



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 4, 2026

[REDACTED]
Ross' Memory Meadows Assisted Living Facility LLC
[REDACTED]

RE: Memory Meadows Personal Care Home
License/COC #: 447053

[REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 5, 2026, March 10, 2026, July 29, 2026, and July 30, 2026, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REFUSES to RENEW your certificate of compliance (license number 44705) to operate the above facility. The Department's decision to revoke your license is based on the violations attached to this notice and your failure to comply with the Department's regulations and failure to submit an acceptable plan to correct noncompliance items and 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).

In accordance with 55 Pa. Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (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	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
65(f)	III	5	\$3	\$15	15 calendar days From the date of This letter.
183(b)	III	5	\$3	\$15	15 calendar days From the 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 REFUSE TO RENEW your 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. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, 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
PH: [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.

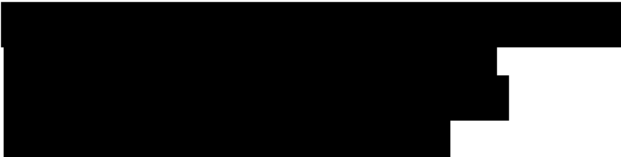
The enclosed violation report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, an acceptable plan of correction must be followed during your operation pending your appeal. Memory Meadows Personal Care Home is required to remain in full compliance with all applicable statutes and regulations, including but not limited to Article X of the Human Services Code, 62 P.S. §§ 1001 et seq., and 55 Pa. Code Ch. 2600 (relating to Personal Care Homes)

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



Facility Information

Name: MEMORY MEADOWS PERSONAL CARE HOME

License #: 44705

License Expiration: 04/30/2026

Address: 321 GODFREY ROAD, LEECHBURG, PA 15656

County: ARMSTRONG

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP

Date: 08/30/1993

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 7

Waking Staff: 5

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Provisional

Exit Conference Date: 03/10/2026

Inspection Dates and Department Representative

03/05/2026 - On-Site: [REDACTED]

03/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 6

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 6

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0

Inspections / Reviews

03/05/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/16/2026

06/04/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/11/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/16/2026

Inspections / Reviews *(continued)*

09/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2026

Reviewer: [REDACTED]

Follow Up Type:

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 [REDACTED], Agents of the Department requested staff person E's record. They were told by staff person B, the administrator, that the record was located at the Administrator's home. The home never provided this staff record to the Department.

Plan of Correction**Directed** [REDACTED] - 06/03/2026)

2600.5a [REDACTED] PCHA updated staff E employee file. Staff E was not employed at the time of inspection due to no call no show. New employee file was completed on 4/15/2026. [REDACTED] will have all employee files at the home at all times. No longer employed will be in office for 30 days before putting in storage.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26: All staff persons will be educated on the home's policy on records as well as regulation 2600.5a that the home shall provide, upon request, immediate access to the home, the residents and records to Agents of the Department. Documentation of the education shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26 [REDACTED]

57a Designee Present/Age**3. Requirements**

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On [REDACTED], and [REDACTED] the only staff present in the home was staff person E, age [REDACTED], who was working independently and providing direct care to residents, including toileting, changing, and bathing.

Plan of Correction**Directed** [REDACTED] - 06/03/2026)

2600.57.a. Staff E was age 18 at the time of inspection. Staff C was in the home most days staff E was working. [REDACTED] PCHA is also in the home everyday different hours to assist in any direct care that is needed.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/10/26: The administrator or designee shall review the staff schedule to ensure at all times there are one or more residents present in the home, a direct care staff person who is 21 years of age or older is present in the home to serve as designee.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26 [REDACTED]

63a First Aid/CPR Training

5. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED] and [REDACTED], there was no staff person scheduled in the home certified in obstructed airway techniques and CPR during the 3:00 PM to 11:00 PM shift, while at least six residents were present.

Plan of Correction**Directed [REDACTED] 06/04/2026)**

2600.63.a. [REDACTED] PCHA had contacted the CPR/First Aid instructor for the current CPR list. Instructor emailed and verbally confirmed the current certified staff. Attached is the certified list.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26: The administrator or designee shall review the staffing schedule to ensure at least one staff person who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. Any additional staff person training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization in accordance with 2600.63b. Documentation of successful completion of CPR/First Aid training shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26 [REDACTED]

64c - Annual Training

6. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff Person B, the administrator, only had 4 documented hours of annual training for the 2025 training year.

Plan of Correction**Directed [REDACTED] 06/04/2026)**

2600.64.c. [REDACTED] PCHA did receive [REDACTED] 24 hours annual training. PCHA received more than the 24 hours. PCHA had completed the Medication Training during 2025, CPR and the Mandatory Administrator Orientation was also completed in 2025. Attached all documents

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26: The administrator shall enroll in sufficient trainings to complete the 2025 training year. Documentation of enrollment shall be kept. The administrator shall count only Department-approved trainings toward the 24-hour annual requirement.

By 6/15/26 and as part of the quality management reviews: The administrator shall develop a tracking system to ensure [REDACTED] completes 24 Department-approved training hours in each training year. Documentation of all training shall be kept.

64c Annual Training (continued)

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26 [REDACTED]

64f - Record of Training**7. Requirements**

2600.

64.f. A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

Description of Violation

Multiple staff training records for calendar year 2025, including those for Staff Person A and Staff Person C, as well as training documents for Depression in the Elderly, Safety and Fall Prevention, and Implementing the Support Plan, revealed the records did not specify the month, day, and time on which the trainings were completed, indicating only the calendar year of 2025. Additionally, the year "2025" was written over the previously documented year "2024" in black marker.

Plan of Correction

Directed [REDACTED] - 06/04/2026)

2600.65.e [REDACTED] PCHA has updated the inservice binder. All topics are listed with sign in sheets and date. All staff will complete the mandatory inservices that are in the binder every year. [REDACTED] PCHA will keep the previous year sign in sheets in the binder with the current year.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26 and monthly thereafter: the administrator or designee shall review the annual staff training documentation to ensure the record includes all required elements including the individual trained, date, source, content, length of each course and copies of certificates received.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26 [REDACTED]

65e - 12 Hours Annual Training**8. 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

Staff Person A and Staff Person C only completed 4 hours of annual training for the calendar year 2025.

Plan of Correction

Directed [REDACTED] 06/04/2026)

2600.65.e. Staff E and Staff C since completed the remainder of annual training hours. [REDACTED] PCHA will document every month on employee inservice binder who has completed the training. [REDACTED] PCHA will also provide each employee with warnings if not completed in time.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26 and monthly thereafter: the administrator or designee shall review the annual staff training documentation to ensure all direct care staff persons receive at least 12 hours of annual training related to their

65e - 12 Hours Annual Training (continued)

job duties annually. Documentation of all staff training shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26

65f - Training Topics**9. 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.

Description of Violation

Staff Person A and Staff Person C did not receive annual training in any of the required topics for the calendar year 2025.

Repeat Violation:

Plan of Correction

Directed 06/04/2026

2600.65.e. PCHA has updated the inservice binder. All topics are listed with sign in sheets and date. All staff will complete the mandatory inservices that are in the binder every year. PCHA will keep the previous year sign in sheets in the binder with the current Year. Staff A and Staff C have since completed the mandatory trainings.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26 and monthly thereafter: the administrator or designee shall review the annual staff training documentation to ensure all direct care staff persons receive annual training in all required topics annually. Documentation of all staff training shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26

65g - Annual Training Content**10. 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.

65g - Annual Training Content (continued)**Description of Violation**

Staff Person A and Staff Person C did not receive annual training in any of the required topics for the calendar year 2025.

Plan of Correction**Directed** [REDACTED] 06/04/2026)

2600.65.e [REDACTED] PCHA has updated the inservice binder. All topics are listed with sign in sheets and date. All staff will complete the mandatory inservices that are in the binder every year. [REDACTED] PCHA will keep the previous year sign in sheets in the binder with the current Year. Staff A and Staff C have since completed the mandatory trainings.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26 and monthly thereafter: the administrator or designee shall review the annual staff training documentation to ensure all direct care staff persons receive annual training in all required topics annually. Documentation of all staff training shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26 [REDACTED]

66a - Staff Training Plan**11. Requirements**

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home did not complete a training plan for the 2026 training year.

Plan of Correction**Directed** [REDACTED] 06/04/2026)

2600.66.a [REDACTED] PCHA has updated the training binder with all mandatory trainings for DCS. Binder is complete with monthly topics for each inservice to complete. Attached Inservice Training Plan 2026

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26: The administrator or designee shall develop a written staff training plan for the 2026 training year that includes the name, position and duties of each direct care staff person, the required training courses for each staff person, and the dates, times and locations of the scheduled training for each staff person for the upcoming year in accordance with 2600.66b.

Directed Completion Date: 06/15/2026

Implemented [REDACTED] - 08/24/2026)

85d - Trash Receptacles**12. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

85d - Trash Receptacles (continued)**Description of Violation**

On [REDACTED], at approximately 3:44 PM, the lid of the dumpster located in the rear parking lot was unable to be closed and was resting on approximately 12 inches of garbage bags protruding above the rim of the dumpster.

Plan of Correction**Directed** [REDACTED] - 06/04/2026)

2600.85.d. [REDACTED] PCHA corrected 03/6/2026. New dumpster delivered before 3/10/2026 the second inspection. The previous dumpster lid was broke which I had no knowledge of at the time.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26 and weekly thereafter: The administrator or designee shall inspect the dumpster and all outdoor trash receptacles to ensure they are closed to prevent the penetration of insects and rodents.

Directed Completion Date: 06/15/2026

Implemented [REDACTED] - 08/24/2026)**103f - Refrigerator/Freezer Temps****15. Requirements**

2600.

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

Description of Violation

On [REDACTED] at approximately 12:25 PM, the black refrigerator/freezer unit located in the home's main kitchen did not have a functional thermometer.

Plan of Correction**Accept** [REDACTED] - 06/04/2026)

2600.103.f [REDACTED] PCHA corrected by replacing both batteries in thermometers during inspection on 3/10/2026. PCHA will do bi-weekly checks on batteries for 6months.

Licensee's Proposed Overall Completion Date: 05/11/2026

Not Implemented 8/25/26 [REDACTED]

109b - Rabies Vaccination**17. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On [REDACTED], there was no current rabies vaccination for the two cats and one dog present in the home.

Plan of Correction**Directed** [REDACTED] 06/04/2026)

2600.109.b [REDACTED] PCHA contacted the person that we rescued from during inspection. PCHA was able to get ahold of the vet and get faxed records sent. Attached is the record.

Proposed Overall Completion Date: 05/11/2026

109b Rabies Vaccination (continued)**DIRECTED PLAN:**

By 6/15/26: The administrator or designee shall develop and implement a tracking system to ensure cats and dogs present in the home have a current rabies vaccination. Documentation of the tracking system shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/2026

121a - Unobstructed Egress**18. 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 [REDACTED] at approximately 9:18 AM, the egress route leading from the rear of the great room to the rear porch was obstructed by several large brown cardboard boxes.

Plan of Correction

Directed [REDACTED] - 06/04/2026)

2600.121.a [REDACTED] PCHA corrected violation during inspection on 03/05/2026. PCHA placed a laminated sign by exit "DO NOT BLOCK" On 4/14/2026.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26: All staff persons shall be educated on regulation 121a that all stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. Documentation of the education shall be kept.

Directed Completion Date: 06/15/2026

Implemented [REDACTED] 08/25/2026)

127a - Portable Space Heaters**19. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On [REDACTED] at approximately 9:15 AM, a Jibufi space heater, approximately 20 inches in height, was observed on the floor of the great room, positioned adjacent to a brown couch. The space heater was plugged in at the time of observation.

On [REDACTED] at approximately 9:18 AM, a Jibufi space heater, approximately 20 inches in height, was observed located approximately 10 feet from the home's medication cart, which was positioned approximately 15 feet from the front entrance.

Plan of Correction

Directed [REDACTED] - 06/04/2026)

2600.127.a Staff A removed both heaters at time of inspection on 03/05/2026. PCHA removed all space heaters from the building on 3/5/2026.

127a Portable Space Heaters (continued)

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26: All staff persons shall receive education on regulation 2600.127a that portable space heaters are prohibited. Documentation of the education shall be kept.

Directed Completion Date: 06/15/2026

Implemented [REDACTED] **08/25/2026)**

131f - Fire Extinguisher Inspection**20. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On [REDACTED] at approximately 9:34 AM, the fire extinguisher located approximately 10 feet from the home's main entrance did not have documentation of an inspection certification completed by a fire safety expert.

On [REDACTED], Resident Room [REDACTED] closet door displayed signage indicating "Staff Only"; however, the door was observed to be unlocked. Inside the closet, a fire extinguisher was located on the floor. Review of the fire extinguisher inspection indicated the most recent inspection conducted by a fire safety expert occurred in July 2021.

Plan of Correction

Directed [REDACTED] **06/04/2026)**

2600.131.f [REDACTED] PCHA contacted Summet to come tag the missing fire extinguisher. All extinguisher are scheduled for yearly inspection on 05/28/2026. PCHA has asked the company for extra tags to keep in binder with invoice to have on hand at all times.

Proposed Overall Completion Date: 05/11/2026

DIRECTED PLAN:

By 6/15/26: The administrator or designee shall develop and implement a tracking system to ensure fire extinguishers are inspected and approved annually by a fire safety expert. Documentation of the tracking system shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26 [REDACTED]

183b - Meds and Syringes Locked**22. 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 [REDACTED], at approximately 9:35 AM, multiple medications were observed in a laundry basket located in the hallway directly across from the common bathroom and immediately adjacent to Resident Room #4. The medications were unsecured and unattended. Observed medications included a prescription for Resident #2, Clonazepam 0.5 mg,

183b Meds and Syringes Locked (continued)

prescribed as one tablet by mouth twice daily for anxiety, with one tablet remaining in the medication card; a prescription for Resident [REDACTED], [REDACTED], prescribed as one tablet by mouth daily at 2:00 PM, with one tablet remaining in the medication card; and a prescription for Resident [REDACTED], [REDACTED], prescribed as one tablet by mouth every 12 hours as needed.

On [REDACTED] at approximately 10:47 AM, an unattended and unsecured tube of [REDACTED] was observed in the common bathroom immediately adjacent to Resident Room [REDACTED].

On [REDACTED] at approximately 9:24 AM, an unattended and unlocked medication cup containing six pills was observed on the right side of the dining room table in the right half of the home's dining hall. The medications were accessible to residents and included [REDACTED] prescribed as one tablet by mouth daily at 8:00 AM, and [REDACTED] prescribed as one tablet by mouth daily at 8:00 AM. Staff Person A confirmed the medications were prepared for Resident [REDACTED].

Repeat Violation: [REDACTED]

Plan of Correction

Directed [REDACTED] - 06/04/2026)

DIRECTED PLAN:

Within 24 hours of receipt of the plan of correction: The administrator or designee shall secure all of the medications included in this violation in an area or container that is locked.

By 6/15/26 and weekly thereafter: The administrator or designee shall check the home including all medication storage areas to ensure all OTC medications, CAM and syringes are kept in an area or container that is locked.

By 6/15/26: All staff persons shall be educated on regulation 183b and the home's policy and procedure to ensure all OTC medications, CAM and syringes are kept in an area or container that is locked. Documentation of the education shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26 [REDACTED]

185a - Implement Storage Procedures**23. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] was prescribed [REDACTED], with instructions to take one tablet by mouth twice daily at 9:00 AM and 8:00 PM. Review of narcotic documentation revealed inconsistencies. Specifically, there were two separate narcotic count sheets for the period of [REDACTED] through [REDACTED], each reflecting different pill counts. Additionally, the narcotic log sheet covering [REDACTED] through [REDACTED] indicated a count of 0 tablets remaining for Prescription [REDACTED]. However, Forest Hill Pharmacy records indicated that 30 tablets were dispensed to Memory Meadows on [REDACTED], with an additional 30 tablets on [REDACTED].

Plan of Correction

Directed [REDACTED] - 06/04/2026)

By 6/15/26: The administrator or designee shall conduct an internal investigation to determine the reason for the separate narcotic count sheets and the discrepancy between the narcotic count and the medication present in the home.

By 6/15/26: All staff persons shall be educated in regulation 2600.185a including the home's policy and procedure for maintaining accurate counts on narcotic medications. Documentation of the education shall be kept.

185a - Implement Storage Procedures (continued)

By 6/15/26 and monthly thereafter: The administrator or designee qualified to administer medications shall audit narcotic medication stored in the home to ensure an accurate count is being kept in accordance with the home's medication policy. Documentation of the audits shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26

187b - Date/Time of Medication Admin.**24. 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] was prescribed multiple medications to be administered daily at 8:00 AM, including [REDACTED] one tablet by mouth daily at 8:00 AM, [REDACTED], one tablet by mouth daily at 8:00 AM; and [REDACTED] one tablet by mouth three times daily at 8:00 AM, 2:00 PM, and 8:00 PM. On 03/05/26, Staff Person A administered these medications at approximately 9:30 AM. However, review of the February 2026 Medication Administration Record indicated that Staff Person B was documented as the individual who administered the medications.

Staff Person C indicated that the only resident who received medications on [REDACTED] was Resident [REDACTED]. However, review of Resident [REDACTED] March 2026 Medication Administration Record indicated that Staff Person C documented administration of the resident's 8:00 AM medications on that date.

Plan of Correction

Directed [REDACTED] 06/04/2026)

DIRECTED PLAN:

By 6/15/26: All staff persons qualified to administer medication shall be educated on regulation 2600.187b that the administration information on the medication administration record (MAR) shall be recorded at the time the medication is administered and by the same person who performed the administration. Documentation of the education shall be kept.

By 6/15/26 and monthly thereafter: The administrator or designee shall audit the resident MARs to ensure the documentation of medication administration is being made at the time of the administration by the individual who performed the administration. Documentation of audits shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26

187c - Refusal of Medication**25. 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

Resident [REDACTED] is prescribed Original Healing Cream, with instructions to apply topically to the affected area twice daily. However, the resident refused administration of this medication on multiple occasions, including [REDACTED] through [REDACTED] at 8:00 PM. The prescribing physician was not notified of the refusals.

Resident [REDACTED] is prescribed [REDACTED] with instructions to take two tablets by mouth at bedtime. The resident

187c - Refusal of Medication (continued)

refused administration of this medication on multiple dates, including [REDACTED] through [REDACTED]. However, the home failed to notify the prescribing physician of the refusals.

Resident [REDACTED] was prescribed [REDACTED] with instructions to instill one drop in both eyes at bedtime. The resident refused administration of this medication on multiple dates, including [REDACTED] through [REDACTED]. However, the home failed to notify the prescribing physician of the refusals.

Plan of Correction**Directed [REDACTED] - 06/04/2026)****DIRECTED PLAN:**

By 6/15/26: The administrator or designee shall report the medication refusals in this violation to the prescriber(s) of the medications. Documentation shall be kept.

By 6/15/26: The administrator or designee shall educate all staff persons on regulation 2600.187c that a medication refusal shall be documented in the resident's record and on the medication record and that the refusal shall be reported to the prescriber within 24 hours. Documentation of the education shall be kept.

By 6/15/26 and monthly thereafter: The administrator or designee shall audit the resident MARs to ensure medication refusals are documented in the resident's record and in the MAR and the refusal is reported to the prescriber within 24 hours. Documentation shall be kept.

Directed Completion Date: 06/15/2026

Not Implemented 8/25/26 [REDACTED]