

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

October 20, 2026

[REDACTED], VICE PRESIDENT OF OPERATIONS
HUMANGOOD PENNSYLVANIA
[REDACTED]
[REDACTED]

RE: SPRING MILL POINTE
2002 JOSHUA ROAD
LAFAYETTE HILL, PA, 19444
LICENSE/COC#: 12792

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/11/2026, 08/12/2026 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: SPRING MILL POINTE

License #: 12792

License Expiration: 12/15/2026

Address: 2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: HUMANGOOD PENNSYLVANIA

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 10/15/2007

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 75

Waking Staff: 56

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/12/2026

Inspection Dates and Department Representative

08/11/2026 - On-Site: [REDACTED]

08/12/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 107

Residents Served: 45

Secured Dementia Care Unit

In Home: Yes

Area: first floor

Capacity: 33

Residents Served: 25

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 45

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 30

Have Physical Disability: 0

Inspections / Reviews

08/11/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/12/2026

09/16/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/21/2026

Inspections / Reviews (*continued*)

09/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/15/2026

10/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy**1. Requirements**

2600.

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

Description of Violation

On 8/11/26, cameras observed in the Secure Dementia Unit, no signs were posted by cameras. Signage was posted at the entrance/exit of the unit only. The cameras were recording in interior common areas like the dining room and resident doors. There is no language present in contract that state the use of camera recording in the home.

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

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/11/2026 by the IT Manager to disable all security cameras on the Memory Support household.

To enhance the currently compliant operations:

- 1. on 09/11/2026 the IT Manager will schedule the removal of all cameras on the Secured Dementia household, with a completion date of 09/30/2026.*
- 2. on 09/14/2026 the Administrator will create an audit to check the camera system to ensure cameras are not active in resident areas, with a completion date of 09/14/2026.*

The overall completion date is 09/30/2026.

Effective 09/14/2026 the Administrator will perform weekly reviews of camera system, through 10/30/2026 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([REDACTED] - 10/20/2026)**60c - Housekeeping/Maintenance****2. Requirements**

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 8/12/26 it was described that kitchen staff are supposed to check the temperature of meals before distribution to the residents. This service is often not provided in the Secure Dementia Unit due to a lack of staff needed to complete the task.

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

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2026 by the Dining Room Manager to check the temperatures on the food being served in the Secured Dementia household.

To enhance the currently compliant operations:

- 1. on 08/17/2026 the Director of Dining will add an additional temperature check for all meals once they*

60c Housekeeping/Maintenance (continued)

arrive in the Secured Dementia household kitchen, with a completion date of 8/17/2026.

- 2. on 9/14/26, the Administrator will create a weekly staffing sheet for the Secured Dementia household to track coverage, with a completion date of 9/14/26.*

The overall completion date is 10/30/2026.

Effective 09/14/2026 the Director of Dining will perform daily checks of the Dining Schedule, through 10/30/2026 to maintain ongoing compliance with ensuring additional staff hours, or contractual hours, are provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home. Staffing sheets to be submitted to the Administrator weekly for review. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented (████ - 10/20/2026)

65f - Training Topics**3. Requirements**

2600.

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

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

Description of Violation

Direct care staff person A did not receive training in medication self administration, meeting resident needs based on state forms and safe management techniques during training year 2025.

Direct care staff person B did not receive training in meeting resident needs based on state forms during training year 2025.

Plan of Correction

Accept (████ - 09/24/2026)

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 08/13/2026 by the Administrator to determine why the trainings were missed for the 2025 training year.*
- 2. on 09/11/2026 by Human Resources to assign the missed trainings for the 2025 training year to direct care staff persons A and B.*
- 3. Human Resources is auditing all of the direct care team members' training records to ensure compliance with training for 2025 with an anticipated completion date of 9/25/26.*

65f Training Topics (continued)

To enhance the currently compliant operations, on 09/21/2026 the Human Resources will develop an audit for training compliance, with a completion date of 09/30/2026.

Effective 10/01/2026 Human Resources will perform monthly audits of training records for direct care staff members, through 12/31/2026 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons meet the requirements of the Pennsylvania Bureau of Human Service Licensing. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

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

Implemented (████ **- 10/20/2026)**

65g - Annual Training Content**4. Requirements**

2600.

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

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

Description of Violation

Staff person A did not receive training in Falls and Accident prevention during training year 2025.

Plan of Correction

Accept (████ **- 09/24/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 08/13/2026 by the Administrator to determine why the trainings were missed for the 2025 training year.
2. on 09/11/2026 by Human Resources to assign the missed trainings for the 2025 training year to direct care staff persons A and B.
3. Human Resources is auditing all of the direct care team members' training records to ensure compliance with training for 2025 with an anticipated completion date of 9/25/26.

To enhance the currently compliant operations, on 09/21/2026 the Human Resources will develop an audit for training compliance, with a completion date of 09/30/2026.

Effective 10/01/2026 Human Resources will perform monthly audits of training records for direct care staff members, through 12/31/2026 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons meet the requirements of the Pennsylvania Bureau of Human Service Licensing. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

65g - Annual Training Content (*continued*)

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

Implemented () - 10/20/2026

81b - Resident Personal Equipment

5. 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

Resident 1 and resident 2 have bedside mobility devices that are not attached to the bed frame but slide under the resident's mattress.

Bedside mobility devices that slide under the mattress and are not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstance.

Plan of Correction

Accept () - 09/16/2026

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Director of Resident Services:

- 1. on 08/12/2026 to remove the bedside mobility devices for Residents #1 and #2.*
- 2. on 08/14/2026 to review the mobility and transfer needs for Residents #1 and #2 and implement appropriate alternatives in consultation with the residents, family/responsible party, and physician.*

To enhance the currently compliant operations:

- 1. the Director of Resident Services audited all bedside mobility devices in use to ensure appropriate and secure placement, with a completion date of 08/21/2026.*
- 2. the Director of Resident Services created a Resident Mobility Device Safety Audit, with a completion date of 09/11/2026.*

The overall completion date is 09/11/2026.

Effective 09/14/2026 the Director of Resident Services will perform weekly inspections of five residents' bedside mobility devices, through 10/31/2026 to maintain ongoing compliance with ensuring wheelchairs, walkers, prosthetic devices and other apparatus used by residents are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/11/2026

Implemented () - 10/20/2026

82c - Locking Poisonous Materials

6. Requirements

2600.

82c - Locking Poisonous Materials (continued)

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

Description of Violation

Three tubes of Crest toothpaste, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents. Not all the residents of the home, including resident 3, have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept (████ - 09/16/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2026 by the LPN Charge Nurse to remove the toothpaste from Resident #3's bathroom.

To enhance the currently compliant operations, beginning 09/07/2026 the Memory Support Manager will in-service direct care team members scheduled and working on the Secured Dementia household, with a completion date of 09/18/2026.

Effective 08/17/2026 the Memory Support Manager will perform weekly audits of safety audits, through 10/30/2026 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented (████ - 10/20/2026)**85a - Sanitary Conditions****7. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/12/26 at 9:19a, while observing a medication administration, Staff member C was preparing medication for a resident and dropped the pill on the top of the medication cart. Staff member C was then observed picking up the pill with the top of the blister pack and putting it in the cup.

Plan of Correction**Accept (████ - 09/16/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 08/12/2026 by the Director of Resident Services to re-educate the team member on the proper handling of medications, infection control practices, and sanitary medication administration procedures.*

To enhance the currently compliant operations, on 09/11/2026 the Director of Resident Services will implement a weekly Medication Administration Sanitation Audit, with a completion date of 09/14/2026.

85a - Sanitary Conditions (continued)

Effective 09/14/2026 the Director of Resident Services will perform weekly reviews of the medication pass, through 10/30/2026 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented ( **- 10/20/2026)**

85d - Trash Receptacles**8. 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 8/11/26, there was a full, uncovered, unattended trash can with no lid in the main kitchen.

Plan of Correction

Accept ( **- 09/16/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/13/2026 by the Dining Manager to replace the lid on the trash receptacle in the kitchen.

To enhance the currently compliant operations:

- 1. on 09/14/2026 the Director of Dining will in-service all scheduled Dining team members on the requirement to keep all trash receptacles covered in the kitchen, with a completion date of 09/25/2026.*
- 2. on 09/14/2026 the Director of Dining will create a checklist to ensure trash receptacles are covered when not actively in use, with a completion date of 09/14/2026.*

The overall completion date is 09/25/2026.

Effective 09/14/2026 the Director of Dining will perform daily checks of the trash receptacles during off peak times in the kitchen, through 10/30/2026 to maintain ongoing compliance with keeping trash in kitchens and bathrooms in covered trash receptacles that prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

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

Implemented ( **- 10/20/2026)**

103f - Refrigerator/Freezer Temps**9. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 8/11/26 at 10:10, the temperature in the kitchenette freezer in the Secure Dementia Unit was 30

103f Refrigerator/Freezer Temps (continued)

degrees Fahrenheit and on 8/12/26 at 12:04p, it was 40 degrees Fahrenheit.

Plan of Correction**Directed () - 09/24/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/13/2026 by the Dining Manager to replace the thermometer in the freezer to determine if the temperature issue was the thermometer or the operation of the freezer. It was determined the thermometer was faulty.

To enhance the currently compliant operations, on 09/14/2026 the Director of Dining will add a check for freezer temperature to the daily temperature log for the kitchen in the Secured Dementia household, with a completion date of 09/14/2026.

Effective 09/14/2026 the Dining Team Member assigned to the Secured Dementia household will perform daily checks of the freezer temperature, through 10/30/2026 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Compliance monitoring activities will be implemented under the supervision of the Director of Dining. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 10/30/2026

Directed Plan of Correction (9/24/26 -)

The overall completion date has been directed to 10/14/2026. By this date, the home should be able to demonstrate significant compliance with the acceptable plan of correction.

Directed Completion Date: 10/14/2026

Implemented () - 10/20/2026)**107c - Food/Water 3 Day Supply****10. Requirements**

2600.

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

Description of Violation

On 8/11/26, the home served 45 residents, requiring 135 gallons of emergency drinking water. However, the home had only 19 gallons. The home does not have a contract with a local bottled water supplier.

107c - Food/Water 3 Day Supply (continued)**Plan of Correction****Directed () - 09/24/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/12/2026 by the Dining Manager to purchase the required amount of water to bring the emergency supply to the threshold needed for the current census.

To enhance the currently compliant operations, on 09/14/2026 the Director of Dining will create an audit to ensure adequate emergency water supply, with a completion date of 09/14/2026.

Effective 09/14/2026 the Director of Dining will perform weekly audits to ensure the emergency water supply meets the needs for the current census, through 10/30/2026 to maintain ongoing compliance with maintaining at least a 3-day supply of nonperishable food and drinking water for residents. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 10/30/2026

Directed Plan of Correction (9/24/26 -)

The overall completion date has been directed to 10/14/2026. By this date, the home should be able to demonstrate significant compliance with the acceptable plan of correction.

Directed Completion Date: 10/14/2026

Implemented () - 10/20/2026)**132d - Evacuation****11. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- 8/20/25 - 6 minutes
- 9/23/25 - 5 minutes and 30 seconds,
- 10/2/25 - 5 minutes
- 12/21/25 - 5 minutes and 2 seconds
- 12/23/25 - 5 minutes and 22 seconds
- 1/24/26 - 5 minutes and 18 seconds
- 2/19/26 - 5 minutes and 6 seconds
- 3/18/26 - 5 minutes and 10 seconds
- 4/28/26 - 5 minutes and 2 seconds
- 5/22/26 - 5 minutes and 24 seconds
- 6/14/26 - 5 minutes and 18 seconds

132d Evacuation (continued)**Plan of Correction****Directed (████ - 09/24/2026)**

To ensure the Fire Evacuation Fire Safe Area Designation documentation is readily accessible and available for timely review, the Administrator will include the documentation in the Annual Survey Binder.

Please see the attached documentation, using the Department designated form, for verification of compliance with this regulation.

Proposed Overall Completion Date: 09/18/2026

Directed Plan of Correction (9/24/26 - █████)

In addition to the above plan of correction, beginning immediately, the administrator or designee shall audit the survey binder for the presence of the required fire/evacuation related documentation bi annually.

Directed Completion Date: 09/18/2026

Implemented (████ - 10/20/2026)**141b1 - Annual Medical Evaluation****12. Requirements**

2600.

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

Description of Violation

Resident 4's annual medical evaluation form did not acknowledge that the resident's needs could be safely met within the home.

Resident 5's annual medical evaluation form was incomplete; The last page was missing the doctor's signature, date and acknowledgements.

Plan of Correction**Accept (████ - 09/16/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 08/13/2026 by the Director of Resident Services to contact Resident #4's physician to correct the annual medical evaluation to include documentation that the resident's needs can be safely met within the home. Resident record was reviewed to ensure all required medical evaluation documentation was complete and current.*
- 2. on 08/13/2026 by the Director of Resident Services to contact Resident #5's physician to complete the signature section of the annual medical evaluation. The resident's record was reviewed to ensure all required medical evaluation documentation was complete and current.*

To enhance the currently compliant operations:

- 1. on 08/17/2026 the Director of Resident Services completed an audit of all resident medical evaluations to check for compliance, with a completion date of 09/12/2026.*
- 2. on 09/7/2026 the Director of Resident Services created an audit for annual medical evaluations, with a completion date of 09/12/2026.*

141b1 - Annual Medical Evaluation (continued)

The overall completion date is 09/12/2026.

Effective 9/14/2026 the Director of Resident Services will review five resident annual medical evaluations weekly, through 10/30/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/12/2026

Implemented ( **- 10/20/2026)**

161e - Dietary Alternatives**13. Requirements**

2600.

161.e. Dietary alternatives shall be available for a resident who has special health needs or religious beliefs regarding dietary restrictions.

Description of Violation

The home does not provide a dietary alternative to residents with chopped or pureed diets. An alternative menu is present, but the home does not provide the alternative menu to these special diets.

Plan of Correction

Directed ( **- 09/24/2026)**

In response to the violation identified on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, the Memory Support Manager initiated corrective action on 08/17/2026 to establish a consistent process for ensuring that residents requiring modified diets, including chopped or pureed diets, are offered appropriate dietary alternatives at each meal.

On 08/17/2026, the Memory Support Manager reviewed the current alternative menu and the dietary needs of residents receiving modified diets to ensure that appropriate alternative selections are available and can be provided at each meal. The Memory Support Manager also reviewed the meal service process with the appropriate team members to reinforce that residents receiving chopped, pureed, or other modified diets are to be offered available dietary alternatives consistent with their assessed dietary needs and preferences.

On 08/19/2026, the Memory Support Manager provided education to direct care team members assigned to the Memory Support household regarding the requirements of 2600.161(e) and the importance of offering available dietary alternatives to residents with special dietary needs. Education was completed by 09/12/2026, please see attachment.

The root cause was identified as a gap in the meal service process and team member communication. Although an alternative menu was available, there was not a consistently implemented process to ensure that residents requiring modified diets were identified prior to meal service and routinely offered appropriate dietary alternatives at each meal. Corrective action includes both staff education and an established monitoring process to ensure that the availability of an alternative menu translates into the consistent offering of appropriate choices to residents with modified diets.

161e - Dietary Alternatives (continued)

Beginning 09/21/2026, the Memory Support Manager will observe meal service three times per week through 10/30/2026 to verify that residents with modified diets are being offered appropriate dietary alternatives at each meal. During each observation, the Memory Support Manager will verify:

- Residents requiring modified diets are appropriately identified.
- Appropriate dietary alternatives are available.
- Residents are offered the available dietary alternative.
- Staff understand the resident's dietary needs and available choices.
- Any identified deficiency is addressed immediately.

The Memory Support Manager will document the date of each observation, the meal service observed, the findings, and any corrective action taken. Any deficiency identified during monitoring will be corrected immediately and reported to the Administrator for follow-up.

Proposed Overall Completion Date: 10/30/2026

Directed Plan of Correction (9/24/26 - [REDACTED])

The overall completion date has been directed to 10/14/2026. By this date, the home should be able to demonstrate significant compliance with the acceptable plan of correction.

Directed Completion Date: 10/14/2026

Implemented ([REDACTED]) - 10/20/2026)

162c - Menus Posted**14. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 8/9-15/26 was posted. However, the menu is not followed. The menu offers soup or House/Ceaser salad. The salads are not made available to Secure Dementia Unit residents.

Repeated Violation: 08/06/2025

Plan of Correction

Directed ([REDACTED]) - 09/24/2026)

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/17/2026 by the Director of Dining Services to review the posted menus and meal service process for the Memory Support household to ensure the menu accurately reflects the foods being served and that all residents, are offered available menu selections within their prescribed dietary parameters.

As part of the corrective action, salads were removed from the daily menus and incorporated into the Always Available Menu. Daily menus will identify the specific foods planned to be served at each meal and will be followed as posted.

162c - Menus Posted (continued)

Residents in the Memory Support Household will have access to the same menu selections available to other residents through the daily menu and the Always Available Menu within their prescribed dietary parameters. Residence in the Memory Support household will not, by itself, be a reason to exclude a resident from an available menu selection.

When a resident requires assistance to safely access and consume a menu item, a team member will provide appropriate assistance consistent with the resident's assessed needs.

The Memory Support Manager will in-service scheduled Memory Support Household team members through 9/30/26 on:

- Following the posted weekly menu*
- Ensuring Memory Support residents are offered the same available menu selections as other residents, within their prescribed dietary parameters*
- The use of the Always Available Menu*
- Communicating menu changes, substitutions, or unavailable items appropriately*
- Reporting concerns related to menu availability or meal service*

The root cause was identified as a gap in communication and implementation between the posted menu and the meal service provided to residents in the Memory Support household. Although the menu identified salad as a selection, the meal service process did not consistently ensure the selection was made available and offered to Memory Support residents.

Beginning 9/21/26, the Memory Support Manager will conduct three meal service observations per week through 10/30/26, (copy of audit form attached). Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 10/30/2026

Directed Plan of Correction (9/24/26 - [REDACTED])

The overall completion date has been directed to 10/14/2026. By this date, the home should be able to demonstrate significant compliance with the acceptable plan of correction.

Directed Completion Date: 10/14/2026

Implemented ([REDACTED] - 10/20/2026)

163b - Sanitary Practices**15. Requirements**

2600.

163.b. Staff persons, volunteers and residents shall follow sanitary practices while working in the kitchen areas.

Description of Violation

On 8/12/26, the sink in the memory care kitchenette, where food is served to residents of the secured dementia care unit, did not have soap for handwashing. A bottle of Dial soap was later identified locked under the sink, and a bottle of Mckesson soap was empty.

163b Sanitary Practices (continued)**Plan of Correction****Accept () - 09/16/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/14/2026 by the Director of Building and Grounds to install a soap dispenser on the wall in the kitchen.

To enhance the currently compliant operations, on 09/07/2026 the Director of Building and Grounds will develop an audit to check the soap supply in the Memory Support household kitchen to ensure soap is available, with a completion date of 09/12/2026.

Effective 09/14/2026 the Director of Building and Grounds will perform checks of check the Memory Support household kitchen three times a week, through 10/30/2026 to maintain ongoing compliance with ensuring staff persons, volunteers and residents follow sanitary practices while working in the kitchen areas. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/12/2026

Implemented () - 10/20/2026)**183d - Prescription Current****16. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/12/26, Acetaminophen 325 MG Tab take 2 tablets by mouth every 6 hours as needed for 90 days prescribed for resident 6, was in the home's medication cart; however, the medication was discontinued on 7/8/26.

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

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/12/2026 by the Director of Resident Services to remove the discontinued medication for Resident #6 from the medication cart.

To enhance the currently compliant operations:

- 1. on 09/07/2026 the Director of Resident Services reviewed all medications in the medication carts to verify no other discontinued medications were present on the cart, with a completion date of 09/12/2026.*
- 2. beginning 09/07/2026 the Director of Resident Services will in service all scheduled Medication Technicians and LPN Charge Nurses on procedures for managing discontinued medications, including timely removal, documentation, disposal practices, and verification during medication cart audits, with a completion date of 09/18/2026.*
- 3. on 09/07/2026 the Director of Resident Services developed a Discontinued Medication Removal Audit to ensure only current medications are present in the home, with a completion date of 09/12/2026.*

The overall completion date is 09/18/2026.

183d - Prescription Current (continued)

Effective 09/14/2026 the LPN Charge Nurse will perform a weekly audit of five residents' medication on the medication carts, through 10/30/2026 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Compliance monitoring activities will be implemented under the supervision of the Director of Resident Services. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 10/20/2026)

183e - Storing Medications**17. 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 8/12/26 Resident 7's Mementine HCL 5 MG Tablet, was punctured in slot #2.

On 8/12/26 was Resident 8's Levothyroxine 125 mcg tablet was punctured in slot #29.

Plan of Correction

Accept () - 09/16/2026)

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/12/2026 by the Director of Resident Services to remove the tablets for Resident #7 and Resident #8 from the punctured blister pack and dispose in accordance with facility policy.

To enhance the currently compliant operations:

1. beginning 08/17/2026 the Director of Resident Services inspected all blister packs on the medication card for damage and/or punctures, with a completion date of 09/12/2026.
2. beginning 09/14/2026 the Director of Resident Services will in-service all Medication Technicians and LPN Charge Nurses scheduled on proper medication storage procedures, with a completion date of 09/25/2026.
3. on 09/07/2026 the Director of Resident Services created an audit to check for Medication Card integrity, with a completion date of 09/12/2026.

The overall completion date is 09/25/2026.

Effective 09/14/2026 the LPN Charge Nurse will perform weekly inspections of medication cards (blister packs), through 10/30/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Compliance monitoring activities will be implemented under the supervision of the Director of Resident Services. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

183e - Storing Medications (continued)

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

Implemented () - 10/20/2026)

185a - Implement Storage Procedures**18. 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 9 is prescribed Hydrocortisone Cream as needed. On 8/12/26 Hydrocortisone Cream medication was not available in the home.

Plan of Correction

Accept () - 09/16/2026)

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/12/2026 by the Director of Resident Services to contact the pharmacy to reorder the medication for Resident #9.

To enhance the currently compliant operations:

- 1. beginning 08/14/2026 the Director of Resident Services will audit all residents' medications to identify any additional medications not available on the medication cart, with a completion date of 09/12/2026.*
- 2. beginning 09/14/2026 the Director of Resident Services will in-service all Medication Technicians and LPN Charge Nurses scheduled, on medication inventory management procedures, with a completion date of 09/25/2026.*
- 3. on 09/11/2026 the Director of Resident Services will update the Discontinued Medication Removal Audit to include a check to ensure all current medications are present on the medication cart, with a completion date of 09/14/2026.*

The overall completion date is 09/25/2026.

Effective 09/14/2026 the LPN Charge Nurse will perform weekly audits to check for the availability of all currently prescribed medication for five residents on a rotating basis, through 10/30/2026 to maintain ongoing compliance with the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Compliance monitoring activities will be implemented under the supervision of the Director of Resident Services. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

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

Implemented () - 10/20/2026)

19. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 8/12/26, at 2:34p, resident 8's glucometer displayed a date and time of 8/12/26 2:25p.

185a - Implement Storage Procedures (continued)**Plan of Correction****Accept ([REDACTED] - 09/16/2026)**

In response to the violation on 08/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/12/2026 by the Director of Resident Services to program Resident #8's glucometer to the correct date and time.

To enhance the currently compliant operations:

- 1. on 08/17/2026 the Director of Resident Services checked all glucometers to ensure they are programmed with the correct date and time, with a completion date of 09/12/2026.*
- 2. on 09/07/2026 the Director of Resident Services created an audit to check glucometers for correct date and time settings, with a completion date of 09/12/2026.*

The overall completion date is 09/12/2026.

Effective 09/14/2026 the LPN Charge Nurse will perform weekly inspections to verify the correct time and date settings on all glucometers, through 10/30/2026 to maintain ongoing compliance with ensuring the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Compliance monitoring activities will be implemented under the supervision of the Director of Resident Services. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented ([REDACTED] - 10/20/2026)