

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

September 17, 2025

[REDACTED]
LCB CHADDS FORD LLC
[REDACTED]

RE: THE RESIDENCE AT CHADDS FORD
1778 WILMINGTON PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14536

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2025 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: *THE RESIDENCE AT CHADDS FORD* License #: *14536* License Expiration: *12/06/2025*

Address: *1778 WILMINGTON PIKE, GLEN MILLS, PA 19342*

County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LCB CHADDS FORD LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *10/08/2019* Issued By: *Chadds Ford Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *101* Waking Staff: *76*

Inspection Information

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

Reason: *Monitoring* Exit Conference Date: *07/07/2025*

Inspection Dates and Department Representative

07/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *108* Residents Served: *71*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections* Capacity: *24* Residents Served: *20*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*

Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

07/07/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/03/2025*

08/19/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/22/2025*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/29/2025*

Inspections / Reviews *(continued)*

09/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:40 AM, aqua fresh extreme clean toothpaste was in the bathroom for resident room [REDACTED] with manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away" was unlocked, unattended, and accessible to all residents in the secured dementia care unit have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 08/19/2025)

The Reflections Director immediately secured the toothpaste from resident's bathroom and stored in a secured container on 7/7/2025.

Reflections associates were re-educated on poisonous material safe haven policy & PA 2600.82c by 7/31/25 by the Executive Director, Resident Care Director, Reflections Director, or Resident Services Supervisor.

Weekly rounds will be completed by our Reflections Director, Resident Services Supervisor, or designee, beginning 7/8/2025 to ensure compliance with locking requirements and address any concerns immediately. This will be completed by using the tool "Reflections Daily Quick Reference Checklist."

Results of rounds will be reviewed quarterly at the community's scheduled safety meeting.

Responsible Party: Reflections Director/Resident Services Supervisor/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented [REDACTED] - 09/17/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:30am, there was feces smeared on top of and on the sides of an activity table in the secured dementia care unit, and a nearby chair had smeared feces on the seat.

Plan of Correction

Accept [REDACTED] - 08/19/2025)

On 7/7/2025 the affected furniture items were immediately removed from service and thoroughly cleaned and sanitized along with the by the Maintenance Director.

Reflections associates were re-educated on the infection control policy, and proper cleaning of common living spaces by 7/31/25 by the Executive Director, Resident Care Director, Reflections Director, or Resident Services Supervisor.

Environmental rounds and random checks of common areas were implemented. Any unsanitary condition found on environmental rounds will be immediately corrected upon finding. Results will be reviewed at the next scheduled quarterly safety meeting.

Responsible Party: Maintenance Director/Reflections Director/Resident Services Supervisor/Designee

85a Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented [REDACTED] 09/17/2025)

103d - Storing Food Off Floor

3. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At 9:56am, in the walk in fridge there was one box of pasteurized homogenized liquid whole eggs with citric acid was stored in the floor in the fridge.

Additionally, in the freezer there was 1 box of Nabisco entertainment crackers, 1 box of soup and chowder oyster crackers, 1 box of new england coffee, 1 box of chunk light tuna, and 1 box of basic muffin mix, stored in the floor in the freezer.

Plan of Correction

Accept [REDACTED] - 08/19/2025)

The Restaurant Operations Director (ROD) immediately removed all food items for the floor.

All chefs were retrained by the ROD on this regulation and their responsibilities of meeting the requirements by 7/31/25.

Weekly audits for 4 weeks beginning 7/28/2025 will be completed by the ROD to ensure compliance with properly putting the food deliveries away immediately upon delivery. Any findings will be corrected immediately and reviewed at the next scheduled quarterly QA meeting.

Responsible Party: Restaurant Operations Director/Cooks/Designee

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/17/2025)

103i - Outdated Food

4. Requirements

2600.

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

Description of Violation

There was an unlabeled, undated container of chocolate sauce, and cream in pastry bag in the service area fridge.

There was unlabeled and undated containers of ice cream 5 containers of ice cream in the service area.

There were four unlabeled, undated containers of cereal in the main kitchen underneath the counter.

There were unlabeled, undated pies, and sausage patties in the main kitchen fridge.

There was unlabeled, undated 25lb bag of rice on top of a crate in the dry food storage room.

103i Outdated Food (continued)

Plan of Correction

Accept [redacted] - 08/19/2025)

On 7/7/2025 the Restaurant Operations Director (ROD) immediately removed and disposed of all undated and unlabeled food items.

All chefs were retrained on regulation 2600.103.i, including how to properly label and date food items ROD. All training was completed by 7/31/25.

Weekly rounds for 4 weeks will be completed beginning 7/28/2025 by the ROD to ensure compliance with labeling, dating, and inspection of foods

Any findings will be corrected immediately and reviewed at the next scheduled QA meeting.

Responsible Party: Restaurant Operations Director/Cooks/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented [redacted] - 09/17/2025)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident's medical evaluation for resident [redacted], dated [redacted], did not include the resident's health status.

The resident's medical evaluation for resident [redacted] dated [redacted] did not include the resident's need for body positioning and movement stimulation.

Plan of Correction

Accept [redacted] - 08/19/2025)

Resident [redacted] Evaluation was updated to include health status Resident on 7/9/2025. Resident [redacted] Evaluation was updated to include the need for body positioning and movement stimulation 7/9/2025.

All initial, annual and significant change medical evaluations will be reviewed by RCD, RSS or Designee to ensure that all forms are complete beginning 7/9/2025. Any non compliant areas will be addressed by contacting the physician who completed the form, requesting the missing information and properly documenting the correction, complete with the date, signature and the person making the correction.

The Executive Director will review all medical evaluations, to verify full completion and compliance beginning 7/9/2025.

141a 1 10 Medical Evaluation Information (continued)

Quarterly random reviews will be conducted as needed to monitor adherence, and any findings will be corrected immediately by the RCD and RSS. All review data will be reviewed during QA meetings.

Responsible Party: RCD/RSS/ED/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented [redacted] - 09/17/2025)

162c - Menus Posted

6. 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 [redacted] or the following week was not posted in the secured dementia care unit. However, only the specials from [redacted] until [redacted] was posted.

Plan of Correction

Accept [redacted] - 08/19/2025)

On 7/7/2025 the violation was immediately corrected by the Reflections Director, and the current weekly menu was posted.

The menu is posted at least one week in advance in dining. The Restaurant Operations Director and Reflections Director were reminded of their responsibility for compliance with regulation 2600.162.c by the Executive Director upon exit on 7/7/25.

Weekly walkthrough by the Executive Director will be conducted for 4 weeks to ensure the menu is posted at least one week in advance. Any findings will be corrected immediately and reported at the next scheduled QA meeting.

Responsible Party: ROD/RD/ED/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented [redacted] - 09/17/2025)

181f - Record of Medication

7. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering medication.

Description of Violation

On [redacted], resident [redacted] record did not include a current list of medications. The list in the resident's record notated [redacted]. However, the resident stated that [redacted] no longer takes the medication and notified the home.

On [redacted], resident [redacted] record did not include a current list of medications. The list in the resident's record did not include the following medications that the resident is currently taking [redacted], [redacted]

181f - Record of Medication (continued)

██████████ and ██████████ and ██████████.

Plan of Correction

Accept ██████ - 08/19/2025)

On 7/9/2025 the RCD reviewed Resident ██████ and Resident ██████ records and corrected any discrepancies accordingly. The RCD removed the discontinued medication from the resident's apartment and updated the resident's medication list with the missing medications.

On 7/8/2025 the RCD retrained RSS and Wellness Nurse on the importance of accurate medication list maintenance and documentation requirements related to 2600.181f.

On 7/11/2025 resident ██████ and ██████ were educated on the regulation that their record must include a current list of prescription, CAM and OTC medications and that they are required to report any medication order changes to the wellness nurse, RCD, RSS, and update their medication list accordingly.

On 7/28/2025 monthly reviews of the medication list for residents self-administering were initiated. Any findings will be corrected immediately by the RCD/RSS/Wellness Nurse.

All review data will be reviewed during quarterly QA meetings.

Responsible Party: RCD/ED/RSS/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented ██████ - 09/17/2025)

183b - Meds and Syringes Locked

8. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On ██████████ there were four pills on the counter unlocked, unattended, and accessible in Resident ██████ room. Resident ██████ stated that ██████ did not have time to take the medication before breakfast and left them on the counter. Resident ██████ is in a shared room with another resident who does not self-administer medication.

Plan of Correction

Accept ██████ - 08/19/2025)

On 7/7/2025 the unattended pills were immediately taken by resident ██████ who self-administers ██████ medications and the RCD conducted a room check to ensure no other medications were left unsecured.

On 7/11/2025 resident ██████ was educated on the regulation and the importance of keeping medications locked and inaccessible to others, safe medication practices, and the importance of securing medications in shared living spaces and provided written guidelines for self-administration of ██████ medications.

Beginning 7/16/2025 a weekly room check times will be done by the RCD/RSS/Wellness Nurse times 4 weeks to ensure compliance with locked medication storage.

Any future violations will trigger immediate retraining and reassessment of the resident's self-administration status.

Responsible Party: RCD/ED/RSS/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented ██████ - 09/17/2025)

183b - Meds and Syringes Locked (continued)

183d - Prescription Current

9. Requirements

2600.

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

Description of Violation

On [redacted], [redacted] for resident [redacted] was in the home's medication cart; however, the medication was discontinued on [redacted]

On [redacted], [redacted] for resident [redacted] in the home's medication cart; however, the home does not have a current order for this medication for resident [redacted]

Plan of Correction

Accept [redacted] - 08/19/2025)

On 7/7/2025 the RCD removed these medications for Resident [redacted] and disposed of them following proper protocol. On 7/8/2025 the medication carts were fully audited, and no other discrepancies were found. The RCD/RSS re-trained the Wellness Nurses and med techs on how to discontinue a medication and what to do if a medication is found in the care that does not have a current order. This training was completed by 7/31/2025. Beginning on 7/15/2025 weekly random audits completed by the RCD/RSS/Designee were implemented to ensure compliance with this regulation. Any findings will be rectified immediately, and all findings will be reviewed at the quarterly QA meeting.

Responsible Party: RCD/RSS/ED/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented [redacted] - 09/17/2025)

183e - Storing Medications

10. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted]. On [redacted] the [redacted] with a "do not use sticker after [redacted]" was still in the medication cart.

Resident [redacted] is prescribed [redacted]. On [redacted], the blister pack was punctured and covered with tape on pill number 29.

Plan of Correction

Accept [redacted] - 08/19/2025)

On 7/7/2025 the RCD removed Resident # [redacted] medication and properly disposed of it. On 7/7/2025 the medication in blister #29 for resident [redacted] was removed and properly discarded.

183e Storing Medications (continued)

On 7/8 an inspection of the medication carts was completed by RCD/RSS/Wellness Nurse, no other insulin pens were found to be after the use by date, and no other punctured blisters were found.

The RCD/RSS re educated the Wellness Nurses and Med Techs on this regulation, which included discarding insulin pens on the date indicated at "do not use after" and to properly dispose of any medication found to be in a punctured blister or container. The education will be completed by 7/31/25

Beginning on 7/15/2025 weekly random audits completed by the RCD/RSS/Designee were implemented to ensure compliance with this regulation. Any findings will be rectified immediately, and all findings will be reviewed at the quarterly QA meeting.

Responsible Party: RCD/RSS/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented (████) 09/17/2025)

184a - Resident's Meds Labeled

11. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

During the medication cart review there was unlabeled bottle of Latanoprost eye drops in the first floor medication cart. The bottle did not have a pharmacy label and was not labeled with a resident name. Staff person A was unable to determine who the medication belonged to.

Plan of Correction

Accept (████) - 08/19/2025)

On 7/7/2025 the RCD removed unlabeled item and properly disposed of it.

On 7/8 an inspection of the medication carts was completed by RCD/RSS/Wellness Nurse, no other unlabeled items were found.

The RCD/RSS re educated the Wellness Nurses and Med Techs on this regulation, which included that all prescription medications must have a pharmacy label. The education will be completed by 7/31/25

Beginning on 7/15/2025 weekly random audits completed by the RCD/RSS/Designee were implemented to ensure compliance with this regulation. Any findings will be rectified immediately, and all findings will be reviewed at the quarterly QA meeting.

Responsible Party: RCD/RSS/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented (████) - 09/17/2025)

185a - Implement Storage Procedures

12. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home's controlled medication policy states "when assisting a resident in taking a controlled medication a staff

185a Implement Storage Procedures (continued)

member should: "...write in the date time and signature on the next blank line on the controlled Inventory Sheet"

Resident [REDACTED] is prescribed [REDACTED]. On 6/25/2025, the controlled inventory sheet was not signed by the staff person who administered the medication at 8pm.

Resident [REDACTED] is prescribed [REDACTED] one tablet by mouth two times a day scheduled for 9am and 2pm. and also for [REDACTED] two tablets [REDACTED] by mouth at bedtime scheduled for 9pm. The controlled inventory sheet for the 2pm dose is not signed for dates [REDACTED] and [REDACTED] however the residents 7/2025 medication administration record is initialed as administered for those dates. Additionally, during the medication audit, on [REDACTED] at approximately 12/12pm, the controlled inventory sheet had a signature for an administered dose on [REDACTED] at 2pm. However, the medication was still in the blister packages and the residents medication administration record was not initialed as administered. Resident [REDACTED]'s controlled inventory sheet for the [REDACTED] doses was also not signed as administered on [REDACTED], though a time of 8pm administration is listed and a remaining count of 44 on the line On [REDACTED] there is no signature or time listed for the administration on the controlled inventory sheet however the residents [REDACTED] medication administration record is signed as administered.

Resident [REDACTED] is prescribed [REDACTED] to take one tablet 3 times a day. The controlled inventory sheet indicates that the remaining balance is 20, however the blister pack has 19 pills. On [REDACTED], at 1:28p, the medication was initialed as administered on the medication administration record for July 2025 for 2pm. However, the medication was not signed out by a staff person as administered on the controlled inventory sheet.

Additionally, the home's controlled medication policy indicates that "the controlled inventory sheet book is used to account for all controlled substances. Inventory sheets should be used for each controlled substance. All controlled medication should be counted and signed off by incoming and outgoing medication RN/Nurse/Tech. Counts should be done daily at the change of every shift with two signatures, the person leaving and the person coming on to the shift. If a discrepancy is discovered between the amount remaining on the narcotic inventory sheet and the number of tablets/capsules actually on hand, staff should: re count again, determine when the last time the medication was given, and if appropriate documentation was completed". The home did not follow their policy for controlled substance discrepancies.

Resident [REDACTED] is prescribed [REDACTED] one tablet every 6 hours as needed for pain. On [REDACTED] resident [REDACTED] had 4 additional bottles of [REDACTED]. The home does not have a controlled inventory sheet for the medication.

Resident [REDACTED] is prescribed [REDACTED] to take every 6 hours as needed. The controlled inventory sheet indicates there are four pills remaining, however on [REDACTED], during the medication cart review the packages containing the four tablets were not available in the home and the home did not know the location of the medication.

Resident [REDACTED] is prescribed [REDACTED]. The controlled inventory sheet for [REDACTED] indicates that it was last signed on [REDACTED] at 9pm with one pill remaining. The controlled inventory sheet indicates there is one pill remaining, however on [REDACTED], during the medication cart review the one pill was not available in the home and the home did not know where the location of the one pill.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█ - 08/19/2025)

On 7/7 2025 the RCD verified that residents █ received the prescribed medications as ordered. Each of the Med Techs who did not properly sign out the med on the MAR/Controlled Accountability Sheets were coached on the proper way to document and the corrections were made.

On 7/7/2025 the RCD and Wellness Nurse initiated an accountability sheet for resident █s █

On 7/7/2025 the RCD reviewed the accountability sheet for resident █, verified that the count was correct, and discovered that when the new narcotic sheet was initiated as part of the 12/9/2024 survey POC the initial sheet was not attached, making it appear that there was a discrepancy. The two documents have since been attached together for clarification.

On 7/7/2025 the RCD reviewed the accountability sheet for resident █, verified that the count was correct and discovered that there was a dose administered but that it had not been entered on the accountability sheet. The RCD coached the person who administered it to properly correct the documentation.

On 7/7/2025 the RCD/RSS reviewed all Controlled Substance Accountability Sheets for missing or incomplete documentation, no other discrepancies were found.

The RCD/RSS re-educated the Wellness Nurses and Med Techs by 7/31/2025 on this regulation and the company policy, including inventory sheets should be used for each controlled substance. All controlled medication should be counted and signed off by incoming and outgoing medication RN/Nurse/Med Tech. Counts should be done daily at the change of every shift with two signatures, the person leaving and the person coming on to the shift. If a discrepancy is discovered between the amount remaining on the narcotic inventory sheet and the number of tablets/capsules actually on hand, staff should: re-count again, determine when the last time the medication was given, and if appropriate documentation was completed. Any discrepancies must be reported to the RCD and ED immediately.

Beginning on 7/15/2025 weekly random audits completed by the RCD/RSS/Designee were implemented to ensure compliance with this regulation. Any findings will be rectified immediately, and all findings will be reviewed at the quarterly QA meeting.

Responsible Party: RCD/ED/RSS/Designee.

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented (█ - 09/17/2025)

187a - Medication Record

13. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident █ is prescribed █ to check blood sugar before dinner and inject 4 units subcutaneous if blood sugar is greater or equal to 350. The home documented the following numbers: █. However, the home did not document how many units of insulin were given or if the medication was held.

187a Medication Record (continued)

Plan of Correction

Accept [redacted] - 08/19/2025)

On 7/8/2025 the RCD reviewed resident [redacted] electronic medication record. It was confirmed that the resident received the medication as ordered. The electronic MAR does not show how much was administered on the face of the MAR, however if the date and time of the administration is clicked on, the details of the administration can be seen. The details for the 7/2,7/3, 7/4, 7/5 and 7/6 dates are attached.

The RCD/RSS trained the Wellness Nurses and Med Tech by 7/31/2025 on how to access the details of administration to show the amount of insulin administered. This information will also be incorporated into the new associate learning for Nurses and Med Tech.

Responsible Party: RCD/RSS/ED/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented [redacted] - 09/17/2025)

187b - Date/Time of Medication Admin.

14. Requirements

2600.

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

Description of Violation

On [redacted], at 11:39am, during the medication cart review the morning medications for resident [redacted] were initial as administered however the resident was out of the facility/ admitted to the hospital as of [redacted]. Staff person B initialed the following medication as administered:

- [redacted]

And Staff person C initialed the following as administered:

- [redacted]

Plan of Correction

Accept [redacted] - 08/19/2025)

On 7/7/2025 at 11:43 am the entries on the MAR were corrected by the Wellness Nurse to indicate that the resident was on LOA, and that the medications were not administered.

On 7/8/2025 both staff members B and C were removed from medication administration duties pending individual coaching regarding these errors and this regulation by the RCD by 7/14/2025.

The RCD/RSS reviewed all MARs for the previous 7 days for similar discrepancies. None identified.

All Wellness Nurses and Med Techs received retraining on accurate, real time documentation of medication administration, procedures for handling absent or hospitalized residents, and legal and ethical responsibilities in

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

medication documentation by the RCD by 7/31/2025.

Beginning on 7/15/2025 weekly random audits completed by the RCD/RSS/Designee were implemented to ensure compliance with this regulation. Any findings will be rectified immediately, and all findings will be reviewed at the quarterly QA meeting.

Responsible Parties: RCD/ED/RSS/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented [redacted] - 09/17/2025)

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] as needed. Resident [redacted] medication administration record for July 2025 includes the initials of the staff person who administered the medication on [redacted]. However, the medication was not signed out on the controlled medication sheet on [redacted] and based on the remaining medication count the medication was not administered.

Plan of Correction

Accept [redacted] - 08/19/2025)

On 7/8/2025 the RCD verified with the med tech that the medication was not administered due to the resident refusing the administration. The electronic MAR could not be corrected due to the system not allowing changes after approximately 8 hours, a progress note was written to indicate this occurrence.

On 7/8/2025 the RCD reviewed all controlled substance records, and no other discrepancies were found.

The RCD/RSS educated the Wellness Nurses and Med Techs on accurate real-time documentation, including resident refusals of administration and adherence to prescriber orders by 7/31/2025.

Reviews and reconciliation of controlled substance count sheets to the medication administration record three times a week began on 7/15/2025 by the RCD/RSS/Designee. Any findings will be rectified immediately, and all findings will be reviewed at the quarterly QA meeting.

Responsible Party: RCD/RSS/Designee

Licensee's Proposed Overall Completion Date: 08/13/2025

Implemented [redacted] - 09/17/2025)