pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HARMONY HAUS OPCO LLC**
LEGAL ENTITY

To operate **HARMONY HAUS SENIOR LIVING**
NAME OF FACILITY OR AGENCY

Located at **1399 MERCHANT STREET, AMBRIDGE, PA 15003**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **43**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 26, 2026** until **February 26, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **456391**

ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUGUST 26, 2026

[redacted]
Harmony Haus OPCO LLC
[redacted]

RE: Harmony Haus Senior Living
1399 Merchant Street
Ambridge, Pennsylvania 15003
License/COC #: 456391

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on March 2, 2026, July 9, 2026, July 15, 2026, July 16, 2026, and July 21, 2026, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 45639) dated March 17, 2026 to March 17, 2027 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from AUGUST 26, 2026 to FEBRUARY 26, 2027.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
88(a)	III	25	$3	$75	15 calendar days from the mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Lestia Fetzer, Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[redacted]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *HARMONY HAUS SENIOR LIVING* **License #:** *45639* **License Expiration:** *03/17/2026*

Address: *1399 MERCHANT STREET, AMBRIDGE, PA 15003*

County: *BEAVER* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *HARMONY HAUS OPCO LLC*

Address: [redacted]

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date:** *02/22/1999* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *30* **Waking Staff:** *23*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *03/02/2026*

Inspection Dates and Department Representative

03/02/2026 *On Site:* [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *43* **Residents Served:** *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *26*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *1*

Have Mobility Need: *4* **Have Physical Disability:** *0*

Inspections / Reviews

03/02/2026 - Full

Lead Inspector: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *04/02/2026*

Inspections / Reviews *(continued)*

04/08/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *04/15/2026*

05/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/05/2026*

08/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Enforcement*

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

At 2:30 pm. resident [redacted] and resident [redacted]s insulin orders and schedules were posted on the wall in the dining room area.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- The posted insulin orders and schedules were removed from the dining room immediately, and common areas were checked to ensure no other confidential resident information was publicly displayed by Med Tech on 3/2/2026.
- All staff will be re-educated on resident confidentiality, proper handling of protected health information, and prohibiting the posting of resident-specific medical information in public areas on 4/14/2026 by PCHA.
- PCHA or designated person will complete weekly audits of common areas and medication communication postings for 30 days ensure compliance.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

18 Compliance With Laws

2. Requirements

2600.
18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted [redacted], requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The carbon monoxide detector was approximately 8 feet from the gas furnace, and the carbon monoxide detector was approximately 8 feet from the gas dryer in the basement.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

- The carbon monoxide detectors in the basement will be relocated by interTech Technicians on 4/20/2026 between 7a-8am so they are installed in compliance with required distancing from fossil-fuel-burning appliances.
- A full review of carbon monoxide detector placement throughout the building will be completed, and the safety inspection checklist will be updated to include detector placement verification.
- PCAH will be educate staff on applicable environmental safety requirements on 4/14/2026, and ongoing checks will be completed during routine safety rounds.

Licensee's Proposed Overall Completion Date: *04/20/2026*

Not Implemented [redacted] - 08/20/2026)

25b Contract Signatures

3. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated January 7 for resident [redacted] was not signed by the resident and did not notate that the resident was given opportunity to sign.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

- The resident record was reviewed, and the contract will be updated with the resident's signature or documentation that the resident was offered the opportunity to sign by PCHA on 3/30/2026
- All current resident contracts will be audited to ensure required signatures and documentation are present by PCHA or designated person on 4/02/2026.
- Staff responsible for admissions and record review will be educated on contract signature requirements and documentation expectations on 4/14/2026 by PCHA
- New admissions will be audit weekly for 30 days by PCHA or Designated person

Licensee's Proposed Overall Completion Date: *04/15/2026*

Not Implemented [redacted] - 08/20/2026)

26a - Quality Management Plan

4. Requirements

2600.
26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not have an established quality management plan.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- A written Quality Management Plan was developed on 3/30/2026 and implemented on 3/31/2026 by PCHA.
- Monthly quality management reviews will be established to monitor compliance trends, identify concerns, and track corrective actions by PCHA
- All staff involved will be educated on the Quality Management Plan and implementation process on 4/14/2026 by PCHA

Licensee's Proposed Overall Completion Date: *04/14/2026*

Not Implemented [redacted] - 08/20/2026)

41e - Signed Statement

5. Requirements

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [redacted] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e Signed Statement (continued)

Plan of Correction ***Accept [redacted] - 04/08/2026)***

Resident record was be corrected by PCHA obtaining the signed acknowledgement of receipt of resident rights and complaint procedures, or documentation of efforts made to obtain the signature on 3/03/2026

All resident records will be audited by PCHA or designated person to ensure signed acknowledgements or documented attempts are present by 4/30/2026.

Admissions and Home Manager will be educated on this documentation requirement on 4/14/2026, and all new admissions will be monitored for weekly for 30 days.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

51 - Criminal Background Check

6. Requirements

2600.

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

Description of Violation

Staff person A, hired [redacted] did not have a Pennsylvania criminal background check completed until [redacted]

Plan of Correction ***Accept ([redacted] - 04/08/2026)***

A full audit of employee files will be completed by PCHA or Designated person to ensure all required pre employment background checks are present and dated appropriately. This will be completed by 4/30/2026

House Manager will be educated on criminal history check requirements and pre employment file review procedures on 4/14/2026, and all new hires will be audited weekly for 30 days by PCHA or designated person.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Implemented [redacted] - 08/20/2026)

65e - 12 Hours Annual Training

7. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person B received only 6 hours of annual training during the [redacted] to [redacted] training year.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

Employee training record was reviewed by PCHA, and the staff person is scheduled to complete the missing annual training hours before next scheduled shift on 4/14/2026 by PCHA

65e 12 Hours Annual Training (continued)

A full audit of all direct care staff training records will be completed by 4/30/2026 to verify that each staff person has received at least 12 hours of annual training related to job duties by PCHA or designated person.

all Staff will educated on missed annual training hour requirements on 4/14/2026 by PCHA and designate person.

PCHA or designated person will audit training records monthly during Quality management meetings.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

65f - Training Topics

8. 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 B did not receive training in the following training topics during training year [redacted] to [redacted]:

** Instruction on meeting the needs of residents as outlined in the Documentation of Medical Evaluation (DME) and Resident Assessment Support Plan (RASP).*

** Care for residents with dementia and cognitive impairment.*

** Care for residents with mental health (MH) diagnoses or intellectual disabilities (ID), if served by the residence.*

Plan of Correction ***Accept [redacted] - 04/08/2026)***

The employee training record was reviewed by PCHA, and the staff person is scheduled to complete the missing annual training hours before next scheduled shift on 4/14/2026 by PCHA including resident needs based on the DME and RASP, dementia and cognitive impairment care, and care for residents with MH or ID diagnoses if served.

All direct care staff training records will be audited by PCHA to ensure required annual topic areas have been

65f - Training Topics (continued)

completed and documented by 4/30/2026.

- House manager will be educated by PCHA on required annual training topic compliance on 4/14/2026.

- PCHA or designated person will audit training records monthly going during Quality management meetings.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

65g - Annual Training Content

9. 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 B did not receive training in fire safety training, which is required to be conducted by a fire safety expert or by staff trained by a fire safety expert during training year [redacted] to [redacted]

Plan of Correction ***Accept [redacted] 04/08/2026)***

- PCHA reviewed employee training record on 03/03/2026, and fire safety training will be completed by a fire safety expert or by a staff person trained by a fire safety expert by 04/30/2026.

- PCHA or designated person will audit all staff training records to ensure required annual fire safety training has been completed and properly documented for all applicable personnel by 04/30/2026

- PCHA inquired on 3/30/2026 to schedule Fire safety training.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

82c - Locking Poisonous Materials

10. Requirements

2600.

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 5-gallon containers of P-3000 Primer and three 5-gallon containers of Hot Shot Insecticide

82c Locking Poisonous Materials (continued)

with manufacture's labels indicating "If ingested call Poison Control or doctor immediately", were unlocked, unattended, and accessible to residents in the laundry room of the unsecured basement area. Not all the residents of the home, including resident [redacted] and resident [redacted] have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

The primer and insecticide were removed from the unsecured area immediately and placed in a locked location inaccessible to residents by Housekeeper on 3/03/2026.

The basement, laundry room, and other storage areas were reviewed to ensure all poisonous and hazardous materials are properly stored by DCS on 03/03/2026

All staff will be educated on safe storage of poisonous materials and resident safety requirements on 4/14/2026 by PCHA.

Environmental rounds will documented daily to checks for hazardous material storage by PCHA or designated person. Log will be audited weekly for 30 days by PCHA or designated person

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

88a - Surfaces

11. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Multiple laminated floorboards in the hallway in front of the kitchen entrance and bedroom [redacted] were raised up approximately 1/2 inch, posing a trip/fall hazard.

Multiple ceiling tiles were water stained, sagging and/or missing in the ceiling in front of bedroom [redacted].

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 04/08/2026)***

The raised flooring and damaged ceiling tiles were identified for immediate repair, and the affected areas will be secured until repairs are completed to reduce trip and safety hazards on 03/02/2026 by housekeeping.

A full environmental inspection of the building will be completed by housekeeping to identify any additional hazards related to flooring, ceilings, walls, or other surfaces by 04/30/2026.

PCHA will be educated all staff on hazard reporting and timely correction procedures on 4/14/2026.

PCHA or designated person will conduct weekly environmental rounds will weekly for 30 days.

Licensee's Proposed Overall Completion Date: *04/30/2026*

88a - Surfaces *(continued)*

Not Implemented [redacted] - 08/20/2026)

105g - Lint Removal and Duct Cleaning

12. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [redacted], there was an approximate 1" accumulation of lint in the lint trap of the commercial dryer in the basement. There were no clothes in the dryer at the time.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- The lint trap was cleaned immediately, and the dryer was checked to ensure it was safe for continued use by DCS on 03/02/2026
- PCHA will educate all staff on laundry procedures on 4/14/2026 and implement a routine process to ensure lint is removed from the lint trap and drum after each use and that ductwork is cleaned according to manufacturer instructions by 04/30/2026.
- Lint Trap removal will be documented daily to by all staff and the Log will be audited weekly for 30 days by PCHA or designated person to ensure compliance.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

132a - Monthly Fire Drill

13. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of January 2026 and February 2026.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- The fire drill schedule was reviewed, and unannounced fire drills will be completed for missed months during April and May and resumed monthly going forward in accordance with regulation by PCHA or designated person.
- PCHA or designated person will maintain a fire drill log to ensure each monthly unannounced drill is completed, documented, and reviewed by PCHA.
- All staff will be educated on fire drill frequency and recordkeeping requirements on 4/14/2026, and drill compliance will be monitored monthly by the Administrator or designee.

Licensee's Proposed Overall Completion Date: *05/30/2026*

Not Implemented [redacted] - 08/20/2026)

132b - Safety Inspection/Fire Drill

14. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on [redacted].

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- PCHA called 02/24/26 to schedule a Safety Inspection/Fire Drill. Due to weather complications 1/24-01/25/2026, fire inspections were backed up.
PCHA scheduled a fire expert to come to the facility on 04/03/2026 at 10:00AM to conduct Safety Inspection/ Fire Drill.
- On 04/14/26 PCHA or designated person will conduct staff education on 2600.132.

Licensee's Proposed Overall Completion Date: *04/03/2026*

Not Implemented [redacted] - 08/20/2026)

132c - Fire Drill Records

15. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on December 9th does not indicate the year.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- PCHA reviewed and corrected the fire drill record for December 9th to include the correct year 03/02/26. The correction was entered as a late entry and initiated and dated by PCHA.
- The fire drill log has been updated to include a designated field requiring the full date, (month, day, and year). PCHA or designated person will review each fire drill record monthly to ensure completeness and accuracy.
- PCHA will audit fire drill records monthly. Any incomplete documentation will be corrected immediately. On 04/14/26 PCHA or designated person will conduct staff education 2600.132.

Licensee's Proposed Overall Completion Date: *04/14/2026*

Not Implemented [redacted] - 08/20/2026)

141a - Medical Evaluation

16. Requirements

2600.

141a - Medical Evaluation *(continued)*

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

Description of Violation

The medical evaluation for resident [redacted] did not indicate the date the resident was evaluated.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- PCHA reviewed medical evaluation for Resident [redacted] on 03/02/26. PCHA contacted physician assigned to Resident [redacted] and the missing evaluation date was obtained and documented on the form. The correction was documented.
- PCHA reviewed and audited all medical evaluations on 3/31/2026. PCHA or designated person will conduct monthly audits of resident records.
- Resident records will be reviewed monthly by PCHA for completeness of medical evaluations. On 04/14/26 PCHA or designated person will conduct staff education on 2600.141.

Licensee's Proposed Overall Completion Date: *04/14/2026*

Not Implemented [redacted] - 08/20/2026)

143a - Emergency Medical Plan

17. Requirements

2600.
143.a. The home shall have a written emergency medical plan that includes the following:
1. The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
2. Emergency transportation to be used.
3. An emergency-staffing plan.

Description of Violation

The home does not have a written emergency medical plan.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- On 03/30/26, a developed emergency medical plan was developed by PCHA.
- PCHA will review emergency medical plans monthly and upon admission of new residents to ensure accuracy and completeness. Initial audit will be completed on 04/30/2026 by PCHA or designated person.
- 04/14/2026 staff will be trained by PCHA or designated person on medical emergency plan and location of the binder 2600.143.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] 08/20/2026)

144c2 - Smoking Area Distance

18. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c2 - Smoking Area Distance *(continued)*

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is located outside, on the side of the facility. However, multiple residents, to include resident [redacted] were observed smoking at the home's main entrance.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

- Residents including Resident [redacted] were immediately redirected to the designated smoking area by DCS. PCHA provided re-education to residents and DCS on the approved smoking location on 4/14/2026
- PCHA or designated person will monitor resident smoking weekly to ensure it only occurs in designated smoking areas for 30 days.
- PCHA or designated person will conduct routine observations to ensure compliance with the designated smoking area. 04/14/2026 PCHA will conduct staff education on designated smoking areas and redirect residents who are not in the designated areas.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Implemented [redacted] - 08/20/2026)

183b - Meds and Syringes Locked

19. 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

At 9:00 am., many resident medications, to include resident [redacted] resident [redacted] and resident [redacted]s medication, were unlocked, unattended, and accessible in the unlocked conference room.

Plan of Correction ***Accept [redacted] 04/08/2026)***

- On 03/02/26 PCHA immediately stored all medications in a locked medication storage area.
- On 03/02/26 all med techs responsible were counseled on proper medication storage requirements.
- PCHA or designated person will be doing once a day audits for 30 days to ensure medications are locked in secured areas. On 04/14/26 PCHA will conduct training and re-educate med techs on 2600. 183.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

183e - Storing Medications

20. 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

Resident [redacted] did not indicate the date it was opened. According to the manufacturer's instructions, Ozempic is good for 56 days after opening.

Resident [redacted] did not indicate the date it was opened. According to the manufacturer's instructions, Admelog Solostar is good for 28 days after opening.

Resident [redacted] did not indicate the date it was opened. According to the manufacturer's instructions, Refresh Liquigel expires 90 days after opening.

Resident [redacted] did not indicate the date it was opened. According to the manufacturer's instructions, Trelegy Ellipta must be thrown away 6 weeks after opening.

Plan of Correction

Accept [redacted] - 04/08/2026)

- On 03/02/2026 med techs immediately dated all open medications that were without a date.
- Staff will label all medications with the date opened at the time of first use.
- PCHA or designated person will be doing audits weekly for 30 days to ensure open medications have dates. On 04/14/26 PCHA will conduct med tech training on 2600. 183.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented ([redacted] - 08/20/2026)

184a - Resident's Meds Labeled

21. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

There was no pharmacy label on resident [redacted] individual [redacted] and [redacted].

Plan of Correction

Accept [redacted] - 04/08/2026)

On 03/02/2026 Med Tech immediately put insulin in a bag with the medication label.
Med Techs will ensure all medications remain in original labeled containers or are stored with the pharmacy label.
PCHA or designated person will conduct audits weekly for 30 days to ensure all insulins are stored and labeled correctly. On 04/14/26 PCHA will conduct training for med techs on 2600. 184.

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

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

185a - Implement Storage Procedures

22. 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

The home did not develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- On 03/30/26 PCHA created policies and procedures for medication storage.
- All staff will be trained on policies and 2600.185 regulation by PCHA on 04/14/26.
- PCHA will conduct weekly audit ensuring medication are properly stored for 30 days.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Implemented [redacted] - 08/20/2026)

187b - Date/Time of Medication Admin.

23. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] units, give 11 units three times daily with sliding scale. Resident [redacted] January 2026 medication administration record (MAR) did not include the initials of the staff person who administered [redacted] on [redacted], at 11:30 am. and 4:30 pm. and [redacted], at 4:30 pm.

Resident [redacted] is prescribed [redacted] instill 1 drop into both eyes four times daily. Resident [redacted]s January 2026 MAR did not include the initials of the staff person who administered [redacted] through [redacted], [redacted] through [redacted] though [redacted], and [redacted] at 5:00 pm.

Per interview with staff person C, resident [redacted] was administered [redacted] AM medication for [redacted] however, there was no March 2026 Medication Administration Record for resident [redacted] therefore, staff did not initial who administered the AM medications on [redacted].

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- On 03/03/2026 PCHA notified residents [redacted] and [redacted] on the MAR error to verbally confirm that there were no issues or discrepancies with the med tech or the med pass.

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

On 04/14/26 PCHA will re educate med techs on proper documentation.
PCHA or designated person will review MAR weekly for 30 days to ensure correct medication documentation.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

187c - Refusal of Medication

24. Requirements

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

Description of Violation

From [redacted] through [redacted] at 8:00 am., resident [redacted] refused to take a scheduled dose of [redacted] packet in 4 ounce water daily as supplement. The home did not notify the prescriber of the refusals.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 03/02/26 Med Tech immediately notified physician of Resident [redacted] refusal of their medication.
On 04/14/26 PCHA will re educate med techs on the policy and procedure of correctly documenting medication refusals and reporting to prescriber.
PCHA or designated person will review MAR weekly for 30 days to ensure correct policy and procedures on 2600. 187.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

187d - Follow Prescriber's Orders

25. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted], 2 tabs at bedtime. However, this medication was not administered to resident [redacted] from [redacted] to [redacted] because the medication was not available in the home.

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 03/02/26 med tech immediately contacted the pharmacy to obtain medication. Medication arrived the next day and med tech resumed administration as prescribed.
04/14/26 med techs will be re educated on following prescriber directions and maintaining adequate medication supply by PCHA.
Med techs or designated person will monitor/audit medication inventory weekly for 30 days.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

191 - Resident Right to Refuse

26. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted] admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept [redacted] - 05/20/2026)***

- On 03/03/26 PCHA immediately educated Resident [redacted] on the right to refuse medication if the resident believes there may be a medication error.
- on 4/16/2026, PCHA will obtain verbal acknowledgement from resident pertaining to [redacted] right to refuse. Due to residents legal blindness, PCHA will obtain a signature from resident's designated person confirming that resident was made aware of [redacted] rights by 4/30/2026.
- All residents will be educated on medication rights upon admission, and documentation of this education will be completed and maintained in the resident record by PCHA or designated person.
- PCHA or designated person will audit all resident records by 04/30/26 to ensure residents are educated on their right to refuse medication.
- On 04/14/26 all staff will be educated on the resident's right to refuse by PCHA

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

225a - Assessment 15 Days

27. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted]s resident assessment and support plan, dated [redacted], did not include the resident's diagnoses of muscle weakness and cardiac murmur, as indicated on the resident's medical evaluation, dated [redacted]

Resident [redacted] resident assessment and support plan, dated [redacted], did not include the resident's diagnoses of [redacted] and [redacted], as indicated on the resident's medical evaluation, dated [redacted]

Plan of Correction ***Accept [redacted] - 04/08/2026)***

- On 3/30/26 PCHA and designated person immediately reviewed the assessments and support plans for Resident [redacted] and [redacted] and updated them to include all diagnoses as indicated on their medical evaluations.

225a - Assessment 15 Days (continued)

- PCHA and designated persons will audit all RASP ensuring that resident's diagnoses are included in their support plans by 04/30/26.

- On 04/14/26 PCHA will re-educate med techs and house manager on 2600.225.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)

254b - Policy and Procedures

28. Requirements

2600.
254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have policies and procedures for managing records.

Plan of Correction ***Accept [redacted] 04/08/2026)***

- PCHA created policies and procedures for record accessibility, security, storage, authorized use, release, and designation of responsibility on 3/30/2026

- PCHA will conduct an all staff education on 4/14/2026 pertaining to record management.

- PCHA or designated person will implement that policy and procedure be added to onboarding staff by 04/30/2026

- PCHA or designated person will educate all residents on the policy by 04/30/2026. - Policy will be reviewed with all new admission and monthly quality management meetings for 90 days.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Not Implemented [redacted] - 08/20/2026)