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

November 4, 2026

[redacted], ADMINISTRATOR
SOMERSET SENIOR LIVING OPERATING COMPANY LLC
166 SIEMON DRIVE
SOMERSET, PA, 15501

RE: SOMERSET SENIOR LIVING
166 SIEMON DRIVE
SOMERSET, PA, 15501
LICENSE/COC#: 33880

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2026, 09/23/2026 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: *SOMERSET SENIOR LIVING* **License #**: *33880* **License Expiration**: *06/22/2027*

Address: *166 SIEMON DRIVE, SOMERSET, PA 15501*

County: *SOMERSET* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *SOMERSET SENIOR LIVING OPERATING COMPANY LLC*

Address: *166 SIEMON DRIVE, SOMERSET, PA, 15501*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *08/16/2000* **Issued By**: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *40* **Waking Staff**: *30*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *09/23/2026*

Inspection Dates and Department Representative

09/22/2026 - On-Site: [redacted]

09/23/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* **Residents Served**: *33*

Secured Dementia Care Unit

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

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *33*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *7* **Have Physical Disability**: *0*

Inspections / Reviews

09/22/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/19/2026*

10/19/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/02/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/03/2026*

Inspections / Reviews *(continued)*

11/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/02/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

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

On 9/22/2026 at 9:03 AM, a binder labeled "Lab Book" was unlocked, unattended, and accessible within the lobby of the home. Specifically, lab orders, diagnoses, and social security numbers for Resident #1 and Resident #2 were observed.

Plan of Correction ***Accept (- 10/19/2026)***

Lab book was left outside Resident Care Coordinator office; Administrator immediately corrected this deficiency on 9/22/2026 when it was noted. Staff and lab personnel be re-educated on placing lab book back in nurses' station and on regulation by 11/2/2026. Resident care coordinator or Administrator to do Daily audit of Record confidentiality for 1 week, then weekly for 4 weeks, then monthly for 2 months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

81b - Resident Personal Equipment

2. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 9/22/2026 at 2:00 PM, Resident #1 had a bedside mobility device placed between mattress and box spring that was not secured to the bed and moved easily when pressure was applied.

Plan of Correction ***Accept (- 10/19/2026)***

Room was noted by the surveyor to have a bedside mobility device placed between mattress and box spring that was not secured to the bed and moved easily when pressure was applied. Administrator immediately removed this device from resident room due to non-use on 9/22/2026. Administrator completed a whole house audit on 9/22/2026 and no other items were found. DCS staff to be re-educated on regulation no later than 11/2/2026. Administrator or Resident Care Coordinator to complete monthly audit of Resident Personal Equipment for 6 months of 5 random resident rooms, then quarterly for 1 year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

82c - Locking Poisonous Materials

3. 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

On 9/22/2026 at 9:23 AM, a 24 oz. bottle of Comet soft cleanser bleach, with a manufacturer's label stating, "If swallowed drink a glass of water and call a physician or Poison Control Center", was unlocked, unattended, and accessible within the activity room.
Not all the residents of the home, including Residents #3 and #4, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept (- 10/19/2026)***

The activity room was noted by the surveyor to have a 24oz bottle of Comet soft cleanser in a cabinet above the sink that was unlocked, unattended, and accessible. Administrator immediately corrected this deficiency on 9/22/2026 by placing chemicals in a locked closet within the activities room. DCS and Activities staff to be re-educated on regulation no later than 11/2/2026. Administrator or Resident Care Coordinator to complete monthly audits on Locking Poisonous Materials for 6 months, then quarterly for 1 year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/22/2026, at 10:22 AM, an accumulation of brown liquid was on the lid of a basin stored under a sink of the personal care kitchen.

On 9/23/2026 at 3:30 PM, streaks of white residue were on the door to the bottom of the ice machine within the home's main kitchen.

Plan of Correction ***Accept (- 10/19/2026)***

Surveyor noted an accumulation of brown liquid on the lid of a basin stored under a sink in the personal care kitchen on 9/22/2026. Surveyors also noted streaks of a white residue were on the door to the bottom of the ice machine within the home's main kitchen on 9/23/2026. Dietary staff completed full cleaning of both the personal care and main kitchen by 10/16/2026. Dietary staff to be re-educated on regulations by dietary director not later than 11/2/2026. Dietary Director to complete audits on Sanitary Conditions twice weekly for 4 weeks, then monthly for 6 months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

97 - Elevators/Lifting Devices

5. Requirements

2600.
97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

A certificate of operation for the home's elevator was issued by the Department of Labor & Industry on 8/29/2024. However, this certificate expired on 8/31/2026.

Plan of Correction ***Accept (- 10/19/2026)***

Surveyor noted a certificate of operation for the home's elevator was issued by the Department of Labor & Industry on 8/29/2024 that expired on 8/31/2026. Somerset Senior Living Director of Maintenance called the Department of Labor & Industry- Elevator Dept. from Department of Labor & Industry elevator, inspected it 9/30/2026 and will be issuing a new license (7430). For future inspections we have set up a new service account with communication tech services, and we continue to have Eastern Elevator Service, the elevator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

103c - Food Protected

6. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 9/22/2026 at 9:24 AM, a cup of ice cream was uncovered within the activity room freezer.

On 9/23/2026 at 3:34 PM, 5 cups of applesauce were uncovered on a cart within the home's main kitchen.

Plan of Correction ***Accept (- 10/19/2026)***

Surveyor noted a cup of ice cream was uncovered withing the activity room fridge on 9/22/2026. Activity director immediately disposed of uncovered ice cream found in activities freezer on 9/22/2026. Surveyor also noted that 5 cups of applesauce were uncovered on a cart withing the home's main kitchen on 9/23/2026. Dietary immediately disposed of uncovered applesauce on 9/23/2026 after noted. Administrator to re-educate DCS and activities on regulation no later than 11/2/2026. Dietary director to re-educate dietary staff no later than 11/2/2026. Administrator, Resident Care Coordinator, or Dietary Director to complete Audits on Food Protected twice weekly for 4 weeks, the monthly for 6 months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

103h - Thawing Food

7. Requirements

2600.
103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

103h - Thawing Food *(continued)*

Description of Violation

On 9/23/2026 at 3:35 PM, a box of 4 fl. oz. cartons of MIGHTYSHAKES were thawing on the counter of the main kitchen. The manufacturer's label on this produce states "Store frozen. Thaw at or below 40°F. Use thawed product within 14 days. Keep Refrigerated." Staff Member reported the box of nutritional shakes was placed on the counter to thaw at 1:00 PM.

Plan of Correction ***Accept (- 10/19/2026)***

On 9/23/2026 surveyor noted a box of 4 fl. Oz cartoons of Mighty shakes thawing out on the main kitchen counter. Dietary Director immediately disposed of mighty shakes after being noted on 9/23/2026. Dietary Director to re-educate dietary staff on regulations by 11/2/2026. Dietary Director to complete audits on Thawing food 2 times a week for 4 weeks, then monthly for 6 months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

141b1 - Annual Medical Evaluation

8. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

A medical evaluation was completed for Resident #5 on [redacted] However, Section #1 General Physical Examination and Section #4 Poisonous Materials were not completed.

A medical evaluation was completed for Resident #6 on [redacted]. However, Resident #6 did not have another medical evaluation completed until [redacted]

Plan of Correction ***Accept (- 10/19/2026)***

Surveyor noted room [redacted] was missing a Direct Medical Evaluation from 2025. Direct Medical Evaluation for 2025 was not received back from PCMA. PCMA is no longer servicing our building currently. Surveyor also noted that items were missing on the Direct medical evaluation in box #1 and #4 on room [redacted] Administrator reached out to resident Primary care physician on 10/16/2026 for clarification on Direct medical evaluation and will submit clarification once received. Administrator or Resident Care coordinator to complete full house audit on Annual Medical Evaluation by 11/2/2026, then audits 5 random residents once monthly for 6 months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

183d - Prescription Current

9. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/20/2026, the probiotic oral capsule prescribed for Resident #8 was discontinued. However, the medication was

183d - Prescription Current (continued)

kept in the home and administered to the resident through 9/22/2026.

Repeated Violation - 7/22/2025

Plan of Correction ***Accept (- 10/19/2026)***

On 9/22/2026 Surveyor noted there was a probiotic in the med cart and MAR for room with no stop date. Initially no stop date was on the order for probiotic. On 9/22/2026 administrator called Somerset family practice for order clarifications. Somerset Family Practice faxed over order clarifications on 9/23/2026 and medication was pulled from med cart, discontinued, and destroyed. Administrator, Resident Care Coordinator, and Med techs to be re-educated on regulation no later than 11/2/2026. Administrator or Resident Care Coordinator to complete monthly MAR audits on Prescription current of 5 random residents for 6 months, then quarterly for 1 year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

183e - Storing Medications

10. 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 #11 is prescribed Refresh Tears lubricant eye drops. Per the manufacturer's label, this medication should be discarded 90 days after opening. However, on 9/23/2026 at 11:30 AM, this medication was not labeled with the date opened.

Plan of Correction ***Accept (- 10/19/2026)***

Surveyor noted there was a bottle of opened eye drops for room in the med cart with no date open on it on 9/23/2026. Eye drops were removed from cart and destroyed on 9/24/2026 when family supplied new bottle. Date open placed on new bottle. Med techs to be re-educated on regulation no later than 11/2/2026. Administrator or Resident Care Coordinator to complete audit of whole cart on storing medications for 6 months, then quarterly for 1 year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

184a - Resident's Meds Labeled

11. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #10 is prescribed Insulin Glargine 100 unit/ml. However, on 9/23/2026 at 11:37 AM, this medication was not labeled with the prescriber's instructions for administration

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

Plan of Correction ***Accept (- 10/19/2026)***

Surveyor noted there was an insulin glargine 100 unit/ml for resident in room in med cart that was not labeled with the prescriber's instructions. Administrator called pharmacy on 10/16/2026 asking for a bag and label for pen injectors as they are pulled from facility fridge. Labels and bag delivered on 10/16/2026 and insulin pen placed in bag inside of med cart. Med techs re-educated on regulation not later than 11/2/2026. Administrator or Resident Care Coordinator to complete whole cart audits on Residents Med Labeled for 6 months and then quarterly for 1 year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

184b - Labeling OTC/CAM

12. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 9/22/2026 at 3:33 PM, Acetaminophen 500 mg prescribed for Resident #8 was present in the home's medication cart. However, this medication was not labeled with the resident's name.

Resident #8 is prescribed Cetirizine Hydrochloride 10mg, give 1 tablet by mouth two times a day. However, the medication label stated, "one 10 mg tablet once daily".

Plan of Correction ***Accept (- 10/19/2026)***

Surveyor noted on 9/22/2026 that there was a bottle of acetaminophen 500mg in the med cart for resident in room that was not labeled with the resident's name. Administrator immediately corrected this deficiency and placed residents name on the bottle. Surveyor also noted a bottle of Cetirizine Hydrochloride 10mg that the physician's order was different then the directions on the label. Administrator immediately corrected this deficiency by placing a change of directions refer to MAR sticker on the directions on the medication bottle. Med Techs to be re-educated on regulation no later than 11/2/2026. Administrator or Resident Care Coordinator to complete who cart audits on Labeling OTC/CAM monthly for 6 months, then quarterly for 1 year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

187a - Medication Record

13. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
10. Duration of therapy, if applicable.

187a Medication Record *(continued)*

11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

On 6/8/2026, Resident #12 was prescribed Polyethylene Glycol 3350, mix 1 capful (17gm) with 8 oz. of liquid and drink orally daily as needed. On 9/23/2026 at 11:46 AM, this medication was present in the home, however the resident's medication administration record did not include the following:

Name of medication
Strength
Dosage form
Dose
Route of administration
Frequency of administration
Duration of therapy, if applicable
Special precautions, if applicable
Diagnosis or purpose for the medication, including pro re nata (PRN)

Plan of Correction ***Accept (- 10/19/2026)***

Surveyor noted on 9/23/2026 that there was a bottle of polyethylene Glycol 3350 in the med cart for resident in room that was not in the MAR. Administrator immediately called Somerset Family Practice for order clarifications. Somerset Family Practice faxed over order clarification to facility on 9/23/2026 and Administrator placed orders in the MAR. Administrator, Resident Care Coordinator, and Med techs to be re educated on regulations no later than 11/2/2026. Administrator or Resident Care Coordinator to complete a full house audit on Medication Record now, then monthly for 6 months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

187b - Date/Time of Medication Admin.

14. Requirements

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

Description of Violation

On 9/14/2026 at 9:00 AM, Resident #8 was administered 2mg of Ozempic 8mg/3ml. The staff member who administered the medication did not initial or record the date and time of administration.

Plan of Correction ***Accept (- 10/19/2026)***

Administrator is responsible for administering resident Ozempic. Since administration is also recorded on the box, administrator documented this as a late entry in PCC. Administrator. Administrator and Med techs to be re educated and MAR sign off sheet to be placed in NARC book by 11/2/2026. Administrator and Resident Care Coordinator to complete audits of MAR and sign off for completion monthly for 1 year to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

187d Follow Prescriber's Orders

15. Requirements

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

Description of Violation

On 7/20/2026, the probiotic oral capsule prescribed for Resident #8 was discontinued. However, this medication was administered once daily until 9/22/2026.

On 4/20/2026, Resident #12 was prescribed Atenolol 25mg, give 1 tablet by mouth two times a day. However, Resident #12 was administered a dose of Atenolol 25 mg in addition to a dose of Atenolol 50 mg, each morning at 9 AM from 4/21/2026 to 4/23/2026.

On 9/16/2026, Resident #10 was prescribed Nitrofurantoin Monohydrate Macro Oral Capsule, take capsule by mouth twice a day for seven days. The first dose of this medication was administered on 9/17/2026 at 9:00 AM. Therefore, the final dose would be administered on 9/23/2026 at 9:00 PM. On 9/22/2026 at 3:56 PM, two capsules should have remained in the PM medication pack, however only one capsule was present. Staff Member B was unable to account for the missing dose.

Plan of Correction ***Accept (- 10/19/2026)***

Surveyor noted on 9/22/2026 that there was a probiotic oral capsule in the med cart for room that should have been discontinued but was still being administered. On 9/22/2026 administrator called Somerset family practice for order clarifications. Somerset Family Practice faxed over order clarifications on 9/23/2026 and medication was pulled from med cart, discontinued, and destroyed. Surveyor noted on 9/22/2026 a med error from 4/21/2026 and 4/23/2026 for resident in room Resident had admitted with two different dosages of atenolol and Administrator failed to cross reference the medication list provided with the residents DME. Administrator at that time reported the medication error and followed primary care physicians post directions. Surveyor noted on 9/22/2026 that resident in room was prescribed Nitrofurantoin Monohydrate oral capsule, take one capsule by mouth twice daily that was missing a dose from its pack. Administrator immediately called pharmacy for a replacement capsule. Replacement capsule was delivered on 9/22/2026 and no doses were missed. Administrator, Resident Care Coordinator, and Med techs to be re-educated by 11/2/2026. Administrator or Resident care Coordinator to complete monthly MAR audit for 5 random residents for 6 months.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)

225a Assessment 15 Days

16. 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

The medical evaluation for Resident #3, dated , indicated the resident requires a mechanical soft diet. On Resident #3 was prescribed a pureed diet. However, the assessment for Resident #3, completed indicated the resident requires a regular diet, regular texture, thin/regular liquids.

225a Assessment 15 Days (continued)

Repeated Violation 7/22/2025

Plan of Correction ***Accept ([redacted] - 10/19/2026)***

Surveyor noted that resident in room [redacted] Diet order did not match on DME and Care Plan. Administrator called and left a message with Hospice physician on 10/16/2026 for order clarifications Administrator to complete an addendum once clarification order is received. Administrator and Resident Care Coordinator to be re educated on regulation no later than 11/2/2026. Administrator or Resident Care Coordinator to complete monthly Rasp audits monthly for 6 months, then quarterly for 1 year.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented ([redacted] - 11/04/2026)

225c - Additional Assessment

17. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The assessment for Resident #3, dated [redacted] indicated the resident requires prompting/cueing for bladder and bowel incontinence needs. However, staff interviews indicated Resident #3 requires physical assistance with incontinence needs. Resident #3's assessment also indicated the resident requires prompting/cueing for ambulation. However, the resident requires the use of a walker to assist with ambulation. Resident #3's assessment has not been updated to reflect the resident's current personal care needs.

The assessment for Resident #13, completed [redacted] indicated the resident has no personal care needs related to ambulation. However, the resident uses a front wheeled walker and staff interviews indicated the resident requires frequent reminders to use [redacted] walker. Resident #13's assessment has not been updated to refletct the change in the resident's needs.

The assessment for Resident #13, completed [redacted] indicated the resident requires no supervision either in the home or when in the community. However, a Wanderguard device is used to alert staff when Resident #13 exits the building. When unsupervised, Resident #13 removes briefs, urinates/defecates in varying areas of [redacted] bedroom and applies products to [redacted] hair and face not meant for these areas.Resident #13's assessment has not been updated to refletct the change in the resident's needs.

The assessment for Resident #13, completed [redacted] indicated the resident has no problem communicating needs. However, staff interviews indicated Resident #13 rarely talks or responds verbally when communication is initiated. When the resident does talk, [redacted] communication is nonsensical. Resident #13's assessment has not been updated to refletct the change in the resident's needs.

The assessment for Resident #1, dated [redacted] indicated the resident has no personal care needs related to transferring or turning/repositioning. However, Resident #1 utilizes a bedside mobility device that is affixed to [redacted] bed. The resident's assessment has not been updated to reflect this change.

225c Additional Assessment (continued)

Plan of Correction ***Accept (- 10/19/2026)***

Resident #3 initial assessment indicated the resident requires prompting/cueing for bowel incontinence. However, staff stated resident #3 is requiring physical assistance with incontinence. Resident #3's initial assessment also indicated the resident requires prompting/cueing for ambulation. However, the resident requires the use of a walker to assist with ambulation. Residents RASP was appended by Administrator on 10/18/2026 to indicate resident is now requiring physical assistance with toileting and that resident requires the use of a walker to assist with ambulation. Resident #13 Assessment on indicated the resident has no personal care need related to ambulation. However the resident uses a front wheeled walker and staff indicated resident requires frequent reminders to use walker. Resident #13 assessment on also indicated the resident requires no supervision either in the home or in the community. However resident #13 is noted that removes briefs, urinate/defecates in varying areas of room and has applied products to hair and face that are not meant for these areas. Resident #13 assessment also noted that the resident has no problem communicating needs. However, staff interview state resident rarely talks or responds verbally when communication is initiated and when does its nonsensical. Administrator to complete an assessment addendum by 11/2/2026. Resident #1 assessment on indicated the resident has no personal care needs related to transferring or turning/repositioning. However reside mobility device that was affixed to bed. Administrator immediately removed this device from resident room on 9/22/2026 due to non use. Resident #1 sleeps in recliner so Administrator appended this Rasp on 9/24/2026 to reflect that. Administrator and Resident Care Coordinator to be re educated by 11/2/2026. Administrator or Resident Care Coordinator to do audit Rasp monthly for 6 months, then quarterly for 1 year.

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented (- 11/04/2026)