

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

October 5, 2026

[REDACTED], ADMINISTRATOR
ARDEN COURTS OF ALLENTOWN PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (ALLENTOWN)
5151 HAMILTON BOULEVARD
ALLENTOWN, PA, 18106
LICENSE/COC#: 21787

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ARDEN COURTS (ALLENTOWN) **License #:** 21787 **License Expiration:** 06/16/2027
Address: 5151 HAMILTON BOULEVARD, ALLENTOWN, PA 18106
County: LEHIGH **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: ARDEN COURTS OF ALLENTOWN PA LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/07/1995 **Issued By:** Dept of L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 112 **Waking Staff:** 84

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/27/2026

Inspection Dates and Department Representative

08/27/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 **Residents Served:** 56

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 56 **Residents Served:** 56

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 56
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 56 **Have Physical Disability:** 1

Inspections / Reviews

08/27/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/19/2026

09/21/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/05/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/28/2026

Inspections / Reviews (*continued*)

09/28/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2026

Reviewer: [REDACTED]

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

10/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Resident #1 passed away at the home. The home did not report this incident to the department until

On [REDACTED] Resident #2 passed away at the home. The home did not report this incident to the department until

On [REDACTED] Resident #3 passed away at the home. The home did not report this incident to the department until

On [REDACTED], Resident #4 passed away at the home. The home did not report this incident to the department until

On [REDACTED], Resident #5 had an unwitnessed fall at the home resulting in an injury and was admitted into the hospital for two days. The home did not report this incident to the department until [REDACTED]

Repeated Violation: 09/03/2025.

Plan of Correction

Accept [REDACTED] - 09/21/2026)

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/28/2026 by the Executive Director to provide education to appropriate staff regarding 2600.16 and the 24-hour reporting requirement.

Effective 9/14/2026, to enhance the facility's current compliant operations the facility implemented a second-level supervisory verification process for all potential reportable incidents and conditions. The Executive Director or designee will verify that required reports are completed within 24 hours, including weekends and holidays.

Effective 09/14/2026, the Executive Director or designee will audit reportable incidents weekly for 4 weeks and monthly for 2 months to verify compliance with the 24-hour reporting requirement, through 12/11/2026 to maintain ongoing compliance with reporting an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented [REDACTED] - 10/05/2026)

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.

18 Compliance With Laws (continued)

Description of Violation

There was no influenza poster posted in the home.

Plan of Correction

Accept () - 09/21/2026)

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2026 by the Director of nursing who obtained the appropriate influenza information which the surveyor did assist with locating appropriate poster. Director of nursing posted it in a conspicuous location within the resident area. The surveyor observed and acknowledged that the poster had been placed during the survey.

To enhance the currently compliant operations, on 08/31/2026 the Executive Director provided education to leadership on the requirement to maintain current influenza information in a conspicuous location accessible to residents, families, staff, and visitors. Required postings will be included as part of the community's routine regulatory posting review.

Effective 09/14/2026 the Executive Director or designee will verify that the influenza information remains current, visible, accessible, and posted in a conspicuous resident/public area. Audits will be completed weekly for 4 weeks and monthly for 2 months through 12/11/2026 to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented () - 10/05/2026)

132d - Evacuation

3. 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 maximum safe evacuation time for the home determined by the fire safety expert and documented on the 2025 and 2026 fire letters is 12 minutes and 0 seconds. Fire drill logs document the fire drill conducted on 12/10/25 at 1:35 a.m. took 12 minutes and 35 seconds to evacuate, the fire drill conducted on 3/13/26 at 5:08 a.m. took 13 minutes and 15 seconds to evacuate, and the fire drill conducted on 6/21/26 at 12:10 a.m. took 12 minutes and 20 seconds to evacuate.

Plan of Correction

Accept () - 09/21/2026)

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2026 by the Executive Director. The Building Services Coordinator received one to one education regarding the maximum evacuation time of 12 minutes, as established by the fire safety expert, and the requirement to ensure fire drills are completed within the established timeframe.

132d Evacuation (continued)

To enhance the currently compliant operations, beginning on 09/10/2026, the Executive Director or designee will provide staff with proper fire drill and evacuation procedures, including the requirement to evacuate residents safely and efficiently within the timeframe established by the fire safety expert. Education will be completed by 09/24/2026.

Effective 09/14/2026 the Executive Director or designee will complete a Fire Drill Compliance Audit for 3 months through 12/11/2026 to maintain ongoing compliance with ensuring residents are 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, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented () - 10/05/2026

144c1 - Smoking Area Guidelines**4. 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:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area was observed without an ashtray/receptacle. Additionally, the outdoor furniture consisted of wooden picnic tables with attached benches.

Plan of Correction

Accept () - 09/21/2026

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2026 by the Executive Director completed an audit of all resident contracts. During the transition from paper contracts to electronic contracts, the smoking policy verbiage changed. Applicable residents/responsible parties were provided an addendum to ensure consistent smoking policy language, and the community's current Smoking Policy was reviewed to ensure consistency with current practice. The picnic table area located near the sheds is utilized as a staff break area and is not a designated resident smoking area.

To enhance the currently compliant operations, on 09/14/2026 the Executive Director or designee will to provide education to staff on the community's current Smoking Policy and Procedures and the updated smoking verbiage contained in resident contracts to ensure consistent understanding and implementation of the policy, with a completion date of 09/24/2026.

144c1 Smoking Area Guidelines (continued)

Effective 09/14/2026 the Executive Director or designee will complete a Smoking Policy Compliance audit weekly for 4 weeks and monthly for 2 months., through 12/11/2026 to maintain ongoing compliance with developing and implementing written fire safety policy and procedures that includes, including proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented () - 10/05/2026)

162c - Menus Posted**5. 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

On 8/27/2026, the home's menu was only posted through 8/29/2026 and not a full week in advance as required.

Plan of Correction

Accept () - 09/21/2026)

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2026 by the Executive Director, immediately correcting the menu posting to current week and the following week's menu were posted in a conspicuous and public location.

To enhance the currently compliant operations, on 08/28/2026 the Executive Director provided education to leadership staff on Regulation 162c and the requirement that menus be prepared and posted one week in advance.

Effective 09/14/2026 the Executive Director or designee will complete Menu posting compliance audits weekly for 4 weeks and monthly for 2 months to verify that the current and following's week's menus are posted as required, through 12/11/2026 to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented () - 10/05/2026)

183e - Storing Medications**6. Requirements**

2600.

183e - Storing Medications (continued)

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 8/27/26 at approximately 2:53 p.m., resident #6's Lantis Solostar 100 unit Flex Pen was stored in the medication cart in the Cloverdale section of the home and was opened but not dated with the date opened. According to the manufacturer's instructions, the medication must be discarded 28 days after the first use.

Plan of Correction

Accept () - 09/21/2026)

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2026 by the Director or Nursing removed the identified Lantus Solostar Insulin Pen from the medication cart and replaced with a new pen including opening date/discard date. All residents receiving insulin were immediately checked to ensure currently in use was properly labeled with both the date opened and discard date.

To enhance the currently compliant operations, on 09/09/2026 the Director of nursing along with Executive Director provided education to med-techs and Licensed nurses on proper medication storage and the importance of labeling insulin and other medications requiring dating with the date opened and appropriate discard date according to manufacture instructions, with a completion date of 09/09/2026.

Effective 09/14/2026 the Director of nursing or designee will conduct Insulin/Medication expiration audits weekly for 4 weeks and monthly for 2 months ensuring insulin and other medications requiring dating are properly labeled, stored, and within their appropriate use/discard dates, through 12/11/2026 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented () - 10/05/2026)

184a - Resident's Meds Labeled**7. 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

The pharmacy label for resident #7 's omeprazole 20 mg tablet does not include: the resident's name, name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber.

184a - Resident's Meds Labeled (continued)

Plan of Correction**Accept () - 09/21/2026)**

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2026 by the Executive Director, medication was pulled from the cart. It was immediately replaced with the appropriately labeled prescription/pharmacy bottle containing the required resident and medication information.

To enhance the currently compliant operations, on 09/08/2026 the Director of nursing and Executive Director provided education to all med-techs and licensed nursing staff regarding proper labeling and storage of over-the-counter medications. Staff were educated that medication may not remain on the medication cart unless they are properly labeled according to the resident's current physician order and facility requirements, with a completion date of 09/08/2026.

Effective 09/14/2026 the Director of nursing or designee will complete medication cart audits weekly for 4 weeks, monthly for 2 months to verify that all over-the-counter medications are properly labeled. Any unlabeled or improperly medication identified during an audit will be immediately removed and corrected., through 12/11/2026 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the name and title of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented () - 10/05/2026)

185a - Implement Storage Procedures

8. 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 #7 is prescribed Acetaminophen 325 mg and Quetiapine tablet 25 mg as needed. On 8/27/2026, these medications were not available in the home.

Plan of Correction**Accept () - 09/21/2026)**

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2026 by the Director of nursing notified responsible party, and the PRN Acetaminophen was brought into community the following day. The provider was notified immediately regarding the PRN Quetiapine and a new prescription was obtained and sent to pharmacy.

To enhance the currently compliant operations, on 09/08/2026 the Director of nursing and Executive Director provided education regarding ensuring all currently ordered medications, including PRN medications, are available in the community and notifying the appropriate party/provider when a medication is unavailable, with a completion date of 09/08/2026.

185a Implement Storage Procedures (continued)

Effective 09/14/2026 the Director of nursing or designee will complete medication cart audits weekly for 4 weeks and monthly for 2 months audits to ensure ordered medications are available., through 12/11/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented ( **- 10/05/2026)**

185b - Medication Procedures**9. Requirements**

2600.

185.b. At a minimum, the procedures must include:

4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's Inventory of Controlled Substances Policy requires a date and time of administration and a signature of the person administering the drug on the Resident's Controlled Substance Record. Resident #5 is prescribed Lacosamide 50 mg tablet twice daily. The resident's Medication Administration report (MAR) documents that the resident received the medication twice daily from 7/22/26 through 8/1/26 and 8/3/26 through 8/23/26. The Resident's Controlled Substances Record documents the resident receiving the medication only once daily on the following dates in error: 7/22/26, 7/25/26, 7/26/26, 7/28/26, 7/29/26, 7/31/26, 8/04/26, 8/05/26, 8/07/26, 08/10/26, 8/11/26, 8/14/26 and 8/23/26. An audit confirmed that no medication was missing.

Resident #5 is prescribed Lacosamide 50 mg tablet as needed. The resident's Controlled Substance Record documented that staff person A administered one tablet to the resident on 8/21/26 at 9:00 p.m. and did not sign the log.

Plan of Correction

Accept ( **- 09/21/2026)**

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2026 by the Director of nursing to identified employee and was immediately contacted and returned to the community the next day to complete required signature. On 9/8/2026, upon notification by licensing representative of additional documentation discrepancies between the MAR and controlled substance record, the identified records were reviewed.

To enhance the currently compliant operations, on 09/08/2026 the Director of nursing and executive director educated Med techs and Licensed Nurses on medication administration and controlled substance and document requirements. Education included ensuring the MAR/Controlled substance record are accurately and completely documented, including all required date, time, amount administered, and staff signature/initials. With a completion date of 9/8/2026

185b - Medication Procedures (continued)

Effective 09/14/2026 the Director of nursing or designee will complete controlled substance record audit weekly for 4 weeks and monthly for 2 months audits of controlled substance record for 5 residents with routine controlled substance orders. Residents selected will be rotated throughout the monitoring period when possible., through 12/11/2026 to maintain ongoing compliance with ensuring, at a minimum, the procedures must include, including documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented ( **- 10/05/2026)**

187a - Medication Record**10. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

11. Special precautions, if applicable.

Description of Violation

Resident #6 is prescribed Humalog 100 unit/ML with instructions to inject unit subcutaneously four times daily per sliding scale. The units administered or held based on the blood sugar readings are not documented on the resident's Medication Administration Record.

Resident # 5's Medication Administration Record does not include the diagnosis or purpose for the following medications: Atorvastatin 10 mg, Clopidogrel 75 mg, Lacosamide 50 mg, Quetiapine Fumarate 25 mg, Vitamin D3 125 MCG (5000IU), Stimulant Laxative Plus 50 mg, One-A-Day Women Tablet, and Umeclidinium-Vilantero 62.5-25MCG Inhaler.

Plan of Correction

Accept ( **- 09/21/2026)**

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2026 by the Executive Director who reviewed Resident #6 insulin order and medication administration record. The eMAR system did not provide a designated field to enter the actual number of units administered under the sliding scale order. Licensed nurses and med-techs were instructed to document the actual units administered, or the reason insulin was held/not required based on the ordered blood glucose parameters, in the available administration noted section. The order was updated to direct staff to document the units administered in the note section. On 9/8/2026 the facility was notified by Licensing surveyor regarding missing diagnosis/purpose information on medical records for resident #5. Current resident medication records were reviewed to identify medications missing a diagnosis/purpose, and identified concerns were corrected.

187a - Medication Record (continued)

To enhance the currently compliant operations, on 09/08/2026 the Director of Nursing and Executive Director provided education to Licensed nurses and med-techs that medication records must include the diagnosis or purpose for medications and applicable instructions or precautions. New medication orders and medication changes were reviewed for completeness when entered and confirmed in the eMAR. Staff were also educated that any order that requires variable dosing and the eMAR does not provide a designated dose field, the actual dose administered or reason held/not required must be documented in the available administration note section, with a completion date of 09/08/2026.

Effective 09/14/2026 the Executive Director or designee will complete Medication record audits weekly for 4 weeks and monthly for 2 months audit for 14 different residents rotating the residents selected so that all current residents are reviewed during the four-week period. The audit will verify that the diagnosis/purpose is document for medications on the eMAR. , through 12/11/2026 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including special precautions, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Resident #6's insulin was reviewed by the hospice provider and changed from sliding scale insulin to a standing dose order. There are currently no residents receiving sliding-scaled insulin: therefore, sliding scale insulin documentation is not currently applicable to audit.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented () - 10/05/2026)

187d - Follow Prescriber's Orders**11. Requirements**

2600.

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

Description of Violation

Resident #8 is prescribed one daily tablet by mouth of Folic Acid 1 mg and Vitamin D3 50 mg at 9:00 a.m. However, these medications were not administered to the resident on 8/27/2026.

Plan of Correction

Accept () - 09/21/2026)

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2026 by the Director of Nursing who immediately notified the responsible party and provider. A hold order was obtained from the provider. The responsible party, who supplies these medications, brought medications into facility immediately the following day.

To enhance the currently compliant operations, on 09/08/2026 the Executive Director and Director of Nursing provided education to Licensed nurses and med-techs that medications must be administered according to the prescriber's orders. Staff were also educated to monitor medication supply and report medications that are low or unavailable to the nurse/DON so that they can be reordered or obtained before doses are missed, with a completion date of 09/08/2026.

187d - Follow Prescriber's Orders (continued)

Effective 09/14/2026 the Director of Nursing or designee will complete medication cart audits weekly for 4 weeks and monthly for 2 months, through 12/11/2026 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented () - 10/05/2026)

188b - Medication Error Reporting**12. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #8 is prescribed one daily tablet by mouth of Folic Acid 1 mg and Vitamin D3 50 mg at 9:00 a.m. However, these medications were not administered to the resident on 8/27/2026. The medication error was not reported immediately to the resident's responsible person, and the prescriber.

Plan of Correction

Accept () - 09/28/2026)

In response to the violation on 08/27/2026 by the Pennsylvania Bureau of Human Service Licensing, the immediate action was taken on 8/27/2026, the prescriber and resident's designated person, and resident were notified that the prescribed medications were unavailable and had not been administered. The prescriber provided a hold order. The family brought the medications into the community on 8/28/2026. On 9/9/2026, upon notification from BHSL that the occurrence was identified as a medication error, the required reportable incident was completed and the prescriber was notified of the medication error on 9/10/2026.

To enhance the currently compliant operations, on 09/08/2026 the Executive Director and Director of Nursing provided education to Licensed nurses and med-techs that when a medication is unavailable and cannot be administered as ordered, the nurse/supervisor must be notified immediately. The responsible party, resident and prescriber will be notified, appropriate provider direction/orders will be obtained, and the medication error will be reported and document in accordance with facility procedure and regulatory requirements, with a completion date of 09/08/2026.

Effective 09/14/2026 the Director of nursing or designee will complete Medication error reporting audits weekly for 4 weeks and monthly for 2 months selecting 5 random residents to identify any medication errors and verify that required notifications to the resident/responsible party and prescriber were completed and documented, through 12/11/2026 to maintain ongoing compliance with ensuring a medication error must be immediately reported to the resident, the resident's designated person and the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/11/2026

Implemented () - 10/05/2026)