

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

October 13, 2026

[REDACTED], EXECUTIVE DIRECTOR
PHOEBE BERKS HEALTH CARE CENTER INC
[REDACTED]
[REDACTED]

RE: PHOEBE BERKS VILLAGE
1 READING DRIVE
WERNERSVILLE, PA, 19565
LICENSE/COC#: 20536

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2026, 08/20/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PHOEBE BERKS VILLAGE

License #: 20536

License Expiration: 07/30/2027

Address: 1 READING DRIVE, WERNERSVILLE, PA 19565

County: BERKS

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: PHOEBE BERKS HEALTH CARE CENTER INC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 08/04/1994

Issued By: DLI

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 119

Waking Staff: 89

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 08/20/2026

Inspection Dates and Department Representative

08/19/2026 - On-Site: [REDACTED]

08/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 103

Residents Served: 86

Secured Dementia Care Unit

In Home: Yes

Area: SDCU

Capacity: 37

Residents Served: 32

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 86

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 33

Have Physical Disability: 0

Inspections / Reviews

08/19/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/21/2026

10/01/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/05/2026

Inspections / Reviews *(continued)*

10/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On 8/19/26 the Department requested a current staff list with date of hire and job title, and a current resident list with date of admission at 9:10 a.m.; 9:30 a.m., 10:40 a.m. and 11:00 a.m. The staff and resident lists with the requested information were not provided to the Department until 11:30 a.m.

Plan of Correction

Accepted () - 10/01/2026)

- Immediate Corrective Action Taken:

8/19/26 – PCHA educated administrative assistant on prioritizing needs of resident list with admission dates when DHS enters the building.

9/17/26 – Executive Director of the campus educated Executive Director of Human Resources on the importance of providing DHS documentation in a timely manner along with regulation 2600.62

9/18/26 – Executive Director of Human Resources created a report in order for the human resources department to gather information in a timely manner. Executive Director of Human Resources educated human resources department on how to run the report along with instructions to run the report immediately upon being notified of DHS being present in the building.

9/18/26 – Designee will run reports weekly and keep updated in State binder.

- Audit to Identify Other Potential Issues:

8/19/26 – PCHA identified nurse manager and Administrator as backup employees to have responsibility for resident list. Executive Director and PCHA have been identified as backup employees as well for the employee list and have instructions moving forward.

9/18/26 – PCHA will audit State binder weekly for a month, biweekly for following month and quarterly for a year.

- Monitoring to ensure ongoing compliance:

8/24/26 - PCHA and nurse manager have been assigned as back up person for running report of resident list with admission date. Nurse manager educated on how to run report.

- Quality Assurance and Performance (QAPI) review:

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026)

17 - Record Confidentiality

2. Requirements

2600.

17 Record Confidentiality (continued)

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 8/19/26 at approximately 10:20 a.m. the 2nd floor medication cart in the Village Commons areas contained a laptop with resident medication information that was unattended, unlocked and accessible to the public.

Repeated Violation: 9/9/25; 7/17/25

Plan of Correction

Accept () - 10/01/2026)

- *Immediate Corrective Action Taken:*

8/19/26 PCHA provided verbal education to staff member that computer must be fully locked when walking away from the computer.

9/7/26,9/10/26 Mandatory staff meetings were held to reeducate staff on how to lock a computer and the privacy reasons for regulation.

9/21/26 IT changed locking screen time to 2 minutes.

- *Audit to Identify Other Potential Issues:*

8/21/26 PCHA reinitiated random audits to ensure computers are locked when a staff member is not present. Previous audits completed had findings of no issues.

- *Monitoring to ensure ongoing compliance:*

PCHA will continue with random weekly audits. All new staff will be educated on how to lock a computer and the privacy reasons for regulation. IT changed the lockout screen time to 2 minutes as well.

- *Quality Assurance and Performance (QAPI) review:*

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026)

25a - Written Contract and Review**3. Requirements**

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1 was admitted to the facility on [REDACTED]. The resident signed the contract on [REDACTED]

Plan of Correction

Accept () - 10/01/2026)

- *Immediate Corrective Action Taken:*

8/24/26 Executive Director educated sales department that they would have ownership of reviewing and signing contracts even for temporary stays.

- *Audit to Identify Other Potential Issues: 8/24/26 Sales team began auditing existing Personal Care contracts.*

Weekly PCHA will review audit from sales team weekly and sign off.

- *Monitoring to ensure ongoing compliance:*

25a Written Contract and Review (continued)

PCHA to audit all new contracts moving forward.

- *Quality Assurance and Performance (QAPI) review:*

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026)

121a - Unobstructed Egress**5. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/19/26 at approximately 10:10 a.m., the exit from the enclosed gate from the SDCU did not open easily the door had to be forced open by the maintenance person.

Repeat Violation: 7/17/25

Plan of Correction

Accept () - 10/01/2026)

- *Immediate Corrective Action Taken:*

8/19/2026 Environmental Services Director immediately applied WD40 to the latch on the gate and gate opened with ease. Verified by DHS inspectors on site.

- *Audit to Identify Other Potential Issues:*

8/21/26 PCHA began auditing all egresses to ensure they were not obstructed and open with ease. No additional concerns found.

9/7/26,9/10/26 Mandatory staff meetings were held to reeducate staff on importance of egress passageways and fire safety prevention.

- *Monitoring to ensure ongoing compliance:*

9/21/26 Maintenance conducts weekly audit and walking rounds to ensure all egresses remain clear and open with ease. PCHA will review audit sheet and sign off every week for 2 quarters.

- *Quality Assurance and Performance (QAPI) review:*

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026)

132g - Fire Drills Days/Times**6. Requirements**

2600.

132g - Fire Drills Days/Times (continued)

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds sleeping hour fire drills between 5 a.m. and 6 a.m. as evidence by the following drills: 7/23/25 at 5:51 a.m., 8/18/25 at 5:58 a.m., 12/23/25 at 5:52 a.m., and 3/27/26 at 5:00 a.m.

Plan of Correction

Accept () - 10/01/2026)

- **Immediate Corrective Action Taken:**

8/24/26 - Executive Director educated Environmental Services Director, PCHA and Staff Development Coordinator on fire safety expectations per DHS regulations.

8/25/26 - PCHA met with Environmental Services Director to review dates and times of future fire drills.

9/3/26 - Third shift fire drill was held around midnight on 9/3/26, as witnessed by PCHA.

- **Audit to Identify Other Potential Issues:**

PCHA to audit fire drill log monthly after completion of fire drill.

- **Monitoring to ensure ongoing compliance:**

PCHA to meet with Environmental Services Director monthly to review dates and times of fire drill.

- **Quality Assurance and Performance (QAPI) review:**

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026)

182c - Medication Administration**7. Requirements**

2600.

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

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

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

Description of Violation

On 8/20/26 at 11:30 in Resident #2's room there was a medication cup containing medications. Staff person A indicated they were the resident's 8:00 a.m. medications. Staff person A indicated they did not follow the medication administration process, because they placed the resident's medication cup with 8:00 a.m. medications on the stand next to the resident's chair and did not watch the resident take their medication. Resident #2's medical evaluation dated [REDACTED] and Support Plan dated [REDACTED] indicate the resident cannot self-administer medication, and direct care staff will administer medication.

Plan of Correction

Accept () - 10/01/2026)

- **Immediate Corrective Action Taken:**

8/20/26 - Nurse immediately removed medication from room. Nurse obtained verbal order for late administration and then administered medications. Nurse was immediately verbally educated by PCHA on the medication administration policy.

8/24/26 - Nurse received reeducation and medication administration skills performance evaluation from staff

182c - Medication Administration (continued)

development coordinator. Disciplinary action completed in accordance with policy.

9/7/26,9/10/26 – Mandatory staff meetings were held to reeducate staff on regulation.

- Audit to Identify Other Potential Issues:

8/24/26 – Nurse manager began observing med passes on a weekly basis.

- Monitoring to ensure ongoing compliance:

Nurse manager will continue to observe medication passes weekly on alternating shifts for 3 months or until compliance is maintained with completion of formal audit sheet created.

- Quality Assurance and Performance (QAPI) review:

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026

183a - Original Containers and Injections**8. 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

On 8/20/26 at approximately 9:55 a.m., the secure dementia care medication cart 1 contained an open blister pack belonging to Resident #4 with a pill inside. Staff person B stated that it was the resident's 12 p.m. Lisinopril medication that had been taken out of the prescription bottle and placed in the open blister pack for administration at 12 p.m.

Plan of Correction

Accept () - 10/01/2026

- Immediate Corrective Action Taken:

8/20/2026 – Staff person B was verbally educated immediately.

9/7/26,9/10/26 – Mandatory staff meetings were held to reeducate staff on regulation and plan of correction.

9/20/26- Nurse educated on all steps of confirming orders (even if just for a time change), including applying a direction change sticker on the medication as part of the confirmation process.

9/20/26- All nurses reeducated on above.

- Audit to Identify Other Potential Issues:

9/20/26- Full MAR to cart audit completed to ensure change in direction stickers are being utilized as needed.

- Monitoring to ensure ongoing compliance:

One med cart to be audited by third shift daily every week. Checking for open talus packs added to the med cart audit.

Nurse manager will review MAR to cart audits to ensure nurses are finding concerns and correcting them.

- Quality Assurance and Performance (QAPI) review:

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

183a - Original Containers and Injections (continued)

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

Implemented () - 10/13/2026

183b - Meds and Syringes Locked

9. Requirements

2600.

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

Description of Violation

On 8/20/26 at 11:30 in Resident #2's room there was a medication cup containing medications. Resident #2's medical evaluation dated () and Support Plan dated () indicate the resident cannot self-administer medication and direct care staff will administer medication. The medications were unlocked and unsecured.

Plan of Correction

Accept () - 10/01/2026

• Immediate Corrective Action Taken:

8/20/26 – Nurse immediately removed medication from room. Nurse obtained verbal order for late administration and then administered medications. Nurse was immediately verbally educated by PCHA on the medication administration policy including the locking of medications.

8/24/26 – Nurse received reeducation and medication administration skills performance evaluation from staff development coordinator. Disciplinary action completed in accordance with policy.

9/7/26,9/10/26 – Mandatory staff meetings were held to reeducate staff on regulation.

• Audit to Identify Other Potential Issues:

8/24/26 – Nurse manager began observing med passes on a weekly basis.

• Monitoring to ensure ongoing compliance:

Nurse manager will continue to observe medication passes weekly on alternating shifts for 3 months or until compliance is maintained with completion of formal audit sheet created.

• Quality Assurance and Performance (QAPI) review:

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026

185a - Implement Storage Procedures

10. 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 #3 is prescribed blood glucose monitoring. On 8/13/26 at 20:51 hours the resident's medication administration record indicated that the resident had a blood glucose reading of 203. The resident's glucometer for that date and time indicates that the resident's blood glucose was 208.

185a Implement Storage Procedures (continued)

Resident #5 is prescribed Melatonin QD 10 mg tablet to be taken as needed. On 8/20/26 at approximately 9:55 a.m., the medication was not available in the medication cart for administration.

On 8/20/26 at approximately 11:30 a.m., the medication cart located on the ground floor contained a small plastic medication cup with a pink pill. The medication cup was not labeled. Staff member C stated that the medication in the cup belonged to Resident #6 and was held per physician's orders at 8 a.m.

Resident #7 is prescribed sore throat lozenge 15 3.6 mg to be taken as needed. On 8/20/26 at approximately 11:45 a.m., the 1st floor medication cart did not have the medication available in the medication cart for administration.

Resident #8 is prescribed saline gel nasal spray. On 8/20/26 at approximately 11:45 a.m., the 1st floor medication cart did not have the medication available in the medication cart for administration.

Resident #9 is prescribed Naloxone HCL spray to be taken as needed. On 8/20/26 at approximately 12:01 p.m., the medication was not available in the medication administration cart for administration.

The home utilizes multidose medication packaging. Staff interviews indicate when a medication is discontinued Med Tech's are removing the discontinued medication from the multidose package and resealing it.

Plan of Correction

Accept () - 10/01/2026)

- Immediate Corrective Action Taken:

8/20/26 PCHA verbally educated staff that all PRN medications must always be available in the cart. Employees were also educated on disposal of a held medications. Education included was that if it is a pill, it should be put into the sharps container on the cart. Education provided on the importance of transcribing blood glucose level to the MAR correctly.

DC order was sent for Resident #7 sore throat lozenge and for Resident # 8 saline gel nasal spray. Melatonin for resident #5 had been ordered on the morning of 8/20/26.

8/21/26 DC order received for both resident #7 and resident #8. Melatonin received for resident #8.

8/25/26 Drug busters placed in each cart.

8/25/26 Cart audits completed to ensure all PRN medications are available.

9/7/26,9/10/26 Mandatory staff meetings were held to reeducate staff on regulation, transcription of blood glucose and how to dispose of held medications.

- Audit to Identify Other Potential Issues:

8/25/26 Medication cart audits began by third shift weekly. Daily glucometer audits being conducted.

- Monitoring to ensure ongoing compliance

Third shift or designated nurse to complete daily medication cart audits and daily blood glucose for 3 months or until compliance is met.

- Quality Assurance and Performance (QAPI) review:

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026)

187b - Date/Time of Medication Admin.

11. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 8/20/26 at 11:30 in Resident #2's room there was a medication cup containing medications. A review of the medication administration record indicates the medications were administered, when they were sitting on the resident's stand by the chair.

Repeat Violation: 9/9/25; 7/17/25

Plan of Correction

Accept () - 10/01/2026

• Immediate Corrective Action Taken:

8/20/26 – Nurse was immediately verbally educated that medication administration record will not be completed until after the medication administration.

8/24/26 – Nurse received reeducation and medication administration skills performance evaluation from staff development coordinator. Disciplinary action completed in accordance with policy.

9/7/26, 9/10/26 – Mandatory staff meetings were held to reeducate staff on regulation.

• Audit to Identify Other Potential Issues:

8/24/26 – Nurse manager began observing med passes on a weekly basis.

• Monitoring to ensure ongoing compliance:

Nurse manager will continue to observe medication passes weekly on alternating shifts for 3 months or until compliance is maintained with completion of formal audit sheet created.

• Quality Assurance and Performance (QAPI) review: Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #2 has an order for Eliquis 5 mg tab, 1 tab by mouth every 12 hours. The prior dose was administered on 8/19/26 at 8:00 a.m. The medications were sitting on the resident's stand by the chair at 11:30 a.m. on 8/20/26. This was immediately reported to the Administrator. Staff person A indicated the medications in the cup was the resident's 8:00 a.m. medications. Staff person A stated the resident was in the bathroom when they went in to administer the medications and forgot to return to the resident room to administer them. Staff person A then entered Resident #2's room and asked about the medications and the resident indicated at 11:31 a.m. they had just taken the medications in the cup, exceeding the 12-hour order.

Repeat Violation: 9/9/25, 7/17/25

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept () - 10/01/2026)

• Immediate Corrective Action Taken:

8/20/26 – Nurse was immediately verbally educated by PCHA on the medication administration policy. Nurse obtained verbal order from physician for medication to be administered at 11:00 am. Medications were administered to resident. Signed order received.

8/24/26 – Nurse received reeducation and medication administration skills performance evaluation from staff development coordinator. Disciplinary action completed in accordance with policy.

9/7/26,9/10/26 – Mandatory staff meetings were held to reeducate nurses and medication technicians on regulation

• Audit to Identify Other Potential Issues:

8/24/26 – Nurse manager began observing med passes on a weekly basis

• Monitoring to ensure ongoing compliance:

Nurse manager will continue to observe medication passes weekly on alternating shifts for 3 months or until compliance is maintained with completion of formal audit sheet created.

• Quality Assurance and Performance (QAPI) review:

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program

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

Implemented () - 10/13/2026)

225c - Additional Assessment

13. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #4's assessment dated () has not been updated with inappropriate behaviors and the resident being on 15-minute checks from 8/10/26 to present.

Resident #10's assessment dated () has not been updated with inappropriate behaviors or the resident being on 15-minute checks for 1 day.

Repeat Violation: 10/16/25, 9/9/25, 7/17/25

Plan of Correction

Accept () - 10/01/2026)

• Immediate Corrective Action Taken:

8/21/26 – PCHA updated the RASP for both Resident #4 and Resident # 10

8/24/26 – PCHA educated Nurse Manager on RASP accuracy.

• Audit to Identify Other Potential Issues:

8/24/26 - PCHA began weekly audit of RASP for accuracy with changes.

• Monitoring to ensure ongoing compliance:

Once initial audit is completed, PCHA will continue to audit new RASPS weekly for 3 months or until compliance is

225c - Additional Assessment (continued)

met. Nurse manager, PCHA and nurse to hold daily clinical meetings during the work week to discuss resident changes and update RASPs in that meeting.

- Quality Assurance and Performance (QAPI) review:

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026)

227c - Support Plan Revision**14. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #11's medical evaluation dated () indicates the resident cannot self-administer medications. On 7/20/26 there is an order from the doctor the resident can now self-administer all their medications. The resident's support plan was updated with the change on 7/31/26, exceeding the 5 calendars for update.

Plan of Correction

Accept () - 10/01/2026)

- Immediate Corrective Action Taken:

8/24/26 – PCHA educated Nurse Manager on the 5 calendar days to update

- Audit to Identify Other Potential Issues:

8/24/26 - PCHA began weekly audit of RASP for accuracy with changes.

- Monitoring to ensure ongoing compliance:

Once initial audit is completed, PCHA will continue to audit all new RASPs weekly for 3 months or until compliance is met. Nurse manager, PCHA and nurse to hold daily clinical meetings during the work week to discuss resident changes and update RASPs in that meeting.

- Quality Assurance and Performance (QAPI) review:

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

Implemented () - 10/13/2026)

227e - Self Administer Medication**15. Requirements**

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #12's medical evaluation dated () indicates the resident can self-administer some medications and not

227e - Self Administer Medication (continued)

others. The support plan dated [REDACTED] incorrectly indicates the resident can self-administer all medications without assistance.

Resident #1's medical evaluation dated [REDACTED] indicates the resident can self-administer some medications and not others. The resident's support plan dated [REDACTED] incorrectly indicates the resident can self-administer all medications.

Plan of Correction**Accept ([REDACTED] - 10/01/2026)**

- **Immediate Corrective Action Taken:**

8/21/26 – PCHA updated RASP for resident #12 to indicate resident can self-administer some medications.

- **Audit to Identify Other Potential Issues:**

8/24/26 - PCHA began weekly audit of RASP for accuracy to ensure the medical evaluation and RASP coincide.

- **Monitoring to ensure ongoing compliance:**

Once initial audit is completed, PCHA will continue to audit all new RASPs weekly for 3 months or until compliance is met. Nurse manager, PCHA and nurse to hold daily clinical meetings during the work week to discuss resident changes and update RASPs in that meeting.

- **Quality Assurance and Performance (QAPI) review:**

Starting 9/15/26 and continuing quarterly for two consecutive quarters, this POC will be reviewed as part of the community's quality management program.

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

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