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

September 16, 2025

[redacted], EXECUTIVE DIRECTOR
LUTHERAN COMMUNITY AT TELFORD
[redacted]

RE: LUTHERAN COMMUNITY AT TELFORD
235 NORTH WASHINGTON STREET
TELFORD, PA, 18969
LICENSE/COC#: 12672

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2025, 07/17/2025 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**: *LUTHERAN COMMUNITY AT TELFORD* **License #**: *12672* **License Expiration**: *08/02/2025*

**Address**: *235 NORTH WASHINGTON STREET, TELFORD, PA 18969*

**County**: *BUCKS* **Region**: *SOUTHEAST*

## Administrator

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

## Legal Entity

**Name**: *LUTHERAN COMMUNITY AT TELFORD*

**Address**: [redacted]

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

## Certificate(s) of Occupancy

**Type**: *I-2* **Date**: *08/06/2021* **Issued By**: *CWOPA L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *97* **Waking Staff**: *73*

## Inspection Information

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

**Reason**: *Renewal* **Exit Conference Date**: *07/23/2025*

## Inspection Dates and Department Representative

*07/16/2025 - On-Site:* [redacted]

*07/17/2025 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *125* **Residents Served**: *73*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Shepard's Way* **Capacity**: *26* **Residents Served**: *22*

### Hospice

**Current Residents**: *4*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0*

**Are 60 Years of Age or Older**: *73*

**Diagnosed with Mental Illness**: *24*

**Diagnosed with Intellectual Disability**: *1*

**Have Mobility Need**: *24*

**Have Physical Disability**: *9*

# Inspections / Reviews

## 07/16/2025 - Full

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/07/2025*

## Inspections / Reviews *(continued)*

**08/19/2025 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *09/15/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/22/2025*

**08/25/2025 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *09/15/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/16/2025*

**09/16/2025 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *09/15/2025*

**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 7/16/2025, at 9:03 AM, there were two medication carts positioned on either side of the second-floor dining area entrance. On top of both carts were open laptops with screens listing resident medical information that could be easily viewed by residents and visitors in the area. Staff person A said [redacted] was using both carts and computers at the same time.*

*On 7/17/2025 at 10:58 AM the nursing office on the second floor was unlocked, unattended, which left binders of resident medical information accessible in a back closet. Staff interviewed stated that door was not normally locked.*

*At 11:37 AM on 7/17/25, the nursing office in Shepard's Way, unlocked, unattended, which left binders containing resident's medical information accessible.*

**Plan of Correction** ***Accept ([redacted] - 08/15/2025)***

*To ensure compliance with regulation 17, the facility compliance officer will be conducting a staff training to remind the staff of record confidentiality. This training is scheduled for 8/27/25 @ 7:30 am & 2:30 pm*
*The director of maintenance is ordering and scheduling the maintenance team to install new locks for the nursing offices on PC1 and PC2. These new locks will lock the nursing office door automatically when closed. A key will be required to open the doors.*
*Upon POC approval the following documentation will be provided*
*The compliance training material that was covered and the attendance sheet for the training*
*The receipt for the locks and pictures of the installed locks*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ([redacted] - 09/16/2025)***

## 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**

*On 7/17/2025 at 9:57 AM the home's camera system was reviewed by the Department. Camera's positioned throughout the home are recording including camera's positioned in the resident common area downstairs where medications are at administered from two medication carts. Hallways containing resident bedrooms, and the second-floor resident common area are also viewed on screen and being recorded.*

**Plan of Correction** ***Accept ([redacted] - 08/15/2025)***

*To ensure compliance with regulation 42s, the facility compliance officer will be conducting a staff training to*

## 42s - Privacy (continued)

*remind the staff of privacy of self and possessions and also when providing care/performing medical procedures or administering medications. This training is scheduled for 8/27/25 @ 7:30am & 2:30pm*
*The nursing staff will be reminded to ensure the placement of the medication carts are not in the line of vision for the camera while administering medications.*
*The maintenance director with a member of the IT and/or security team is reviewing the locations of the cameras positioning and recording. Changes to the camera setting (disabling recording capabilities, disabling the camera or changing the location of the camera) will be made on an individual camera basis. Cameras currently located in the hallways show entrances to the residents apartments and not bedrooms. The position of these cameras are for security purposes and will be reviewed.*
*Upon POC approval the following documentation will be provided*
*The compliance training material that was covered and the attendance sheet for the training*
*Changes to the positioning/disabling and/or recording capabilities will be documented*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ([redacted] - 09/16/2025)***

## 85a - Sanitary Conditions

**3. Requirements**

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

**Description of Violation**

*On 7/10/2025 at 21:05, resident 1's glucometer had a reading of 210, this reading was not found in resident 1's 7/2025 medication administration record (MAR), however this reading was found on resident 2's 7/2025 MAR and was not found on resident 2's glucometer.*

*Resident 1's glucometer was used to take resident 2's reading.*

*Repeat violation: 9/4/2024 et al*

**Plan of Correction** ***Accept ([redacted] - 08/15/2025)***

*This incident was reported within the regulated time frame and the nurse responsible for using the wrong glucometer was [redacted] nurse. The [redacted] nurse was educated on PC regulations regarding glucometers and [redacted] expressed understanding. Both glucometers were cleaned and disinfected per manufactures instructions. Both glucometers were relabeled with the residents name and room number on the face of the glucometer in addition to the glucometer case. All required notifications to PCP, POA and resident were completed.*
*To ensure compliance with regulation 85a, the facility infection control nurse will be conducting a staff training to remind the nursing staff of maintaining sanitary conditions and proper handling of glucometers and control solutions. This training is scheduled for 8/27/25 at 7:30a and 2:30p.*
*This training will be scheduled annually for all nurses going forward.*
*A reminder notice will be sent to the [redacted] staffing company to ensure all [redacted] nurses are aware of the regulation and the use of individual glucometers. LCT nurses will be reminded to educate agency staff of this regulation at shift change.*
*LCT nurses will be responsible to ensure the labels containing the resident's name and room number remain clearly visible on all glucometers with each blood glucose reading and also with each monthly medication cart audit.*

## 85a - Sanitary Conditions (continued)

*Upon POC approval the following documentation will be provided*
*The infection control training material that was covered and the attendance sheet for the training*
*documentation of the reminder notice sent to the [redacted] staffing companies*
*documentation of monthly cart audits*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ([redacted] - 09/16/2025)***

**4. Requirements**

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

**Description of Violation**

*On 7/16/2025 at 1:44 PM resident 3's container of blood glucose measuring strips had dried blood on the side.*

**Plan of Correction** ***Accept ([redacted] - 08/15/2025)***

*To ensure compliance with regulation 85a, the facility infection control nurse will be conducting a staff training to remind the nursing staff of maintaining sanitary conditions and proper handling of glucometers and control solutions. This training is scheduled for 8/27/25 at 7:30a and 2:30p.*
*This training will be scheduled annually for all nurses going forward.*
*LCT nurses will be responsible to ensure the residents medication packaging and blood glucose monitoring supplies are kept in a sanitary fashion and there is no evidence of cross contamination. This check will also take place with each monthly medication cart audit.*
*Upon POC approval the following documentation will be provided*
*The infection control training material that was covered and the attendance sheet for the training*
*documentation of monthly cart audits*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ([redacted] - 09/16/2025)***

## 88a - Surfaces

**5. Requirements**

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

**Description of Violation**

*The fire doors closest to resident room 233 could not completely close. There was approximately a 1/4-inch gap between the doors.*

**Plan of Correction** ***Accept ([redacted] - 08/15/2025)***

*To ensure compliance with regulation 88a, the maintenance director has evaluated the door and an adjustment will be made to allow proper latching/closure. The 1/4" gap will be eliminated so the doors will prohibit smoke from entering this fire safe area. The fire doors will be inspected monthly by the inhouse maintenance team and annually by an outside contractor. The monthly inspection of the doors will be entered into the electronic preventative maintenance program as a task to be completed as required (monthly).*
*Upon POC approval the following documentation will be provided*
*The completed monthly electronic prevenatitive maintenance program order*

## *88a - Surfaces (continued)*

*Pictures of the doors showing proper closure and no gap*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ( [redacted] - 09/16/2025)***

## 103i - Outdated Food

**6. Requirements**

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*On 7/16/2025 there was an unsealed, unlabeled and undated bag of frozen breaded chicken, a bag of frozen onion rings, and 1 pan of meatloaf patties in the main kitchen's side by side freezer.*

**Plan of Correction** ***Accept ( [redacted] - 08/15/2025)***

*To ensure compliance with regulation 103i, the facility corporate executive chef will be conducting a staff training to remind the staff of the importance of sealing, labeling, and dating all items placed in the refrigerator or freezer. This training is scheduled for 8/7/25 @ 2:15pm.*
*A daily check log has been created and will be maintained to document a daily check of each refrigerator, freezer and dry storage area in the main kitchen by the dining team prep cook/server as assigned. This check log documentation will begin on 8/5/25.*
*Upon POC approval the following documentation will be provided*
*The dining team material that was covered at the staff training and the attendance sheet for the training documentation of the check log for the areas mentioned above*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ( [redacted] - 09/16/2025)***

## 125a - Combustible Storage

**7. Requirements**

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

**Description of Violation**

*On 7/16/2025 at approximately 9:30 AM combustible materials, specifically a clear plastic envelope containing a manilla folder with boiler certificates were stored on top of boiler #2 located in the boiler room serving the main kitchen. The*
*combustible materials were warm to the touch with an approximate 3" circular brown mark from where they had direct contact with the boiler.*

**Plan of Correction** ***Accept ( [redacted] - 08/15/2025)***

*The clear plastic envelope on top of boiler #2 has been removed.*
*To ensure continued compliance with regulation 125a, all boiler certificates will be hung on the wall away from the heat source.*
*A safety training will be conducted by the director of maintenance reminding the maintenance team of the importance of keeping combustable materials away from heat sources. This training will be conducted on 8/8/25*
*Upon POC approval the following documentation will be provided*

## 125a - Combustible Storage (continued)

*The safety material that was covered at the staff training and the attendance sheet for the training*
*A picture of the certificates hanging on the wall away from the heat source*

**Licensee's Proposed Overall Completion Date:** *09/03/2025*

***Implemented ([redacted] - 09/16/2025)***

## 132f - Alternate Exit Routes

**8. Requirements**

2600.
132.f. Alternate exit routes shall be used during fire drills.

**Description of Violation**

*"PC 1 towards living room" was the only exit route used during each fire drill held from 4/22/2025 to 6/18/2025.*

**Plan of Correction** ***Accept ([redacted] - 08/15/2025)***

*To ensure compliance with regulation 132f and 132g, the Administrator and the member of the maintenance team responsible for conducting fire drills will meet and develop a plan to allow varied exit routes on varied days of the week, varied shifts and times of the day.*
*The staff involved with conducting fire drills will be inserviced by the director of maintenance in conjunction with our in house fire safety train the trainer on the importance of conducting fire drills in varied areas of the building, different floors/units of the facility, times of day, varied shifts and days of the week including weekends. This allows the residents to become familiar with exiting the building at alternate exits and using alternate routes of egress and during different times of the day and the staff members will practice evacuating residents to other areas of the facility.*
*Upon POC approval the following documentation will be provided*
*The director of maintenance/fire safety train the trainer material covered at the staff inservice and the attendance sheet for the training.*
*Documentation of fire drills including alternate exit routes being used - August fire drill was conducted at 4:11am on PC2 toward stairtower C and the living room*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ([redacted] - 09/16/2025)***

## 132h - Designated Meeting Place

**10. Requirements**

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**Description of Violation**

*During the fire drill on 6/23/2025 at 6:07 AM, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. According to staff and residents interviewed, during the fire drill, residents who do not reside in the home's secure dementia care unit are instructed to stand outside their bedroom doors to be counted. Residents do not move to a designated area within the fire safe zones.*

**Plan of Correction** ***Accept ([redacted] - 08/25/2025)***

*I respectfully disagree with this violation for the following reasons.*
*Residents that reside in the secure dementia care unit are in another building than the residents that reside in PC1*

## *132h - Designated Meeting Place (continued)*

*and PC2. There is a building between the secured dementia unit and the PC unit in addition to a breezeway at the other end of the secured unit separating the PC and secured dementia care unit.*
*There are 10 areas of refuge/fire safe zones in our building. Residents included in the zone of the emergency or fire drill area are evacuated to a fire safe zone. Residents not included in the zone of the emergency or drill are instructed to come to their apartment door and remain in place until instructed to move to another area or the drill/emergency has been declared safe - this allows staff to account for all residents in the fire safe area. These residents are already in a fire safe zone/designated area of refuge that contains 2 exits. These areas are designated as fire safe zones/areas of refuge as per the fire safety expert. The one external meeting place away from the building is used if a complete evacuation of the building is needed. The staff utilize cell phones to communicate and are able to quickly account for all residents within 30 seconds in each designated area of refuge/fire safe zone to ensure all residents supervision needs are met. The staff are able to quickly evacuate the fire safe area if the need arises through 1 or both of the 2 exit areas within the designated fire safe area. This system creates a less chaotic environment for the residents and staff. It is also more efficient, timely and accurate than trying to count a crowd of residents in one congested area during an emergency.*
*Upon POC approval the following documentation will be provided*
*Copy of the fire safety expert letter containing the clearly marked 10 fire safe areas/areas of refuge. This letter also contains the contact information for the fire safe expert that has inspected our building and provided the train the trainer training specific to our building.*

*8/23/25 Upon speaking with the fire safety expert, to ensure compliance with 132h, the residents will be instructed to exit their apartment, step into the hallway, await instruction from the staff (to ensure the residents are not moving toward the fire) and move to the designated area within the fire safe zone. The fire safe zones have 2 ways to exit. The default designated area within each fire safe zone will be at the exit nearest the egress route out of the building, toward a stairtower or exit door on the 1st floor, moving in a direction away from the fire location. The ability to move in the opposite direction of the egress doors if the situation dictates will remain under the direction of the staff or fire department.*
*The fire policy will be revised to reflect this change and the residents and staff will be informed of the changes to the policy.*
*Upon POC approval the following documentation will be provided:*
*Staff will be informed of the change at the staff meeting scheduled for 8/27 at 7:30a and 2:30p and the residents will be informed at the next resident council meeting in addition to an announcement in each dining area at the noon meal time.*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ([redacted] - 09/16/2025)***

## 162c - Menus Posted

**11. Requirements**

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*The home's menu for the week of 7/13-7/19 was posted. However, the menu for the next week was not posted in a conspicuous and public place in the home.*

## 162c - Menus Posted *(continued)*

**Plan of Correction** ***Accept ([redacted] - 08/15/2025)***

*The menus as required were posted on each floor but the following week menu was behind the current weeks menu.*
*To ensure continued compliance with regulation 162c, the facility corporate executive chef will conduct a training regarding this regulation and the importance of the residents and visitors/families having advanced notice of the menu options and ensuring that the offerings are as designated on the posted menus. This training will take place on 8/7/25 @ 2:15pm.*
*New plastic menu holders have been ordered to accommodate the following weeks menu for each floor. Expected delivery date is 8/8/25. The installation of the holders will be scheduled through the maintenance team.*
*Upon POC approval the following documentation will be provided*
*The dining team material that was covered at the staff training and the attendance sheet for the training*
*pictures of the installed menu holders containing week 2 menus*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ([redacted] - 09/16/2025)***

## 182b - Prescription Medication

**12. Requirements**

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*On 5/22/2025 at 9:30 AM, resident 4 administered medications to resident 5 to include the following; Pot Chloride sol 20meq/15ML via resident 5's peg-tube. Resident 5's support plan also indicates that resident 4[redacted], will assist with administering medications via peg tube.*
*Resident 4 is not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home , A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home or a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies*.

**Plan of Correction** ***Accept ([redacted] - 08/15/2025)***

*Resident 4 has been administering Resident 5's medication via peg tube for an extended period of time [redacted] After multiple discussions with Resident 4 and Resident 5 the medication*

## 182b - Prescription Medication (continued)

*administration for Resident 5 will be assumed by the nursing team. Resident 5's support plan will be updated to reflect the change. Resident 4 and Resident 5 have agreed to instruct the nurses on the preferred process of administration based on Resident 5's request to have [redacted] medications administered prior to [redacted] meals and the systematic process of administering the multiple medications Resident 5 has orders for and that [redacted] has been accustomed to. Resident #4 verbalized that Resident #5 is unable to self administer [redacted] medications due to needing assistance with the complexity of the AM medications and Resident #4 is often to tired in the evening to administer medications via peg tube.*

**Licensee's Proposed Overall Completion Date:** *08/08/2025*

***Implemented ([redacted] - 09/16/2025)***

## 183e - Storing Medications

**13. 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**

*On 7/16/2025 an Arnuity Ellipta inhaler for resident 6, was opened and undated. According to the manufacturer's instructions any unused medication must be discarded 6 weeks after opening.*

*On 7/17/2025 resident 5's ropinirole HCL 1mg was in a cellphone medication packet that was torn open and taped back together.*

*Resident 7's blister pack of furosemide 20 mg tablets was torn completely open at pill slot 20. 3 pills were stuck to tape holding the medication in place.*

**Plan of Correction** ***Accept ([redacted] - 08/15/2025)***

*All medications contained in a taped package was discarded at the time of inspection.*
*To ensure continued compliance of regulation 183.e, the Resident Care Coordinators will conduct a training on proper procedures of tearing/cutting the talyst packs of medication, proper handling of medications including dating the package when opened and discarding the medication per the manufacturers recommendations. The nurses will be reminded to reference the pharmacy guide to medications with shortened expiration dates. This training will be conducted on 8/21/25 @ 2:30pm.*
*Scissors are provided on all medication/treatment carts and the nurses are encouraged to use the scissors to open the talyst packs instead of ripping the them. Nurses will be reminded that the talyst packs can not be tampered with, manipulated, or taped.*
*LCT nurses are responsible for ensuring the integrity of all medication packaging of all medications. Inspecting the packaging of all medications will be done at monthly medication cart audits also.*
*Upon POC approval the following documentation will be provided*
*The Resident Care Coordinators training material that was covered and the attendance sheet for the training documentation of medication cart audits*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ([redacted] - 09/16/2025)***

## 184b - Labeling OTC/CAM

**14. 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 7/17/2025, two bottle of Systane eye drops belonging to resident 2 were in the 1st floor medication cart and was not labeled with the resident's name.*

**Plan of Correction** ***Accept ( - 08/15/2025)***

*To ensure compliance with regulation 184.b the Resident Care Coordinator will conduct a staff training on ensuring all OTC medications in the medication cart are labeled with the resident name when the medication is received. This training will be conducted on 8/21/25 @ 2:30 pm.*
*The nurse receiving the medication is responsible to ensure the mediation is labeled with the residents name. The nurse administering the medication is responsible to ensure the label is present at the time of administration. Cart checks will be conducted monthly by the 11-7 nurse.*
*Upon POC approval the following documentation will be provided*
*The Resident Care Coordinator training material that was covered and the attendance sheet for the training documentation of the medication cart audits*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ( - 09/16/2025)***

## 187b - Date/Time of Medication Admin.

**15. 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 7/17/2025 at 9:01 AM, staff person B placed a medication cup of resident 7's pills on red breakfast plate and walked out of the dining room. Staff person B then documented on resident 7's MAR that the medication was administered, however staff person B did not witness resident 7 ingesting the medication.*

**Plan of Correction** ***Accept ( - 08/15/2025)***

*To ensure compliance with regulation 187.b, the Resident Care Coordinator will conduct a staff training on proper medication administration including the importance of ensuring the resident consumes the medication prior to documenting completed administration. This training will be conducted on 8/21/25 at 2:30pm.*
*The Resident Care Coordinator or the Administrator will do a monthly spot check of staff person B's continued compliance with this regulation for the next 6 months.*
*Upon POC approval the following documentation will be provided*
*The Resident Care Coordinator training material that was covered and the attendance sheet for the training documentation of the monthly spot checks completed by the Resident Care Coordinator or Administrator*

**Licensee's Proposed Overall Completion Date:** *09/12/2025*

***Implemented ( - 09/16/2025)***