Pennsylvania
Department of Human Services

Sent via e-mail [redacted]
August 5, 2025

[redacted]
Administrator
600 Paoli Pointe Drive Operations LLC
600 Paoli Pointe Drive
Paoli, Pennsylvania 19301

RE: Highgate at Paoli Pointe
License #: 13610

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on July 19, 2025 and August 5, 2025 of the above facility, we have determined that your submitted plan of correction for the June 18, 2025 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[redacted]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *HIGHGATE AT PAOLI POINTE* **License #**: *13610* **License Expiration**: *10/11/2025*

Address: *600 PAOLI POINTE DRIVE, PAOLI, PA 19301*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *600 PAOLI POINTE DRIVE OPERATIONS LLC*

Address: *600 PAOLI POINTE DRIVE, PAOLI, PA, 19301*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/15/1996* **Issued By**: *COPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *64* **Waking Staff**: *48*

Inspection Information

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

Reason: *Complaint, Fine* **Exit Conference Date**: *06/18/2025*

Inspection Dates and Department Representative

06/18/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* **Residents Served**: *44*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care Unit* **Capacity**: *30* **Residents Served**: *18*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *44*

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

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

06/18/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/05/2025*

Inspections / Reviews *(continued)*

08/05/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *08/04/2025*

Reviewer: [redacted] **Follow-Up Type**: *Exception*

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

On 6/18/2025, the home's current license was not posted in a conspicuous and public place in the home.

Plan of Correction ***Directed (- 07/29/2025)***

Immediately: A designee shall check the home at least daily to ensure the current license, a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home.

Directed Completion Date: *07/30/2025*

Evidence of Completion ***Implemented (- 08/05/2025)***

See attached.

16c - Written Incident Report

2. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 5/22/2025, resident in bedroom 302 in the Memory Care Unit opened the water faucet and left it running all night through the bedrooms underneath. Bedrooms 202 and 102 have ceiling and wall water damage. The resident of bedroom 202 was relocated due to the incident. The home did not report this incident to the department until 6/20/2025.

Based on a staff interview on 6/15/2025, the facility had a power outage that caused a malfunction in the system that locks the exit doors on the memory care unit. The exit doors were not able to be kept locked, leaving the Memory Care Unit residents without a locking system. This incident lasted all night long until the corresponding individuals were able to fix the problem the next day. This incident was not reported to the department.

Plan of Correction ***Directed (- 07/29/2025)***

Immediately: The administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

Within 5 days of receipt of the plan of correction: All staff persons shall be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/03/2025*

Evidence of Completion ***Not Implemented (- 08/05/2025)***

See attached.

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 6/18/25 at 9:11 am, there was no toilet paper in resident 2's bathroom. The toilet paper is kept on top of the bathroom cabinet out of the resident's reach. According to a staff interview, the toilet paper is kept out of the resident's reach because the resident clogs the toilet. According to the resident's 2 support plan dated [redacted], the resident is able to toilet [redacted]

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: The administrator shall privately interview at least two residents a week for three months and biannually thereafter to ensure residents are treated with dignity and respect. Documentation of interviews shall be kept.

Within 5 days of the receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/03/2025*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

See attached.

51 - Criminal Background Check

4. 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 member A, does not have a criminal background check that is in accordance with the Older Adult Protective Services.

Staff member B, does not have a criminal background check that is in accordance with the Older Adult Protective Services.

Staff member C's, date of hire was [redacted]. However, the criminal background check was completed on [redacted]

Staff member D's, date of hire was [redacted] However, the criminal background check was completed on [redacted]

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: The administrator or designee shall review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been

51 - Criminal Background Check (continued)

completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records.

Within 5 days of receipt of the plan of correction: The administrator and any staff person involved in the hiring and retention of staff shall review the Older Adult Protective Services Act. Documentation of the review shall be kept.

Directed Completion Date: *08/03/2025*

Evidence of Completion ***Not Implemented (- 08/05/2025)***

Staff Member A- [redacted]
Staff Member B- [redacted]
Staff Member C & D no longer work for the company but backgrounds are attached

54a - Direct Care Staff

5. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff persons C, D, E, F, and G do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation - 11/26/2024 et al.

Plan of Correction ***Directed (- 07/29/2025)***

Immediately: Staff persons C, D, E, F and G shall not be permitted to provide direct care services in the home until they have met the educational qualifications.

Immediately: The administrator or designee shall review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation shall be kept in the staff records. Only those staff persons who meet the direct care staff qualifications shall provide direct care services.

Within 3 days of the receipt of the plan of correction: The administrator shall develop and implement a system to ensure that all direct care staff meet the qualifications in accordance with regulation 2600.54(a) before providing any direct care services. Documentation shall be kept.

Within 5 days of the receipt of the plan of correction: All staff persons involved in the hiring and retention of staff including the administrator shall be educated on the direct care staff educational qualifications. Documentation of training shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/03/2025*

54a - Direct Care Staff *(continued)*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

Staff Members C,D,F- were all terminated due to not meeting education requirements. Staff Members E and G provided credentials.

65a - FS Orientation 1st Day

6. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [redacted], did not receive orientation on the following topics: Evacuation procedures. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation, and at an emergency location if applicable. The designated meeting place is outside the building or within the fire-safe area in the event of an actual fire. Smoking safety procedures, the home's smoking policy, and location of smoking areas, if applicable. The location and use of fire extinguishers. Smoke detectors and fire alarms. Telephone use and notification of emergency services.

Staff person G, whose first day of work was [redacted] did not receive orientation on the following topics: Evacuation procedures. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation, and at an emergency location if applicable. The designated meeting place is outside the building or within the fire-safe area in the event of an actual fire. Smoking safety procedures, the home's smoking policy, and location of smoking areas, if applicable. The location and use of fire extinguishers. Smoke detectors and fire alarms. Telephone use and notification of emergency services.

Repeat Violation: 4/30/2025, 3/20/2025 et al.

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: Staff persons A and G shall receive orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) including, evacuation procedure; staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. Documentation shall be kept in accordance with 2600.65i.

Within 3 days of receipt of the accepted plan of correction: The administrator or designee will review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) including, evacuation procedure; staff duties and

65a - FS Orientation 1st Day (continued)

responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. Documentation of the training shall be kept in the employee's record.

Within 3 days of receipt of the accepted plan of correction: The administrator shall create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation on or before the first work day and the documentation of training is kept in the staff person's record.

Within 5 days of receipt of the accepted plan of correction: All staff persons involved in the hiring and retention of staff shall be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(a). Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/03/2025*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

See attached.

65b - Rights/Abuse 40 Hours

7. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

The following staff persons did not complete [redacted] 40th scheduled work hour training during the required time frame.

- *For staff member B, the first 40 hours of work were completed by [redacted]. However, the training has not been completed.*
- *For staff member G, the first 40 hours of work were completed by [redacted] per schedule. However, the training has not been completed.*
- *For staff member H, the first 40 hours of work were completed by the end of the week ending [redacted]. However, the training has not been completed.*

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: Staff persons B, G and H shall receive orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions.

Within 3 days of receipt of the accepted plan of correction: The administrator or designee will review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2600.65(b). Documentation of the training shall be kept in the employee's record.

65b - Rights/Abuse 40 Hours (continued)

Within 3 days of receipt of the accepted plan of correction: The administrator shall create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation within 40 working hours and the documentation of training is kept in the staff person's record.

Within 5 days of receipt of the accepted plan of correction: All staff persons involved in the hiring and retention of staff shall be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(b). Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/03/2025*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

See attached.

65g - Annual Training Content

8. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person I did not receive training in the following required annual training topics in 2024: Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Emergency preparedness procedures and recognition and response to crises and emergency situations. Resident rights. The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102). Falls and accident prevention. New population groups that are being served at the home that were not previously served, if applicable.

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: Staff person I shall receive training in fire safety completed by a fire safety, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102), and falls and accident prevention. Documentation of training shall be kept in accordance with 2600.65i.

Within 3 days of receipt of the accepted plan of correction: The administrator or designee shall review all required staff training as part of the quality management review process to ensure all staff persons receive the required annual training in accordance with regulation 2600.65(g) and a record of all training is maintained in the staff records.

Directed Completion Date: *08/01/2025*

65g - Annual Training Content *(continued)*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

See attached.

88a - Surfaces

9. 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

On the physical site observation of all floors of the home, including the Memory Care Unit, Personal Care Unit, common areas, and dining rooms, the following was observed:

- *In the main dining room on the Terrace Level, there is a large opening in the ceiling with plastic sheeting hanging from the ceiling.*
- *In the Activities Room on the Terrace Level, there is a hole in the ceiling, and a trash can is underneath to catch the dripping water.*
- *The hallway directly outside of the activities room has a ceiling tile missing, and a trash can is underneath to catch the dripping water.*
- *Outside of the dining room on the Terrace Level, there is an open ceiling tile.*
- *On the 1st floor laundry room there is a missing ceiling tile above the clothes dryer. There is a trash can to catch the dripping water sitting on top of the dryer.*

Repeat Violation: 4/30/2025, 11/26/2024, 9/17/2024, 7/02/2024 et al.

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: The administrator or designee shall check all areas of the home at least daily to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions shall be corrected immediately.

Directed Completion Date: *07/30/2025*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

There was work completed on all areas stated. There are no more open areas or leaks.

100a - Exterior - Free of Hazards

10. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The deck in the back of the home is at approximately 3 to 4 feet above the ground. The deck has a large dip approximately 3 to 4 inches in depth that begins at the entrance and expands to the far side of the deck. One of the columns that holds up the deck is broken, and the entire deck is in danger of falling.

100a - Exterior - Free of Hazards *(continued)*

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: The administrator or designated staff person shall conduct a monthly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. Any hazards shall be immediately corrected.

Directed Completion Date: *07/30/2025*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

Company that initially did the deck stated work in no longer under warranty. Contacted Champion Deck Pro. The initial quote was set to be done on 7-31-25. Due to the rain storm, the company rescheduled. Champion Deck Pro set to come on 8-5-25

101j3 - Bed/Linens/Pillows/Blankets

11. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 6/18/2025 at 9:11 a.m. the bed for resident 2 did not have any bedsheets or blankets.

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: Any pillows, bed linens and blankets that are not clean or not in good repair shall be immediately replaced.

Immediately: The administrator or designee shall check residents' pillow, bed linens and blankets at least daily to ensure the pillow, bed linens and blankets are clean and in good repair. Documentation of checks shall be kept.

Directed Completion Date: *07/30/2025*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

See attached. This is from our housekeeping company after audit.

187a - Medication Record

12. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record *(continued)*

13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 3 is prescribed Vitamin D3 and Polyethylene. However, the medication administration record for Resident 3 does not indicate the diagnosis or purpose of the prescribed medications.

Resident 4 is prescribed Furosemide 40 mg. However, the medication administration record for Resident 4 does not indicate the diagnosis or purpose of the prescribed medications.

Repeat Violation: 9/17/2024

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: A staff person qualified to administer medications shall conduct an initial and weekly review of all current resident MARs and prescriber's orders to insure all prescribed medications are documented on the resident's MAR's in accordance with regulation 2600.187(a). Documentation of reviews shall be kept.

Within 3 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated, by a certified medication administration Train-the-Trainer, on the required documentation of MARs in accordance with regulation 2600.187(a) including the proper documentation of prescription orders, medication dosage, and a purpose or diagnosis for each medication. Documentation of education shall be kept in the staff records in accordance with 2600.65i.

Directed Completion Date: *08/01/2025*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

See attached.

187b - Date/Time of Medication Admin.

13. Requirements

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

Description of Violation

Resident 1 is prescribed Quetiapine 50mg tablet. Resident 1's medication administration record does not include the initials of the staff person who administered it on 6/5/2025 and 6/06/2025 at 2100 p.m.

Resident 3 is prescribed Polyethylene. Resident 3's medication administration record does not include the initials of the staff person who administered it on 6/4/2025, 6/06/2025–6/08/2025, and 6/11/2025 in the morning.

Resident 4 is prescribed Furosemide 40 mg. Resident 4's medication administration record does not include the initials of the staff person who administered it on 6/05/2025 at 12:00 p.m.

Resident 5 is prescribed Atorvastatin 10mg. Resident 5's medication administration record does not include the initials of the staff person who administered it on 6/13/2025 at 8:00 p.m.

Resident 6 is prescribed an Ace Athletic Bandage 3" to be applied to the lower extremities every morning and removed at bedtime. Resident 6's medication administration record does not include the initials of the staff person who

187b - Date/Time of Medication Admin. (continued)

completed the treatment from 6/01/2025 to 6/18/2025.

Resident 7 is prescribed Latanoprost eye drops and Timolol maleate 0.5. Resident 7's medication administration record does not include the initials of the staff person who administered it on 6/02/2025 at 8:00 a.m.

Resident 8 is prescribed an Aspirin 0.1 mg chewable tablet. Resident 8's medication administration record does not include the initials of the staff person who administered it on 6/14/2025 at 8:00 a.m.

Resident 9 is prescribed the following medications:

- *Ativan 50 mg—6/13/2025 at 2:00 a.m., 6:00 a.m., 10:00 p.m., and 6/14/2025 at 6:00 p.m. and 10:00 p.m.*
- *Trazadone 50 mg - 6/16/2025 at 10:00 p.m.*
- *Atorvastatin 20 mg - 6/14/2025 at 9:00 p.m.*

Resident 9's medication administration record does not include the initials of the staff person who administered it on the prescribed dates and times.

Repeat Violation: 4/30/2025, 11/26/2024, 9/17/2024

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: The administrator or designee qualified to administer medications shall complete an initial audit and weekly of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). Documentation of the audits shall be kept.

Within 3 days of the receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated, by a Department-approved medication administration Train-the-Trainer, on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2600.187(b). Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/01/2025*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

See attached.

187d - Follow Prescriber's Orders

14. Requirements

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

Description of Violation

Resident 2 is prescribed to apply TED stockings to bilateral lower extremities on in the morning, off in the evening. However, resident 2's treatment was not completed from 6/02/2025 to 6/13/2025, 6/15/2025, and 6/16/2025.

Plan of Correction ***Directed ([redacted] - 07/29/2025)***

Immediately: The administrator or designated staff person qualified to administer medications shall monitor medication administration at least twice a week and monitor all resident MAR's at least weekly to ensure all

187d - Follow Prescriber's Orders (continued)

resident medications are administered as prescribed. Documentation of monitoring shall be kept.

Within 3 days of the receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on the proper procedures for medication administration including following the prescriber's orders and documentation. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/01/2025*

Evidence of Completion ***Not Implemented ([redacted] - 08/05/2025)***

See attached.