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

November 13, 2026

[redacted] ADMINISTRATOR
RIVERSTONE MANOR LLC
[redacted]

RE: RIVERSTONE MANOR
ONE MAIN STREET
WALNUTPORT, PA, 18088
LICENSE/COC#: 22394

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/30/2026 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: *RIVERSTONE MANOR* **License #**: *22394* **License Expiration**: *11/09/2026*

Address: *ONE MAIN STREET, WALNUTPORT, PA 18088*

County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *RIVERSTONE MANOR LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *03/15/2012* **Issued By**: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *63* **Waking Staff**: *47*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *09/30/2026*

Inspection Dates and Department Representative

09/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *60*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *28* **Are 60 Years of Age or Older**: *39*

Diagnosed with Mental Illness: *37* **Diagnosed with Intellectual Disability**: *12*

Have Mobility Need: *3* **Have Physical Disability**: *3*

Inspections / Reviews

09/30/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/25/2026*

10/30/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/12/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/06/2026*

Inspections / Reviews *(continued)*

11/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/12/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/12/2026*

11/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/12/2026*

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 10:33 a.m., the home's License Inspection Summary (LIS), dated 11/18/25 and 2/26/26 were not posted in the home.

Plan of Correction ***Accept ([redacted] - 10/28/2026)***

On September 30, 2026, the Administrator reviewed the regulatory posting requirements with responsible staff and ensured that the required License Inspection Summary (LIS) issued by the Department and a copy of 55 Pa. Code Chapter 2600 were posted in a conspicuous and publicly accessible location within the facility. Please see the attached photograph as supporting documentation.

The Administrator or designee will conduct monthly checks to ensure that all required documents are posted, current, and accessible to residents, staff, visitors, and the public. Any missing or outdated documents will be posted or replaced promptly, and all corrective actions will be documented.

The Administrator is responsible for ensuring ongoing compliance with 55 Pa. Code § 2600.3(c)

Proposed Overall Completion Date: 10/23/2026

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented ([redacted] - 11/12/2026)

42s - Privacy

2. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The camera installed in the home's Gingerbread section, directly in front of Resident #[redacted] Resident #[redacted] and Resident #[redacted] room, records video footage for up to a 24-hour period and can view into the room of the above residents.

Plan of Correction ***Accept ([redacted] - 10/30/2026)***

On October 1, 2026, the Administrator reviewed the facility's privacy procedures with staff and reinforced the importance of protecting residents' privacy during bathing, dressing, changing, medical procedures, and within their personal living spaces. The camera located in the Gingerbread section was immediately removed to protect the privacy of Residents #[redacted] and [redacted] Please see the attached photograph as supporting documentation.

The Administrator will ensure that any surveillance cameras used in the facility are appropriately positioned and configured to prevent the recording or viewing of residents' rooms and other areas where privacy is expected.

42s Privacy (continued)

The Administrator is responsible for ensuring ongoing compliance with 55 Pa. Code § 2600.42(s).

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented (- 11/12/2026)

51 - Criminal Background Check

3. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A began work in the home on , but their criminal background check was not initiated until .

Plan of Correction ***Accept (- 10/30/2026)***

Effective, October 1st, 2026, the Administrator reviewed the personnel files of affected employee (employee A), as well the rest of all employees' file to identify missing criminal history background checks and related documentation. All employees had the required background checks and verified the status of each employee's clearance.

The Administrator is responsible to l ensure that each affected employee meets all applicable eligibility and provisional hiring requirements. Any employee who does not meet the applicable legal requirements will not be permitted to perform duties contrary to those requirements.
As of October 1st, a standardized New Hire Checklist and Background Check Tracking Log was implemented, and it will be maintained for each employee. The tracking log will include the employee's first day of work, date each background check was requested, applicable deadline, status of results, date results were reviewed, and date any required determination was received. See form attached.

Licensee's Proposed Overall Completion Date: *10/25/2026*

Implemented (- 11/12/2026)

85d - Trash Receptacles

4. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 3:05 p.m., there was a full, uncovered, unattended trash can in the staff kitchen.

Plan of Correction ***Accept (- 11/05/2026)***

The facility immediately corrected the deficiency on October 2nd by providing a trash can with a properly fitting lid in the employees' kitchen. The area was inspected to ensure that waste was being disposed of appropriately and that the kitchen remained clean and sanitary.

On 10/02/2026, The Administrator inspected all trash receptacles throughout the facility, including staff areas, common areas, and kitchen areas, to ensure that appropriate trash receptacles were available and that lids were

85d - Trash Receptacles (continued)

present and functioning properly.

The Administrator is responsible to educate housekeeping, dietary, and other applicable staff regarding proper waste disposal and maintaining clean and sanitary conditions in the employees' kitchen and around all areas in the facility. On 10/02/2026, Staff was instructed to report damaged or missing trash can lids promptly so that corrective action can be taken (picture attached)

Licensee's Proposed Overall Completion Date: *11/04/2026*

Implemented ([redacted] - 11/12/2026)

92 - Windows

5. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At approximately 9:30 a.m., in the Breezeway, there were no screens on the two large windows that could be opened.

Repeated Violation: 11/18/2025.

Plan of Correction ***Accept ([redacted] - 11/05/2026)***

The window in question is located in the second-floor breezeway hallway. The window ow does not need to be opened, therefore it has been rendered inoperable since October 2, 2026.

On October 2, 2026, Maintenance and housekeeping staff were instructed to report any missing, damaged, or loose window screens to the Administrator or designee immediately. The Administrator also reinforced the requirement to use the existing maintenance request form located in the employee area to document any needed maintenance or repairs. The facility will ensure that all reported issues are addressed promptly and that window screens are repaired or replaced as needed.

The Administrator or designee will inspect all operable windows weekly for four weeks to verify that the screens remain securely installed and in good condition. Inspection findings will be documented, and any deficiencies will be corrected promptly. After the initial four-week monitoring period, window inspections will be incorporated into the facility's routine maintenance checks.

Please see the attached photograph

Licensee's Proposed Overall Completion Date: *11/04/2026*

Implemented ([redacted] - 11/12/2026)

102i - Soap Dispenser

6. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

102i Soap Dispenser *(continued)*

Description of Violation

At approximately 10:10 a.m., there was no dispenser of soap provided in the main bathroom next to the TV room. At approximately 10:20 a.m., there was no soap in the soap dispenser installed in the 2nd floor men's side bathroom.

Plan of Correction ***Accept (- 11/05/2026)***

On October 1, 2026, the Administrator inspected all resident bathrooms throughout the facility to ensure that a soap dispenser containing soap was available and within reach of each bathroom sink. Any missing or empty dispensers identified during the inspection were corrected immediately.

On October 1, 2026, the facility provided education to housekeeping staff and other designated employees regarding the requirement to maintain soap dispensers within reach of every bathroom sink and to ensure that all dispensers remain filled and operational. Staff were instructed to promptly report any missing, empty, or malfunctioning dispensers. Adequate soap supplies will be maintained on site to ensure dispensers can be refilled as needed.

Effective October 1, 2026, the Administrator implemented a Bathroom Checklist to be completed during every shift to ensure that all resident bathrooms have properly stocked and operational soap dispensers. The completed checklists will be reviewed by the supervisor to ensure ongoing compliance. (See attached checklist.)

The Administrator is responsible for reviewing the bathroom checklists completed by the supervisor to ensure that inspections are being conducted consistently and that any identified issues are addressed promptly. The Administrator will be responsible for ongoing compliance with this requirement.

Licensee's Proposed Overall Completion Date: *11/04/2026*

Implemented (- 11/12/2026)

103g - Storing Food

7. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 2:00 p.m., there was a plastic bag of frozen chicken fingers in the kitchen freezer that had a large hole in it.

Plan of Correction ***Accept (- 11/05/2026)***

Immediately, on October 1, 2026, the Administrator, in collaboration with the Cook, inspected all food storage areas, including the kitchen refrigerator, freezer, pantry, and cabinets, to ensure that all food items were properly stored in closed or sealed containers. Any improperly stored food items identified during the inspection were corrected immediately.

On October 1, 2026, all staff received re education on proper food storage procedures, including checking food packaging for holes, tears, or other damage and transferring opened or damaged packages into clean, sealed, food safe containers. Staff were instructed to ensure that all food items remain properly covered and protected from contamination.

Effective October 1, 2026, the Administrator or designee implemented documented daily food storage inspections for two weeks, followed by weekly inspections beginning October 15, 2026. Beginning November 1, 2026, inspections

103g - Storing Food (continued)

will be conducted monthly for 30 days to ensure ongoing compliance with this regulation. Any identified deficiencies will be corrected immediately, and additional staff education will be provided as needed.

The Administrator is responsible for ensuring that staff consistently complete the required inspections, reviewing the inspection documentation, and maintaining ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: *11/04/2026*

Implemented (- 11/12/2026)

125a - Combustible Storage

8. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 2:05 p.m., a cardboard box of rubber gloves was observed on the floor directly next to the hot water heater in the pantry closet.

Plan of Correction ***Accept (- 10/30/2026)***

On September 30th, the cardboard box of rubber gloves was immediately removed from the area next to the hot water heater and relocated to a designated storage area away from heat sources. The area surrounding the hot water heater was checked to ensure that no combustible or flammable materials were stored nearby.

The Administrator inspected the home to identify any other combustible or flammable materials stored near heat sources or hot water heaters. Any identified concerns were corrected immediately.

On same date the Administrator and educated all staff on the requirements of 55 Pa. Code § 2600.125(a), emphasizing that cardboard boxes, paper products, gloves, and other combustible materials must be stored away from heat sources and hot water heaters. added in the laundry check list to make sure the water heater get checked frequently to avoid hazard situations.

The Administrator is responsible for keeping outgoing compliances avoiding combustible and flammable materials near to heat sources.
(check list attached)

Licensee's Proposed Overall Completion Date: *10/25/2026*

Implemented (- 11/12/2026)

131f - Fire Extinguisher Inspection

9. 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.

131f - Fire Extinguisher Inspection *(continued)*

Description of Violation

At 10:00 a.m., there was a fire extinguisher stored on the floor of the staff kitchen area with no inspection tag on it.

Plan of Correction ***Accept ([redacted] - 11/05/2026)***

Effective immediately, on October 1st, the Administrator ensured that only approved, operational fire extinguishers are maintained throughout the facility. The Administrator or designee will conduct monthly inspections to verify that all required fire extinguishers are present, properly mounted, accessible, and equipped with current inspection tags.

The Administrator will coordinate with a qualified fire protection company to ensure that all required fire extinguishers receive an annual inspection and approval by a qualified fire safety professional. The Administrator will verify that each extinguisher is properly tagged with the inspection date and that any deficiencies are corrected promptly.

Any extra, damaged, expired, or unserviceable fire extinguishers will be removed from the facility or replaced as appropriate. Documentation of monthly inspections and annual fire safety inspections will be maintained on-site for review.

The Administrator is responsible for reviewing inspection records and ensuring ongoing compliance with this requirement.

Licensee's Proposed Overall Completion Date: *11/04/2026*

Implemented ([redacted] - 11/12/2026)

132g - Fire Drills Days/Times

10. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills on the first three days of the month as evidenced by the following drills: 12/03/25, 1/02/26, 3/02/26, 4/01/26, 5/02/26, 6/02/26, 7/02/26, 8/03/26, and 9/02/26.

Plan of Correction ***Accept ([redacted] - 10/30/2026)***

On October 5, 2026, the Administrator reviewed and revised the facility's fire drill schedule to ensure that fire drills are conducted on different days of the week and at varying times of the day and night. The schedule was adjusted for the remainder of the year to promote compliance with regulatory requirements.
See Schedule attached

Going forward, the Administrator will ensure that fire drills are conducted on varying days of the week and at different times of the day and night. Fire drills will not routinely be scheduled when additional staff are present or when resident attendance is low. The Administrator is responsible for ensuring ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: *10/26/2026*

Implemented ([redacted] - 11/12/2026)

141a 1-10 Medical Evaluation Information

11. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #4's initial medical evaluation dated [redacted] did not include on page 5 an indication of whether the resident's needs can be met safely at the personal care home.

Plan of Correction ***Accept ([redacted] - 11/05/2026)***

On September 30, 2026, the Administrator contacted the Certified Registered Nurse Practitioner (CRNP) to obtain clarification regarding whether Resident #4's needs could be met safely at the personal care home. On October 2, 2026, the medical evaluation was reviewed and updated to include the required documentation indicating whether the resident's needs could be met safely at the home. (See attached documentation.)

On October 5, 2026, the Administrator reviewed the medical evaluations of all current residents to ensure that each evaluation was complete and included documentation indicating whether the resident's needs could be met safely at the personal care home. Any identified deficiencies were addressed promptly with the appropriate medical provider.

Effective October 5, 2026, the Administrator implemented a monitoring process to audit all new resident medical evaluations upon receipt. Beginning October 5, 2026, each new medical evaluation will be reviewed and documented upon receipt to verify that all required sections are completed. Any omissions will be addressed promptly with the medical provider.

The Administrator will conduct and document monthly audits on October 31, November 30, and December 31, 2026, to verify that all new resident medical evaluations have been reviewed and that required documentation is complete. Any identified deficiencies will be corrected immediately.

The Administrator will review and initial each completed audit record on the date of the audit to verify compliance. The Administrator is responsible for maintaining the monitoring documentation, ensuring corrective actions are completed, and maintaining ongoing compliance with 55 Pa. Code § 2600.141(a).

Licensee's Proposed Overall Completion Date: *11/04/2026*

Implemented ([redacted] - 11/12/2026)

141b1 - Annual Medical Evaluation

12. Requirements

141b1 Annual Medical Evaluation *(continued)*

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

Description of Violation

Resident #5's most recent medical evaluation was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 10/30/2026)***

The Administrator contacted Resident #5's certified registered nurse practitioner to arrange for an updated medical evaluation. Although Resident #5 was seen by the nurse practitioner monthly, the required annual medical evaluation had not been completed. The evaluation was completed on October 2, 2026, and the updated form was filed in the resident's record. (Attached)

Going forward, the Administrator will maintain an annual medical evaluation tracking system to document each resident's most recent evaluation date and the date the next evaluation is due. An alert system has been activated in Tabula software to notify the Administrator when a medical evaluation is approaching its due date. The Administrator will use these alerts to request updated medical evaluations from the appropriate medical provider in advance of the due dates to ensure timely completion and ongoing compliance with 55 Pa. Code § 2600.141(b)(1).

Licensee's Proposed Overall Completion Date: *10/26/2026*

Implemented ([redacted] - 11/12/2026)

183f Discontinued Medications

13. Requirements

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #6 is prescribed Simply Thick as needed for constipation. At approximately 3:26 p.m., the home's supply of 6g packets of Simply Thick was observed to be expired.

Plan of Correction ***Accept ([redacted] - 10/30/2026)***

The expired Simply Thick packets were removed from the home's medication supply to prevent further use. The nurse practitioner discontinued the product on October 1, 2026. The expired product will be disposed of safely and in accordance with applicable regulations.

On October 1, 2026, the Administrator or designee reviewed the medication and over-the-counter product storage areas to identify any other expired or discontinued medications or products. Any expired or discontinued items identified were removed from use and addressed in accordance with applicable disposal requirements.

The Med Tech Supervisor will conduct and document weekly medication storage inspections for four weeks, followed by monthly inspections for two months, to verify that all medications and related products are within their expiration dates and that discontinued items have been removed from the active supply. Any expired or discontinued items identified during these inspections will be removed promptly, and corrective actions will be documented.

Please see the attached documentation.

183f Discontinued Medications *(continued)*

Licensee's Proposed Overall Completion Date: *10/26/2026*

Implemented ([redacted] - 11/12/2026)

185a - Implement Storage Procedures

14. 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

At approximately 3:19 p.m., (3) three oxygen tanks were stored directly on the floor next to the filing cabinet in the medical office and were not secured.

Plan of Correction ***Accept ([redacted] - 11/05/2026)***

Immediately, on October 1, 2026, the Administrator inspected all areas of the facility to ensure that medications and medical equipment were properly stored and secured. The oxygen tanks belonging to discharged residents were secured in an appropriate designated location pending pickup by the medical equipment supplier. The supplier was contacted on October 1, 2026, to arrange for their removal.

On October 1, 2026, the Administrator reviewed the facility's procedures for the safe storage, access, security, distribution, and use of medications and medical equipment with designated staff. Staff were instructed that all medical equipment must be stored in designated, secure locations when not in use and that equipment belonging to discharged residents must be promptly returned to the appropriate supplier.

Effective October 1, 2026, the Administrator or designee implemented documented weekly inspections of all medication and medical equipment storage areas. These inspections will be conducted weekly for four consecutive weeks, through October 29, 2026, followed by monthly inspections for two additional months, through December 31, 2026. The inspections will verify that medications and medical equipment are properly stored, secured, and accessible only to trained staff. Any identified deficiencies will be corrected immediately, and additional staff education will be provided as needed.

The Administrator will review and initial the completed inspection checklists to verify that inspections are being conducted as scheduled and that any identified deficiencies have been corrected. The Administrator is responsible for maintaining inspection documentation and ensuring ongoing compliance with this regulation.

Licensee's Proposed Overall Completion Date: *11/04/2026*

Implemented ([redacted] - 11/12/2026)

190c - Record of Training

15. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

190c - Record of Training *(continued)*

Description of Violation

Staff person B's Annual Summary and Requalification form with the qualification date of [redacted] does not include the completion date, the date the student and trainer signed, and clarification if the student was recertified

Plan of Correction ***Accept ([redacted] - 10/30/2026)***

The Administrator reviewed Staff Person B's Annual Summary and Requalification form dated [redacted], to identify the missing information. The missing information was completed, and the updated requalification form was filed in the staff member's record. Please see the attached documentation.

On October 4, 2026, the Administrator reviewed the facility's procedures for maintaining staff training records. Staff training records will be reviewed to ensure that each record includes the staff person's name, training date, training source, trainer's name, and documentation confirming successful course completion, including required signatures and recertification information, when applicable.

The Administrator will audit staff training records monthly for three months to verify that all required training documentation is complete and accurate. Any missing information will be addressed promptly, and corrective actions will be documented. The Administrator is responsible for ensuring ongoing compliance with 55 Pa. Code § 2600.190(c).

Licensee's Proposed Overall Completion Date: *10/26/2026*

Implemented ([redacted] - 11/12/2026)

224a - Preadmission Screen Form

16. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on [redacted] however, the resident's preadmission screening form was not completed until [redacted]

Plan of Correction ***Accept ([redacted] - 11/05/2026)***

On October 5, 2026, the Administrator reviewed the facility's admission procedures and reinforced the requirement that a preadmission screening determination must be completed and documented on the Department's preadmission screening form within 30 days prior to admission. The screening must confirm that the resident's needs can be met by the services provided by the home.

Effective October 5, 2026, the Administrator implemented a review process for all new admissions to ensure that the preadmission screening form is completed within the required timeframe before admission. The Administrator will review each new resident's admission record prior to admission to verify that the screening form is properly completed, dated, and documented within the required 30-day period.

Beginning October 5, 2026, the Administrator will monitor compliance with this requirement for all new admissions. The Administrator will document each review and verify that the required screening form is present and completed before the resident is admitted. Any identified deficiencies will be corrected immediately before admission.

224a - Preadmission Screen Form (continued)

The Administrator will review admission records monthly, beginning October 31, 2026, to verify that the screening requirements are consistently followed. The Administrator is responsible for maintaining the monitoring documentation and ensuring ongoing compliance with 55 Pa. Code § 2600.224(a).

Licensee's Proposed Overall Completion Date: *11/04/2026*

Implemented ([redacted] - 11/12/2026)

225c - Additional Assessment

17. Requirements

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

Description of Violation

Resident #5's most recent assessment was completed on [redacted]
Resident #7's most recent assessment was completed on

Plan of Correction ***Accept ([redacted] - 11/05/2026)***

On October 6, 2026, the assessment records for Residents #5 and #7 were updated to bring their records into compliance with regulatory requirements. Please see the attached documentation.

On October 6, 2026, the Administrator reviewed the facility's procedures for completing and maintaining resident assessments. The Administrator reinforced the requirement that each resident receive an assessment at least annually and whenever the resident's condition changes significantly before the next annual assessment.

Effective October 6, 2026, the Administrator implemented the use of the Tabula system to track assessment due dates for all residents. The Administrator will review the Tabula system monthly to ensure that all resident assessments are completed and documented within the required timeframes. The first review will be completed on October 31, 2026, followed by additional reviews on November 30 and December 31, 2026. Any overdue or missing assessments identified during these reviews will be addressed immediately, and corrective actions will be documented.

On October 31, November 30, and December 31, 2026, the Administrator will review and document the results of each monthly audit to verify that assessments are being completed within the required timeframes. Any identified deficiencies will be corrected immediately.

The Administrator is responsible for reviewing the monthly monitoring documentation, ensuring that corrective actions are completed, and maintaining ongoing compliance with 55 Pa. Code § 2600.225(c).

Licensee's Proposed Overall Completion Date: *11/04/2026*

Implemented ([redacted] - 11/12/2026)