

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

September 22, 2026

[REDACTED]
PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC
[REDACTED]
[REDACTED]

RE: PARAMOUNT SENIOR LIVING AT
CHAMBERSBURG ROAD
6375 CHAMBERSBURG ROAD
FAYETTEVILLE, PA, 17222
LICENSE/COC#: 33383

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2026, 07/29/2026 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: PARAMOUNT SENIOR LIVING AT CHAMBERSBURG ROAD
License #: 33383 **License Expiration:** 04/16/2027
Address: 6375 CHAMBERSBURG ROAD, FAYETTEVILLE, PA 17222
County: ADAMS **Region:** CENTRAL

Administrator

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

Legal Entity

Name: PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 11/04/2010 **Issued By:** Franklin Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 79 **Waking Staff:** 59

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident, Interim **Exit Conference Date:** 07/29/2026

Inspection Dates and Department Representative

07/28/2026 - On-Site: [REDACTED]
07/29/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 50

Secured Dementia Care Unit

In Home: Yes **Area:** lower level SDCU **Capacity:** 24 **Residents Served:** 15

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 50
Diagnosed with Mental Illness: 43 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 29 **Have Physical Disability:** 1

Inspections / Reviews

07/28/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/23/2026

Inspections / Reviews (*continued*)

09/16/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/30/2026

09/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

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] at 10:28 AM, several documents labeled "A Hall Standing Report" were unlocked, unattended, and accessible on the top of the A Hall medication cart. The report includes resident names, transfer status, toileting plan, types of diet, DNR status, allergies, and hospice status, if applicable for Resident [REDACTED] and Resident [REDACTED] among others.

Repeated Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/16/2026)

1. Upon notification from the surveyor the nurse was educated on keeping resident documents locked in [REDACTED] med cart or kept on [REDACTED] person at all times.
2. On 8/6/26 the nurse and med techs were re-educated on record Confidentiality, especially documents with resident information being locked in med cart or kept on your person at all times.
3. On 8/20/26 all staff will be educated again at the monthly staff meeting on compliance of this regulation.
4. Starting the week of 8/24/26 the Executive Director or designee will perform audits twice daily M-F x4 weeks of the facility for compliance by rounding all units and main areas of the facility to ensure continued compliance.
5. Starting the week of 9/21/26 the Executive Director or designee will perform M-F daily audits x2 weeks of the facility for compliance by rounding all units and main areas of the facility to ensure continued compliance.
6. Starting the week of 10/5/26 the Executive Director or designee will perform audits weekly. Non-compliance issues will be investigated, re-education will be provided as needed and progressive discipline will occur.
7. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting.
8. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/22/2026)

42b - Abuse

3. 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

On [REDACTED] at about 6:00 PM, a staff person heard choking noises from a resident's bedroom. Upon entering Resident [REDACTED] bedroom, [REDACTED] was observed with [REDACTED] hands around the throat of Resident [REDACTED]. Resident [REDACTED] was removed from Resident [REDACTED] bedroom and was assessed for injuries and noted to have visible handprints on [REDACTED] neck.

42b Abuse (continued)

Plan of Correction

Accept [REDACTED] - 09/16/2026)

1. Resident [REDACTED] was admitted on 10/29/25 to a private room, [REDACTED] was followed by PGS (psych services) and no patterns were noted to [REDACTED] behaviors.
2. Resident [REDACTED] was admitted on 1/30/26 not behaviors noted.
3. On 5/21/26 after noting this incident both residents were sent to the hospital for evaluation.
4. The facility refused for Resident [REDACTED] to return to the facility d/t not being able to meet [REDACTED] needs.
5. Resident [REDACTED] readmitted without any further incidents, [REDACTED] is also followed by PGS d/t [REDACTED] dementia diagnosis.
6. This incident was reported to the appropriate agencies.
7. Dementia Sensitivity Training scheduled for 8/18/26 with [REDACTED] MSW, CDP (1/2 hour with certificates provided)
8. Going forward the direct care staff will continue to follow the same policies of frequent checks of all residents to ensure there are no negative interactions between any residents. If an incident does occur where there is any negative interaction or anything that does not seem "normal" the direct care staff will immediately separate the residents, call the on call nurse and continue to monitor the residents.
9. The Executive Director, Resident Care Manager and/or the Assistant Resident Care Manager will ensure compliance by attending care stand up meetings daily with the direct care staff to discuss possible issues, the on call nurse will call into the facility on the weekends to discuss. The 24hr report will also be read daily by the ED, RCM and ARCM to ensure that there were no issues between residents. Any issues will be discussed in morning clinical meeting with management and acted on immediately.
10. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
11. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented [REDACTED] - 09/22/2026)

65i - Training Record

7. Requirements

2600.

- 65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Direct care Staff Member C's 2025 record of direct care staff training does not include the name of the trainer or the source of the training for behavioral health care of the resident with mental illness, completed in January; restorative nursing, completed in February; and medication self administration, completed in March.

Plan of Correction

Accept [REDACTED] - 09/16/2026)

1. Initial audit completed by the Corporate Compliance Nurse on 8/18/26 showed all 2026 trainings from January to July include the name of the trainer.
2. The Executive Director will audit the education binder at the end of each month after the monthly nursing meeting to ensure compliance with this regulation.
3. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting

65i - Training Record (continued)

4. All documentation will be kept.

Proposed Overall Completion Date: 10/22/2026

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 09/22/2026)

85a - Sanitary Conditions**8. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On () at 12:32 PM, a dried-on substance appearing to be feces was present on Resident ()'s comforter. There was a smear about 2" to 3" long, and a thicker amount of dried-on matter about 1" to 2" long.

Plan of Correction

Accept () - 09/16/2026)

1. Upon notification from the Surveyor Resident ()'s comforter was removed from () bed and washed by the Executive Director.
2. On 8/6/26 the nurse and med techs were educated on this regulation, especially checking rooms for cleanliness, if something is soiled it is to be removed and washed.
3. On 8/20/26 all staff will be educated again at the monthly staff meeting on compliance of this regulation.
4. Starting the week of 8/24/26 the Executive Director or designee will audit 5 random rooms daily Monday through Friday to ensure compliance.
5. Starting in October 2026 5 random rooms will be audited monthly to ensure compliance.
6. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
7. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/22/2026)

85d - Trash Receptacles**9. 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

On () at 10:55 AM there was a large industrial trashcan, that was full of trash, uncovered and unattended in the kitchen's dishwashing area.

Plan of Correction

Accept () - 09/16/2026)

1. The facility ordered a new trash can for the dish room with an attached lid which should be at the facility by 8/28/26.

85d - Trash Receptacles (continued)

2. On 8/21/26 the dietary staff will be educated that all trash cans must be covered when not in use.
3. Starting the week of 8/24/26 the Dietary Manager or designee will perform daily audits x4 weeks to ensure compliance with this regulation.
4. Starting the week of 9/21/26 the Dietary Manager or designee will perform audits 3x/weekly x 2 weeks to ensure compliance with this regulation.
5. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
6. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/22/2026)

103b - Clean/Sanitized Kitchen Surfaces**11. Requirements**

2600.

103.b. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Description of Violation

Pans used for cooking were on a lower shelf next to the grill were covered in what appeared to be grease and food droppings that have dried and crusted onto the pans and the shelves where the pans were being stored.

On [REDACTED] at 11:15 AM, the grill was not in use and was cool and there was cooked food still on all 6 burners, splashes and drips of food stuck and burnt onto the back plate of the grill and stove and layers of food remnants stuck to the gas line, including a 3"-long piece of cooked food.

Plan of Correction

Accept [REDACTED] 09/16/2026)

1. On 8/21/26 the dietary staff will be educated by the Dietary Manager on compliance with this regulation, cleaning and sanitizing kitchen surfaces after each meal.
2. The cooks will sign off on the kitchen cleaning checklist daily.
3. Starting the week of 8/24/26 the Dietary Manager or designee will audit the kitchen surfaces for cleanliness daily x4 weeks and that the kitchen cleaning checklist is signed off daily.
4. Starting the week of 9/21/26 the Dietary Manager or designee will audit the kitchen surfaces for cleanliness 3x/week x2 weeks and that the kitchen cleaning checklist is signed off daily.
5. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
6. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/22/2026)

103c - Food Protected**12. Requirements**

2600.

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

103c - Food Protected (continued)

Description of Violation

On [REDACTED] at 10:55 AM, the personal care warmer transport cart had a metal pan of carrots that was not covered, labeled, or dated.

The flip-up lid of the commercial-sized container of flour in the food preparation line, next to a thickener container, was covered in a sticky residue, had pieces of what appeared to be food, a metal staple, and a piece of hair on it. Two commercial-sized containers of thickener had flip-up lids that had sticky residue and food debris on top. Opening the flip-up lids on any of these containers could cause the debris on top to fall into and contaminate the stored flour and thickener.

Plan of Correction

Accept [REDACTED] - 09/16/2026)

1. On 7/28/26 PC warmer transport cart had a pan of carrots not covered, labeled or dated.
2. Upon notification from the Surveyor that the flip-up lids of the commercial sized flour and thickener containers were sticky and had food, pieces of food and a hair on them, the lids were cleaned by the dietary staff.
3. On 8/21/26 the dietary staff will be educated by the Dietary Manager on compliance with this regulation.
4. Starting 8/24/26 the cooks will sign off on the cleaning checklist daily.
5. Starting 8/24/26 the cooks will sign off on a checklist on the warmer transport cart at each meal that all food items are covered, labeled and dated.
6. Starting the week of 8/24/26 the Dietary Manager or designee will audit 2 meals daily x4 weeks that food items in the warmer transport cart are covered, labeled and date.
7. Starting the week of 8/24/26 the Dietary Manager or designee will audit the flip lids on the commercial food storage bins daily at the end of the shift x4 weeks to make sure they care clean.
8. Starting the week of 9/21/26 the Dietary Manager or designee will audit 2 meals 3x/week x4 weeks that food items in the warmer transport cart are covered, labeled and dated
9. Starting the week of 9/21/26 the Dietary Manager or designee will audit the flip lids on the commercial food storage bins daily at the end of the shift 3x/weekly x4 weeks to make sure they care clean.
10. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
11. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/22/2026)

103d - Storing Food Off Floor

13. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On [REDACTED] at 11:12 AM, there were many boxes of food including liquid eggs, yogurt, onions, cheese, and potatoes that were stored on the floor of the walk-in refrigerator. There were also many individual slices of mushrooms scattered on the floor and on a few of the shelves in this walk-in refrigerator.

On [REDACTED] at 11:33 AM, the outside walk-in freezer had food stored on the floor and uncovered and unlabeled

103d Storing Food Off Floor (continued)

cupcakes. Food stored on the floor included boxes of Salisbury steaks, hot dog buns, hamburger buns, chicken, seafood, and vegetables. Some boxes of food were also sitting on layers of ice that had formed when the drain line had broken.

Plan of Correction**Accept** [REDACTED] - 09/16/2026)

1. Upon notification from Surveyor the boxes of food on the floor in the walk in refrigerator and freezer were put away off of the floor from the recent delivery.
2. On 8/21/26 the dietary staff will be educated by the Dietary Manager on compliance with this regulation.
3. Starting the week of 8/24/26 the food order will be put away immediately upon delivery, will implement a sheet with order delivery time and order put away time.
4. Starting the week of 8/24/26 the Dietary Manager or designee will audit the walk in refrigerator and freezer every Monday, Wed and Friday afternoon after delivery to make no boxes are on the floors x8 weeks.
5. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
6. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/16/2026**Implemented** [REDACTED] - 09/22/2026)**141b1 - Annual Medical Evaluation****16. Requirements**

2600.

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

Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED].

Repeated Violation [REDACTED] and [REDACTED]

Plan of Correction**Accept** [REDACTED] - 09/16/2026)

1. Upon notification from the Surveyor a new DME was completed for Resident [REDACTED] by the Assistant Resident Care Manager.
2. On 7/29/26 the Executive Director, Resident Care Manager and Assistant Resident Care Manager were educated on this regulation.
3. Initial audit completed by the Corporate Compliance Nurse on 8/19/26 showed one missing DME for 2025, the Executive Director reached out to the PCP office and was able to get a copy of the DME that was completed on 10/22/26.
4. Starting the week of 8/24/26 the Resident Care Manager will complete weekly audits using the DME/RASP tracker x6 weeks to ensure compliance with this regulation.
5. Starting in October 2026 an audit will be completed monthly using the DME/RASP tracker to ensure compliance with this regulation.
6. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
7. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/21/2026**Implemented** [REDACTED] - 09/22/2026)

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 [REDACTED] at 10:30 AM, a half of a blue, oblong tablet and a purple and gray capsule labeled [REDACTED] were loose in the A hall medication cart. The #16 blister on Resident [REDACTED] blister card had a large puncture that would allow contaminants to come in contact with the tablet or for the tablet to potentially fall out of the blister card.

On [REDACTED], Resident [REDACTED] opened [REDACTED] was stored in the B hall medication cart. The insulin pen has manufacturer instructions stating to use within 28 days after initial use. The pen had a sticker on it stating "Date Opened 6/25" and a sticker on the prescription label stated "EXP 7/23" indicating the date when the pen should have been discarded.

Repeated Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/16/2026)

1. Upon notification from the Surveyor the 2 loose pills found in the A hall med cart were removed and destroyed per policy.
2. Upon notification from the Surveyor that the tramadol blister #16 for Resident [REDACTED] had a large hole in it the medication was destroyed per policy by the Executive Director and Resident Care Manager.
3. Upon notification from Surveyor the expired Lantus pen for Resident [REDACTED] was removed from the med cart and disposed of properly. A new pen was placed in the med cart for next administration. Education and write-ups were give to all staff that administer the Lantus after it's expiration date.
4. On 8/6/26 the nurse and med techs were educated on this regulation, specially making sure dropped pills are disposed of properly, no holes are noted in narcotic blister packs and disposing of expired medications properly.
5. On 8/18/26 an initial audit of med carts completed, the carts are free from loose pills, no holes were noted in narcotic blister packs, and no expired medications were present in med cart.
6. On 8/20/26 staff will be educated again at the monthly staff meeting on compliance with this regulation.
7. Starting the week of 8/24/26, Resident Care Manager or designee will audit one medication cart weekly using the Medication Cart/Room Audit form.
8. The pharmacy will continue their quarterly medication cart audits.
9. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
10. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented [REDACTED] - 09/22/2026)

184a - Resident's Meds Labeled

19. Requirements

2600.

184a Resident's Meds Labeled (continued)

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

Description of Violation

The pharmacy label for Resident [REDACTED] states to take 1 tab orally on Sunday, Monday, Wednesday and Friday; take 1 tab orally twice daily on Tuesday, Thursday, and Saturday. The resident's current prescription, dated [REDACTED] is [REDACTED] daily for 3 days then [REDACTED] routine daily.

Repeated Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/16/2026)

1. Upon notification from the Surveyor That Resident [REDACTED] current prescription for Torsemide did not match the blister pack in the med cart the card was removed, the pharmacy was called and a new card was sent in the evening on 7/28/26.
2. On 8/6/26 the nurse and med techs were educated on this regulation, if they find that the current label on the medication card does not match the order on the EMAR they are to notify their manager and add a "change of direction" sticker to the card.
3. On 8/20/26 staff will be educated again at the monthly staff meeting on compliance with this regulation.
4. Starting the week of 8/24/26 the Executive Director will audit medication card labels sent from the pharmacy against the current order in PCC daily Monday through Friday x4 weeks.
5. Starting the week of 8/24/26, Resident Care Manager or designee will continue to audit one medication cart weekly using the Medication Cart/Room Audit form.
6. Starting the week of 9/21/26 the Executive Director will audit medication card labels sent from the pharmacy against the current order in PCC 3x/week x4 weeks.
7. The pharmacy will continue their quarterly medication cart audits.
8. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
9. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/22/2026)

184b - Labeling OTC/CAM**20. 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 bottle of [REDACTED] tablets and a bottle of [REDACTED] belonging to Resident [REDACTED] were stored in the A hall medication cart and were not labeled with the resident's name.

Plan of Correction

Accept [REDACTED] 09/16/2026)

1. Upon notification from the Surveyor the name of Resident [REDACTED] was added to both bottles.
2. On 8/6/26 the nurse and med techs were educated on this regulation.
3. On 8/20/26 staff will be educated again at the monthly staff meeting on compliance with this regulation.

184b Labeling OTC/CAM (continued)

4. Starting the week of 8/24/26, Resident Care Manager or designee will audit one medication cart weekly using the Medication Cart/Room Audit form.
5. The pharmacy will continue their quarterly medication cart audits.
6. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
7. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented [REDACTED] - 09/22/2026)

185a - Implement Storage Procedures**21. 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

Resident [REDACTED] gets blood sugar testing two times daily. The reading on the MAR for [REDACTED] states 7:08 AM, however, the reading on the meter is times 5:49 AM. The reading documented on the MAR for [REDACTED] at 7:46 AM is stored on the meter for 6:16 AM. There were no readings stored on Resident [REDACTED]'s glucometer prior to [REDACTED]

Resident [REDACTED] gets blood sugar checked once daily. There were no readings stored on Resident [REDACTED]'s glucometer prior to [REDACTED]

Resident [REDACTED] gets blood sugar checks three times daily. There were no readings stored on Resident [REDACTED]'s glucometer prior to [REDACTED]

Resident [REDACTED] gets blood sugar checks four times daily, the medication administration record (MAR) for [REDACTED] at 7:16 AM states [REDACTED]. The corresponding meter reading is timed as 6:15 AM. There were no readings stored in Resident [REDACTED]'s glucometer prior to [REDACTED]

Resident [REDACTED] gets blood sugar checks four times daily including at 7:30 AM, 12:00 PM, 5:00 PM, and 8:00 PM. A reading of [REDACTED] stored on the resident's glucometer for [REDACTED] at 5:55 AM matched a reading documented on the MAR for 7:30 AM. There were no readings on Resident [REDACTED]'s glucometer prior to [REDACTED]

Resident [REDACTED] gets blood sugar checks two times daily. A comparison of blood sugar readings stored on Resident [REDACTED]'s glucometer was made against the readings documented on the MAR. A blood sugar reading stored in the resident's glucometer for [REDACTED] at 6:20 AM was not documented on the MAR. A reading of [REDACTED] documented on the resident's MAR for [REDACTED] at 8:00 AM matched one stored in the resident's glucometer for 6:33 AM. A reading of [REDACTED] documented on the resident's MAR for [REDACTED] at 7:25 AM was not stored in the resident's glucometer. A reading of [REDACTED] documented on the resident's MAR for [REDACTED] at 3:45 AM was not stored in the resident's glucometer.

Repeated Violation [REDACTED]

185a Implement Storage Procedures (continued)

Plan of Correction

Accept [REDACTED] - 09/16/2026)

1. On 8/6/26 the nurse and med techs were educated on this regulations especially documenting blood sugar results in PCC as soon as they are obtained, not deleting blood sugar readings from glucometers and using individual glucometers for each resident.
2. On 8/20/26 staff will be educated again at the monthly staff meeting on compliance with this regulation.
3. Starting 8/24/26 the Executive Director or designee will audit all glucometer blood sugar reading times against times entered in the EMAR daily Monday through Friday x4 weeks.
4. Starting 8/24/26 the Executive Director or designee will audit all glucometers to make sure there are no extra readings that are not entered into the EMAR Monday through Friday x4 weeks.
5. Starting 9/21/26 the Executive Director or designee will audit 5 random glucometer blood sugar reading times against times entered in the EMAR Monday through Friday 3x/week x4 weeks.
6. Starting 9/21/26 the Executive Director or designee will audit 5 random glucometer
7. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
8. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/22/2026)

190a - Completion Medication Course

22. 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 Member D, who has not successfully completed the Department approved medications administrations course, administered medications to residents to include the following:

- On [REDACTED] at 8:00 AM, docusate sodium and [REDACTED] to Resident [REDACTED]
 On [REDACTED] at 8:00 AM, [REDACTED] to Resident [REDACTED]
 On [REDACTED] at 8:00 AM, [REDACTED] to Resident [REDACTED]

Staff Member E, who has not successfully completed the Department approved medications administrations course, administered medications to residents to include the following:

- On [REDACTED] and [REDACTED] at 8:00 PM, [REDACTED] to Resident [REDACTED]
 On [REDACTED], and [REDACTED] at 8:00 PM, [REDACTED] to Resident [REDACTED]

Staff Member F, who has not successfully completed the Department approved medications administrations course, administered medications to residents to include the following:

- On [REDACTED] at 8:00 PM, [REDACTED] to Resident [REDACTED]
 On [REDACTED] at 8:00 PM, [REDACTED] to Resident [REDACTED]

Staff Member C, who has not successfully completed the Department approved medications administrations course, administered medications to residents to include the following:

190a - Completion Medication Course (continued)

- On [REDACTED] at 8:00 PM, [REDACTED], and [REDACTED] to Resident [REDACTED]

Staff Member G, who has not successfully completed the Department-approved medications administrations course, administered medications to residents to include the following:

- On [REDACTED] at 6:00 AM, [REDACTED] to Resident [REDACTED]
- On [REDACTED] and [REDACTED] at 8:00 PM, [REDACTED] to Resident [REDACTED]
- On [REDACTED] at 6:00 AM, [REDACTED] to Resident [REDACTED]

Staff Member H, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- On [REDACTED] at 11:30 AM, [REDACTED] to Resident [REDACTED]
- On [REDACTED] and [REDACTED] at 8:00 AM, [REDACTED] to Resident [REDACTED]

Staff Member I, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- On [REDACTED] and [REDACTED] at 5:00 PM, [REDACTED] to Resident [REDACTED]
- On [REDACTED] at 8:00 PM, [REDACTED] to Resident [REDACTED]
- On [REDACTED] at 4:00 PM, [REDACTED] to Resident [REDACTED]

Plan of Correction**Accept ([REDACTED] - 09/16/2026)**

1. On 8/4/26 the Executive Director and Resident Care Manager were educated on this regulation.
2. Staff have been put through the Department approved medication administration course again and all required documentation is current including: Staff Member D completed 8/4/26, Staff Member E completed 7/29/26, Staff Member F will be completed by 8/31/26, Staff Member C completed 8/3/26, Staff Member G will be completed by 8/31/26, Staff Member H completed 7/30/26 and Staff Member I completed 8/12/26.
3. On 8/19/26 the Corporate Compliance Nurse completed an audit and all other Med Techs have also been put through the Department approved medication administration training again and all required documentation is current.
4. Starting 8/24/26 any newly hired Med Techs will be placed through the Department approved medication administration training again and documentation will be kept.
5. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
6. All documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented ([REDACTED] - 09/22/2026)**190c - Record of Training****24. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

190c - Record of Training (continued)

Description of Violation

The home's medication administration training record for Staff Member E was altered with correction fluid from [REDACTED] to [REDACTED]. Staff did not certify via signature on the bottom of the form that training was completed until [REDACTED].

The home's medication administration training record for Staff Member J does not include medication administration record (MAR) reviews or observations completed since [REDACTED]. Also, the dates of the medication administration records and observations only have the month and year of completion and the full date is not documented for MAR reviews and observations.

The home's medication administration training record for Staff Member K was altered with correction fluid from [REDACTED] to [REDACTED]. The last MAR review and observation occurred in November 2025, however, the full date of completion was not documented. The medication trainer who requalified Staff Member K didn't sign and date the form.

The home's medication administration training record for Staff Member I doesn't include the trainer attestation for the initial training period that was printed out [REDACTED]. The medication trainer requalified Staff Member I in 2026, however, did not include the date of requalification and didn't include the specific date of completion of the two MAR reviews and observations, only the month and year.

Plan of Correction**Accept ([REDACTED] - 09/16/2026)**

1. On 8/4/26 the Executive Director and Resident Care Manager were educated on this regulation.
2. On 8/19/26 an audit was completed by the Corporate Compliance Nurse, all current Med Techs have been put through the Department approved medication administration course again and required documentation is in place including medication observations. Next MAR review and Medication observation due January 2026.
3. The Resident Care Manager will complete two MAR reviews and two medication observations (one every 6 months per the Med Admin HELPDESK).
4. A Med Tech Training Tracker will be developed by 8/31/26 to be monitored by the Resident Care Manager for due dates of Mar reviews and Medication observations to ensure compliance of this regulation.
5. On 10/22/26, the compliance will be reviewed during the quarterly QA meeting
6. All documentation will be kept.

Proposed Overall Completion Date: 10/22/2026

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented ([REDACTED] - 09/22/2026)