/26.

HR will audit employee charts quarterly x 1 year to ensure proper certifications are present and compliant.

Administrator to review with HR to ensure compliance x 6 months Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented [REDACTED] - 10/06/2026)

227d - Support Plan Medical/Dental**19. Requirements**

2600.

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

Description of Violation

Resident # 2's assessment dated [REDACTED] indicates the resident utilizes home health care for catheter needs. The resident's support plan dated [REDACTED] does not indicate what the home health care is responsible for and what the facility staff is responsible for.

Plan of Correction

Accept [REDACTED] - 09/17/2026)

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

Resident # 2's assessment dated [REDACTED] the resident utilizes home health care for catheter needs. The resident's support plan dated [REDACTED] does not indicate what the home health care is responsible for and what the facility staff is responsible for.

Support plan and mar immediately updated with information 7/28/26 by administrator.

Staff will audit support plans and MAR to ensure specifications are present for needed residents x 6 months.

Administrator to review monthly to ensure completed and compliant Beginning 9/8/26.

227d Support Plan Medical/Dental (continued)

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)

251b - Record Entries Legible**20. Requirements**

2600.

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

Description of Violation

Resident #8's Medical Evaluation dated () was altered with correction tape in the area of pulse rate and blood pressure.

Plan of Correction

Accept () - 09/17/2026)

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

Resident #8's Medical Evaluation dated () was altered with correction tape in the area of pulse rate and blood pressure.

Immediately notified physician office of error and alerted them to need of proper correction and not using correction tape moving forward 7/28/26 by administrator.

Administrator will audit files of residents quarterly x 1 year to ensure proper completion of paperwork. Beginning 9/8/26.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/06/2026)