

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

October 1, 2025

[REDACTED]
ROXBOROUGH HOME FOR WOMEN INC
[REDACTED]

RE: ROXBOROUGH HOME FOR WOMEN
601 EAST LEVERINGTON AVENUE
PHILADELPHIA, PA, 19128
LICENSE/COC#: 14156

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/14/2025 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: ROXBOROUGH HOME FOR WOMEN License #: 14156 License Expiration: 12/21/2025
Address: 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: ROXBOROUGH HOME FOR WOMEN INC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 04/05/1978 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 17 Waking Staff: 13

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 08/14/2025

Inspection Dates and Department Representative

08/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	30	Residents Served:	16
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income:	1	Are 60 Years of Age or Older:	16
Diagnosed with Mental Illness:	11	Diagnosed with Intellectual Disability:	1
Have Mobility Need:	1	Have Physical Disability:	0

Inspections / Reviews

08/14/2025 Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/04/2025

09/04/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 09/30/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/09/2025

Inspections / Reviews *(continued)*

09/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/26/2025

10/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] at approximately 5pm, Resident [REDACTED] asked for an additional sandwich at dinner as [REDACTED] was enjoying the sun outside during lunch and did not come in to eat. Staff Member A yelled at Resident [REDACTED] that if they were not outside smoking cigarettes all day, they could have let them know that they wanted an additional sandwich. Resident #1 was eventually given a bowl of soup instead of the sandwich that was initially requested. In an on-site interview with the Department, Resident [REDACTED] stated that they were very upset and embarrassed by the incident. The home did not report this incident in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse).

Plan of Correction

Accept [REDACTED] - 09/08/2025)

Corrective Actions Taken:

1. Immediate Action:

- o Staff Member A was immediately removed from direct resident care pending investigation.
- o Resident [REDACTED] received an apology from the Administrator, emotional support was offered, and a care call was made to [REDACTED] family.

2. Reporting:

- o The incident was reported retroactively to the Department of Human Services and Older Adult Protective Services via phone call.
- o An internal incident report was completed and documented for Resident [REDACTED]

Preventative Measures:

1. Policy Reinforcement:

- o All staff were re-trained on Resident Rights, Abuse Prevention, and Mandatory Reporting policies, including proper procedures under the Older Adult Protective Services Act.
- o Staff signed an acknowledgment confirming understanding of the reporting requirements.

2. Communication Training:

- o All staff will undergo refresher training in professional communication, de-escalation techniques, and respectful resident interaction within the next 14 days.

3. Monitoring & Oversight:

- o The Administrator or PCA Supervisor will conduct weekly audits of incident reports for the next 90 days to ensure compliance with reporting requirements.
- o Random observations of staff-resident interactions will be conducted, with coaching provided as needed.

4. Resident Support:

- o Residents will be reminded through community meetings of their right to report concerns directly to administration or Protective Services without fear of retaliation.

Completion Date:

- All corrective actions will be fully implemented by September 15, 2025.

Plan of Correction Attached.

Responsible Party:

15a Resident Abuse Report (continued)

- Administrator: [REDACTED]
- Supervisor: [REDACTED]

New Requested Information:

Requirement 1

Responsible Party and Completion Date

Responsible Party: PCA Supervisor ([REDACTED]) will conduct training sessions, with final review and oversight by the Administrator [REDACTED]

Completion Date: To be completed by September 18, 2025 (within 14 days of notice).

Incident Report Audits

Action: The Administrator or PCA Supervisor will conduct weekly audits of incident reports to ensure compliance with reporting requirements.

Start Date: September 15, 2025

Duration: Weekly audits will continue for the next 90 days (through December 15, 2025).

Responsible Party: Administrator ([REDACTED]) or PCA Supervisor ([REDACTED])

Staff Resident Interaction Monitoring

Action: Random observations of staff resident interactions will be conducted to ensure respectful, professional, and supportive engagement. Coaching and corrective guidance will be provided immediately if concerns are identified.

Start Date: September 15, 2025

Frequency: Ongoing, with a minimum of one random observation per week.

Responsible Party: Administrator ([REDACTED]) and PCA Supervisor ([REDACTED]) and Kitchen Supervisor ([REDACTED])

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented ([REDACTED] - 10/01/2025)

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 [REDACTED] at approximately 5pm, Resident [REDACTED] asked for an additional sandwich at dinner as [REDACTED] was enjoying the sun outside during lunch and did not come in to eat. Staff Member A yelled at Resident [REDACTED] that if they were not outside smoking cigarettes all day, they could have let them know that they wanted an additional sandwich. Resident [REDACTED] was eventually given a bowl of soup instead of the sandwich that was initially requested. In an on site interview with the Department, Resident [REDACTED] stated that they were very upset and embarrassed by the incident. This incident was not reported to the Department until [REDACTED]

Plan of Correction

Accept [REDACTED] 09/08/2025)

Corrective Actions Taken:

1. Immediate Reporting:

o The incident was reported to the Department on 8/4/25 once the oversight was identified.

o An internal review was conducted to confirm no other unreported incidents were outstanding.

16c Written Incident Report (continued)

2. Resident Care:

o Resident [redacted] received follow up support and reassurance.

Preventative Measures:

1. Policy Reinforcement:

o All staff will be re educated on the 24 hour incident reporting requirement under 2600.16(c).

o Discussions were held regarding regulations during an email to be submitted on 9/5/2025, and staff will an acknowledgment form verifying understanding.

2. Reporting Protocol:

o A 24 Hour Incident Reporting Log is acknowledged and in place.

o The Supervisor on Duty is required to notify the Administrator immediately when an incident occurs.

o The Administrator or designee is responsible for submitting the report to the Department within the mandated timeframe.

3. Oversight & Monitoring:

o The Administrator will review the Incident Log weekly for the next 90 days to ensure all reports are submitted promptly.

o Missed or late reporting will result in staff disciplinary action.

Completion Date:

All corrective actions will be implemented by September 15, 2025.

See Attachment

Responsible Party:

• Administrator: [redacted]

• Supervisor: [redacted]

New Information Requested:

Action: All staff will be re educated on the 24 hour incident reporting requirement under 2600.16(c).

Start Date: September 15, 2025

Responsible Party: Administrator [redacted] with oversight and PCA Supervisor [redacted] for PCA Department and [redacted] Kitchen Supervisor for Kitchen Department

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [redacted] - 10/01/2025)

25b SOPa - Rent Rebate: Contract

3. Requirements

2600.

25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

The resident home contract, dated [redacted], for Resident [redacted] does not indicate whether the home collects a portion of the resident's rent rebate benefit.

25b SOPa - Rent Rebate: Contract (continued)

Repeat Violation Date: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/08/2025)

Corrective Actions Taken:

- 1. The resident-home contract for Resident [REDACTED] was in place, and the Administrator has continuously reached out to the family to complete. The Administrator will immediately print out packets to include the required disclosure regarding collection (or non-collection) of rent rebate benefits.
- 2. Resident [REDACTED] and their POA will provide with the revised addendum to be signed.

Preventative Measures:

1. Contract Revision:

Create a new Resident Checklist

o The resident-home contract template has been permanently revised to include a mandatory section addressing rent rebate collection, in compliance with § 2600.25(d).

2. File Audit:

o All current resident contracts are being reviewed. Any contract missing this disclosure will be corrected, and residents/POAs will be issued updated contracts for signature.

3. Staff Training:

o Administrative staff responsible for admissions and contracts are aware and will ensure that the rental rebate section is explained and completed with every new or renewing contract.

4. Ongoing Oversight:

o The Administrator will review all new contracts for compliance before they are finalized and signed.

Completion Date:

All corrective actions, including review and updating of existing contracts, will be completed by September 30, 2025.

Person Responsible

New Information Requested:

Requirement 3

Resident-Home Contract Compliance Plan

1. Revision of Resident-Home Contract

o Responsible Party: Administrator – [REDACTED]

o Completion Date: [Insert Final Date Here]

2. Audit of Current Contracts

o Responsible Party: Administrator – [REDACTED]

o Completion Date: September 17, 2025

3. Staff Training

o Responsible Party: Administrator – [REDACTED]

o Training Completed:

? Personal Care Home Administrator Training (100-hour course) – March 19, 2024

? Assisted Living Training (15-hour course) – August 9, 2025

4. Ongoing Review of New Resident Contracts

o Start Date: September 17, 2025

o Completion Date: September 19, 2025

25b SOPa Rent Rebate: Contract (continued)

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 10/01/2025)

42c - Treatment of Residents

4. Requirements

2600.

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

Description of Violation

On [REDACTED] at approximately 5pm, Resident [REDACTED] asked for an additional sandwich at dinner as [REDACTED] was enjoying the sun outside during lunch and did not come in to eat. Staff Member A yelled at Resident [REDACTED] that if they were not outside smoking cigarettes all day, they could have let them know that they wanted an additional sandwich. Resident [REDACTED] was eventually given a bowl of soup instead of the sandwich that was initially requested. In an on site interview with the Department, Resident [REDACTED] stated that they were very upset and embarrassed by the incident. Resident [REDACTED] was not treated with dignity and respect by Staff Member A.

Plan of Correction

Accept ([REDACTED] - 09/08/2025)

Corrective Actions Taken:

1. Immediate Response:

- o Staff Member A was immediately removed from direct resident care pending investigation.
- o Resident [REDACTED] was provided support and reassurance by the Administrator and staff.
- o A apology was given to Resident # [REDACTED] by the Administrator, and family was called to reaffirm their rights and dignity.

2. Disciplinary Action:

- o Staff Member A received a written disciplinary notice for unprofessional conduct and violation of resident rights and was suspended and then terminated after investigation
- o Additional warnings were provided to all staff regarding the violation of resident's rights.

Preventative Measures:

1. Training:

- o All staff will complete mandatory refresher training on Resident Rights, Dignity, and Respect, including examples of unacceptable behaviors.
- o Training will also include communication and de escalation strategies for handling resident requests.

2. Resident Advocacy:

- o Residents will be reminded during the next Resident Council Meeting of their right to be treated with dignity and respect and how to report concerns directly to administration.

3. Monitoring & Oversight:

- o Supervisors will conduct random observation rounds during meals and other resident care activities to ensure staff are engaging respectfully with residents.
- o The Administrator will review incident logs weekly for the next 90 days to ensure all issues are addressed promptly and respectfully.

Completion Date:

All corrective actions will be implemented by September 30, 2025.

Responsible Party:

42c - Treatment of Residents (continued)

- Administrator: [REDACTED]
- Supervisor: [REDACTED]

New Information Requested:
 Compliance and Training Action Plan

1. Staff Training

- Responsible Parties:
 - o PCA Staff – Training conducted by PCA Supervisor [REDACTED]
 - o Kitchen Staff – Training conducted by Kitchen Supervisor [REDACTED]
 - o Oversight – Administrator [REDACTED]
- Completion Date: September 22, 2025

2. Resident Council Meeting

- Date: September 12, 2025
- Responsible Party: Administrator [REDACTED]

3. Random Observations

- Start Dates & Responsible Parties:
 - o PCA Staff – PCA Supervisor [REDACTED] starting September 15, 2025
 - o Kitchen Staff – Kitchen Supervisor [REDACTED] starting September 17, 2025
 - o Oversight – Administrator [REDACTED] starting September 15, 2025
- Frequency: Ongoing random observations
- Duration: 90 days, from September 15, 2025, through December 15, 2025. After that, Administrator [REDACTED] will continue random observations.

4. Weekly Log Reviews

- Start Date: September 15, 2025
- Completion Date: September 25, 2025

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented ([REDACTED] - 10/01/2025)

51 - Criminal Background Check

5. 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 B, who began working in the home on [REDACTED], did not have a criminal background check completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/08/2025)

Corrective Actions Taken:

51 Criminal Background Check (continued)*1. Immediate Action:*

- o Staff Member B's criminal background check was completed on 5/2/25, and results confirmed that the staff member was eligible for employment.*
- o A review of all current employee files was conducted to ensure that background checks are present and compliant.*

2. Staffing Protocol:

- o Staff Member B was restricted from unsupervised resident contact until the background check was obtained.*

*Preventative Measures:**1. Policy Reinforcement:*

- o Hiring policies require that criminal background checks must be completed and verified prior to an employee's first day of work.*
- o No staff may begin orientation or work until the Administrator or designee confirms clearance documentation is on file.*

2. Documentation:

- o A Pre Employment Compliance Checklist has been created to ensure all required documents, including criminal background checks, are completed before hire.*

3. Oversight:

- o The Administrator or designee will review and sign off on every new hire file before the employee is scheduled to begin work.*
- o Quarterly internal audits of personnel files will be conducted to ensure continued compliance.*

Completion Date:

All corrective actions will be implemented by September 22, 2025.

Responsible Party:

- Administrator: [REDACTED]*

New Information Requested:

Policy Update & Compliance Action Plan

1. Hiring Process Checklist

Action: Administrator will ensure each new potential applicant has a completed new hire checklist, which includes:

Completed employment application

Copy of High School Diploma or equivalency

Copies of any certifications

Copy of state issued ID

Signed consent for background check

Date background check was completed

51 Criminal Background Check (continued)

Verification/check off that background check cleared

Responsible Party: Administrator [REDACTED]

Start Date: Effective immediately

Frequency: For every new applicant

Duration: Ongoing, prior to an offer of employment being made

2. Review of New Hire Files

Action: Administrator will review all new hire files to ensure the checklist is complete prior to the first workday.

Responsible Party: Administrator [REDACTED]

Start Date: September 22, 2025

Frequency: For each new hire, prior to start date

Duration: Ongoing

3. Initial Audit of New Hire Files

Action: Administrator will conduct a review of all new hire files to verify that the checklist process has been followed.

Responsible Party: Administrator [REDACTED]

Completion Date: September 22, 2025

4. Quarterly File Audits

Action: Quarterly audits of employee files will be conducted to ensure compliance with hiring policies and checklist requirements.

Responsible Party: Administrator [REDACTED]

Start Date: September 22, 2025

Frequency: Quarterly

Scheduled Dates:

September 22, 2025

51 Criminal Background Check (continued)

January 22, 2026

May 22, 2026

September 22, 2026

[and every 4 months thereafter]

Duration: Ongoing, every quarter

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [redacted] - 10/01/2025)

103e - Left Overs

6. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On [redacted] at 12:29pm, an unsealed, undated container of Rocky Road ice cream was observed in the in basement freezer.

Plan of Correction

Accepted [redacted] - 09/08/2025)

Corrective Actions Taken:

- 1. The unsealed and undated ice cream container was immediately discarded.
- 2. Kitchen staff will re retrained and reminded of the requirement to label and date all leftover food.

Preventative Measures:

- 1. Policy Reinforcement:
 - o All kitchen staff have been re trained on food safety policies, including labeling, dating, and proper sealing of leftovers.
 - o Staff were instructed that unlabeled or improperly stored food must be discarded immediately.
- 2. Standardized Labeling System:
 - o A new system of pre printed labels (including "Date Opened" and "Use By" fields) has been implemented for all opened and leftover items.
- 3. Daily Checks:
 - o The Kitchen Supervisor or Lead Cook will complete a daily food storage inspection log to ensure all leftovers are sealed, labeled, and dated.
- 4. Ongoing Oversight:
 - o The Administrator or designee will conduct weekly spot checks of the kitchen and freezers for the next 90 days.
 - o Non compliance will result in retraining and, if repeated, disciplinary action.

Completion Date:

All corrective actions will be fully implemented by September 22, 2025.

103e Left Overs (continued)

Responsible Party:

- Kitchen Supervisor: [REDACTED]
- Administrator: [REDACTED]

New Information requested:

Kitchen Compliance & Food Safety Action Plan

1. Kitchen Staff Re Training

- Action: Retrain all kitchen staff on policies and procedures.
- Responsible Party: Kitchen Supervisor [REDACTED]
- Completion Date: September 22, 2025

2. Daily Food Storage Inspections

- Action: Inspect food storage areas (labeling, dating, organization, and safety compliance).
- Responsible Parties: Kitchen Staff under supervision of Kitchen Supervisor
- Start Date: September 15, 2025
- Frequency: After each shift, daily
- Duration: Ongoing, part of standard job duties

3. Weekly Spot Checks

- Action: Administrator conducting weekly spot checks of food storage and kitchen practices.
- Responsible Party: Administrator [REDACTED] (initially)
- Start Date: September 15, 2025
- Frequency: Weekly
- Duration: From September 15, 2025, through December 15, 2025, after which responsibility transitions to Kitchen Supervisor [REDACTED]

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented (CM - 10/01/2025)

141a - Medical Evaluation

7. 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.

Description of Violation

The medical evaluation for Resident [REDACTED], admitted to the home on [REDACTED] shows that the resident was evaluated by a medical professional on [REDACTED]; it was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept ([REDACTED] 09/08/2025)

Plan of Correction

Regulation: 2600.141(a) Medical Evaluation

141a - Medical Evaluation (continued)*Violation Summary:*

Resident [REDACTED] was admitted on [REDACTED]. The medical evaluation on file was dated 4/3/2025, which falls outside the required timeframe (within 60 days prior to admission or 30 days after admission).

Corrective Actions Taken:

1. A medical evaluation for Resident [REDACTED] was completed.
2. An Addendum form stating the discrepancy will be placed in Resident [REDACTED] chart and verified by the Administrator.

*Preventative Measures:**1. Admissions Protocol Update:*

- o A Pre-Admission Checklist has been implemented to ensure that all residents have a medical evaluation completed within the required timeframe before admission is finalized.
- o If a resident's evaluation expires prior to move-in, staff must arrange for a new evaluation before the admission date.

2. Ongoing Compliance Monitoring:

- o The Administrator or designee will review all admission packets to verify compliance before residents are admitted.
- o A monthly audit of medical records will be completed for the next 90 days to ensure all evaluations remain current and compliant.

Completion Date:

All corrective actions will be fully implemented by September 19, 2025.

Responsible Party:

- Administrator [REDACTED]

*New Information Requested:**Pre-Admissions & Admission Compliance Plan**1. Pre-Admissions Checklist*

- Action: Ensure all required documentation and evaluations are completed prior to admission. Checklist includes:

- o Completed Admission Application
- o Medical Evaluation (current and compliant with RCG requirements)
- o Physician's Orders
- o Resident Rights and Responsibilities acknowledgment
- o Signed Resident-Home Contract
- o Personal Care Home Disclosure Statement
- o Proof of identification and insurance
- o Emergency contact information

- Responsible Party: Administrator – [REDACTED]

2. (DME) Evaluations

- Action: Review all DMEs prior to admission to ensure dates are compliant with RCG requirements. Request new evaluations if current documentation is not compliant.
- Responsible Party: PCA Supervisor – [REDACTED]

3. Review of Admission Packets

141a - Medical Evaluation (continued)

- Action: Review admission packets to ensure they are complete and compliant with regulatory requirements.
- Responsible Party: Administrator – [REDACTED] or designee
- Start Date: By September 19, 2025
- Scope: Review all new admissions completed from January 2025 to present
- Duration: Ongoing for all new admissions moving forward

4. Monthly Audits

- Action: Conduct monthly audits of admission records to ensure ongoing compliance.
- Responsible Party: PCA Supervisor – [REDACTED]
- Start Date: September 15, 2025
- Frequency: Monthly
- Duration: Ongoing

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented ([REDACTED] - 10/01/2025)

161c - Additional Portions

8. Requirements

2600.

161.c. Additional portions of meals and beverages at mealtimes shall be available for the resident.

Description of Violation

On [REDACTED] at approximately 5pm, Resident [REDACTED] asked Staff Member A for an additional bologna and cheese sandwich which was the dinner menu item that day. Staff Member A denied the resident an additional sandwich stating that additional servings were not prepared and not requested in advance of the meal.

Plan of Correction

Accepted ([REDACTED] - 09/08/2025)

Plan of Correction

Regulation: 2600.161(c) – Additional Portions of Meals and Beverages

Violation Summary:

On 7/27/25 at approximately 5:00 p.m., Resident [REDACTED] requested an additional bologna and cheese sandwich, the dinner menu item for that day. Staff Member A denied the request, stating that additional servings were not prepared and not requested in advance. This denied the resident their right to additional portions as required by regulation.

Corrective Actions Taken:

1. Staff Member A was counseled immediately and suspended and then terminated regarding proper compliance with meal portion requirements.

Preventative Measures:

1. Meal Preparation Policy:

- o Kitchen staff have been instructed to prepare sufficient quantities of all meals to allow for additional portions upon request.
- o A minimum buffer portion (at least 10% extra) will be prepared for each meal service to meet regulatory requirements.

161c Additional Portions (continued)

2. Staff Training:

- o All dietary and direct care staff have been re trained on §2600.161(c) and reminded that residents cannot be denied additional portions at mealtimes.
- o Staff signed acknowledgments confirming understanding.

3. Resident Rights Reinforcement:

- o Residents will be reminded at the next Resident Council Meeting that they have the right to request additional food portions and beverages at meal service.

4. Oversight & Monitoring:

- o The Kitchen Supervisor or Lead Cook will verify that extra servings are available at each meal.
- o The Administrator or designee will conduct weekly dining service observations for the next 90 days to ensure compliance.

Completion Date:

All corrective actions will be implemented by September 19, 2025.

Responsible Party:

- Kitchen Supervisor: [Redacted]
- Administrator: [Redacted]

New Information Requested:

Compliance & Training Documentation

1. Staff Training

- Task: Training of all dietary and direct care staff on §2600.161(c) (residents cannot be denied additional portions at mealtimes).
- Completion Date: August 8, 2025
- Responsible Party: Administrator [Redacted]

2. Resident Council Meeting

- Next Meeting Date: September 12, 2025
- Responsible Party: Administrator [Redacted] (presenting the information)

3. Observations

- Task: Random observations of staff resident interactions.
- Start Date: September 15, 2025
- Responsible Party: Administrator [Redacted] or designee

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [Redacted] - 10/01/2025)

224a - Preadmission Screen Form

9. 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 [redacted] preadmission screening form, dated [redacted] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [redacted] - 09/08/2025)

1. The preadmission screening form will be completed, confirming that the resident's needs can be met by the home's services.

Preventative Measures:

1. Admissions Policy Update:

- o A Preadmission Checklist has been implemented to ensure that a determination regarding resident needs is completed and documented within 30 days prior to admission.
- o No resident will be admitted until this requirement is confirmed.

2. Staff Training:

- o Administrative staff responsible for admissions were re-trained on §2600.224(a) requirements.
- o Staff signed an acknowledgment confirming understanding of the policy and timeline for completion.

3. Ongoing Oversight:

- o The Administrator or designee will review all preadmission screening forms weekly to ensure compliance.
- o Quarterly audits of resident files will be conducted to verify all preadmission requirements are met.

Completion Date:

All corrective actions will be fully implemented by September 19, 2025.

Responsible Party:

- Administrator: [redacted]

New Information Requested:

Pre-Admission Compliance & Training Plan

1. Pre-Admission Checklist

- Responsible Party: Administrator – [redacted]
- Action: Utilize the pre-admission checklist for all new residents to ensure all documentation and evaluations are complete prior to admission.
- Start Date: Immediately, with the audit of new residents to be completed by September 22, 2025
- Duration: Ongoing, for all new admissions

2. Administrator Retraining Admissions

- Content Covered:
 - o RCG §2600.141(a) – Initial Medical Evaluations
 - o RCG §2600.225(a) – Initial Assessments
- Training Date: September 1, 2025
- Completed By: Administrator – [redacted]

3. Review of Pre-Admission Screening Forms

- Responsible Party: Administrator – [redacted] or designee

224a Preadmission Screen Form (continued)

- *Start Date: September 19, 2025*
- *Duration: Ongoing, to be completed for every new admission thereafter*

4. Quarterly Audits of Admissions

- *Responsible Party: Administrator [REDACTED]*
- *Action: Conduct quarterly audits of pre admission and admission files to ensure compliance with policies and regulatory requirements*
- *Start Date: September 22, 2025*
- *Frequency: Quarterly*
- *Scheduled Audit Dates:*
 - o *September 22, 2025*
 - o *January 22, 2026*
 - o *May 22, 2026*
 - o *September 22, 2026*
 - o *Every 4 months thereafter*
- *Duration: Ongoing, every quarter*

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 10/01/2025)