pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CSH EXTON LESSEE LLC**
LEGAL ENTITY

To operate **ARBOR TERRACE EXTON**
NAME OF FACILITY OR AGENCY

Located at **100 OAKLANDS BOULEVARD, EXTON, PA 19341**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **99**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 27, 2023** until **July 27, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **147930**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: July 27, 2023

[redacted]
CSH Exton Lessee, LLC
[redacted]

RE: Arbor Terrace Exton
100 Oaklands Boulevard
Exton, Pennsylvania 19341
License #: 147930

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on May 10 and 11, 2023, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY

July 25, 2023

[redacted]
CSH EXTON LESSEE LLC
[redacted]

RE: ARBOR TERRACE EXTON
100 OAKLANDS BOULEVARD
EXTON, PA, 19341
LICENSE/COC#: 14793

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/10/2023, 05/11/2023 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: *ARBOR TERRACE EXTON* **Licen e #**: *14793* **Licen e Expiration**: *08/07/2023*

Address: *100 OAKLANDS BOULEVARD, EXTON, PA 19341*

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

Administrator

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

Legal Entity

Name: *CSH EXTON LESSEE LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *01/11/2021* **Issued By**: *West Whiteland Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *99* **Waking Staff**: *74*

Inspection Information

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

Reason: *Renewal, Complaint, Provisional* **Exit Conference Date**: *05/11/2023*

Inspection Dates and Department Representative

05/10/2023 - On-Site: [redacted]

05/11/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *99* **Re ident Served**: *71*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *33* **Re ident Served**: *23*

Hospice

Current Re ident : *4*

Number of Residents Who:

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

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

Have Mobility Need: *28* **Have Physical Disability**: *0*

Inspections / Reviews

05/10/2023 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/28/2023*

Inspections / Reviews *(continued)*

05/30/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/05/2023*

06/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2023*

Reviewer [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/06/2023*

07/25/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2023*

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

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 12/16/22, for resident 1 was not signed by the resident.

The resident-home contract, dated 11/30/21, for resident 2 was not signed by the resident.

The resident-home contract, dated 1/12/23, for resident 3 was not signed by the resident.

Plan of Correction ***Accept [redacted] - 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.25b, the ED, BOD, CSD or designee acquired the contract signatures for resident 1, 2 and 3.
• The ED or designee will education both sales directors (CSDs), the Business Office Director, and anyone else who handles contract signings on the resident signatures that are required on the residency agreement. This education will be completed by 06/28/23.
• The ED, BOD or designee will perform an audit of all resident contracts and acquire the required signatures. This audit will be completed by 06/28/23.
• Going forward, the ED, BOD or designee will perform a quarterly audit on all new resident contracts to ensure the required resident signatures have been obtained.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Evidence of Completion ***Implemented ([redacted] - 07/25/2023)***

See attached.

85d - Trash Receptacles

2. Requirements

[redacted]

95 - Furniture and Equipment

3. Requirements

95 - Furniture and Equipment *(continued)*

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The stopper in the bathroom sink in room 109 is broken. The sink is unable to drain.

Plan of Correction ***Do Not Accept (█ - 05/30/2023)***

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• Upon the Department s findings of the stated citation in violation of 2600.95, the Maintenance Director (MD), mmediately (within 15 minutes) fixed the sink stopper in the bathroom in apartment 109.
• The ED, BOD, MD, RCD or designee will educate staff on the importance of communicating facility/apartment ssues immediately so that a work order can be entered and the problem handled in a timely manner.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Update: *05/30/2023*

Please indicate the date that staff will be educated.
Additionally, please develop a plan or method to audit compliance to prevent this violation from recurring. Please include actionable steps, including what will be audited or reviewed, the title of the person responsible for each step, and start dates, frequencies, and duration for each step.

Plan of Correction ***Accept (█ 06/06/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.95, the Maintenance Director (MD), mmediately (within 15 minutes) fixed the sink stopper in the bathroom in apartment □.
• The ED, BOD, MD, RCD or designee will educate staff on the importance of communicating facility/apartment ssues immediately so that a work order can be entered and the problem handled in a timely manner. This education will be completed by 06/28/2023
• Going forward, the ED, BOD or MD will review the weekly community "scorecard" that is sent via email every Sunday by the community's work order management system, TELS. This will be reviewed at the beginning of the week to ensure that work orders are being completed in a timely manner. The email includes completed work orders, overdue work orders, and other data points signifying the community's handling of maintenance requests.

Licensee's Proposed Overall Completion Date: *06/30/2023*

Evidence of Completion ***Implemented (█ - 07/25/2023)***

See attached.
irst document is the agenda from our town hall where I educated staff on TELS work orders: when, how and why to enter them. Second document is an example of the weekly email sent to all department heads from TELS, showing

95 - Furniture and Equipment (continued)

all Work Orders and Preventative Maintenance tasks and the details of each. These emails come out on Sunday and are reviewed now by the ED and the Maintenance Director at the start of each week

103e Left Overs

4. 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

There was an unlabeled, undated plastic container of salad in the refrigerator in the tavern on the third floor.

Plan of Correction ***Do Not Accept*** **[redacted]** ***05/30/2023)***

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• Upon the Department's findings of the stated citation in violation of 2600.103e, the employee whose unlabeled unch had been placed in the third-floor tavern refrigerator was educated on ensuring that her items are labeled and dated when placed in a community refrigerator. The lunch was then correctly labeled and dated.
• The ED, BOD, MD, DD or designee will educate staff on labeling and dating items that go into community refrigerators or freezers. This education will be completed by 06/28/23.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Update: *05/30/2023*

Additionally, please develop a plan or method to audit compliance to prevent this violation from recurring. Please include actionable steps, including what will be audited or reviewed, the title of the person responsible for each step, and start dates, frequencies, and duration for each step.

Plan of Correction ***Accept*** **[redacted]** ***- 06/06/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.103e, the employee whose unlabeled unch had been placed in the third-floor tavern refrigerator was educated on ensuring that her items are labeled and dated when placed in a community refrigerator. The lunch was then correctly labeled and dated.
• The ED, BOD, MD, DD or designee will educate staff on labeling and dating items that go into community refrigerators or freezers. This education will be completed by 06/28/23.
• Going forward, the ED, BOD, DD, or designee will perform a monthly audit of refrigerators/freezers in the community, specifically paying attention to all food being labeled and dated.

Licensee's Proposed Overall Completion Date: *06/30/2023*

103e - Left Overs *(continued)*

Evidence of Completion ***Implemented (█ - 07/25/2023)***

See attached.
First document is the agenda from our town hall where I educated staff on labeling and dating when using common fridges and freezers, and the second document is the monthly audit form I (the ED) created for looking through all common area fridges and freezers

121a - Unobstructed Egress

5. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 5/10/23 at 10:14 am, 2 patio chairs and a patio table blocked egress from the home's Memory Care sunroom.

Plan of Correction ***Do Not Accept (█ - 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.121a, the MCD moved the two patio chairs and patio table blocking the door in the memory care sunroom.
• The ED, BOD, MD or designee will provide an education to staff regarding the importance of keeping all fire exits unobstructed. This education will be completed by 06/28/23.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Update: *05/30/2023*

Additionally, please develop a plan or method to audit compliance to prevent this violation from recurring. Please include actionable steps, including what will be audited or reviewed, the title of the person responsible for each step, and start dates, frequencies, and duration for each step.

Plan of Correction ***Accept (█ - 06/06/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.121a, the MCD moved the two patio chairs and patio table blocking the door in the memory care sunroom.
• Immediately following (the next day, May 11) the department's findings, the MCD and DRR created signage and placed it throughout the Memory Care patio and exits to ensure that staff/families/residents do not block the exits with chairs or other objects.
• The ED, BOD, MD or designee will provide an education to care staff regarding the importance of keeping all fire exits unobstructed. This education will be completed by 06/28/23.
• The MCD, RCD, ED, BOD or designee will perform a weekly audit of all fire exits to ensure they are not obstructed

121a - Unobstructed Egress (continued)

in the memory care neighborhood. This will be added to a weekly audit that is already in place for room checks, poisonous materials, beds made, etc.

Licensee's Proposed Overall Completion Date: *06/30/2023*

Evidence of Completion ***Implemented ([redacted] - 07/25/2023)***

See attached.

182b - Prescription Medication

6. Requirements

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

Description of Violation

On 5/7/23 and 5/8/23 at 8:00 pm staff person A administered medications to residents to include the following; Pantoprazole and Systane Ultra eye drops. Staff person A has not completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction ***Do Not Accept [redacted] - 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department s findings of the stated citation in violation of 2600.182b, staff person A was immediately removed from the day s med tech schedule and all future med tech assignments.
• The RCD, who is certified and trained in teaching the DHS approved medication administration course, scheduled a medication administration class for 05/24/23, to include staff person A. Staff person A attended the course and will take the medication administration exam and complete all required observations. Once all DHS required trainings are completed, staff person A will be placed back onto the community s med tech schedule. This will be completed by 06/28/23.
• Going forward, the community will no longer accept medication administration certificates earned by employees outside of Arbor Terrace Exton. The RCD and certified medication administration trainer will teach the course to all Arbor Terrace Exton employees who will serve as medication technicians. This will ensure that all Arbor Terrace Exton med techs have the proper DHS approved training, examination, and observations.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Update: *05/30/2023*

Additionally, please develop a plan or method to audit compliance to prevent this violation from recurring. Please include actionable steps, such as auditing all medication technicians training. Include what will be audited or reviewed, the title of the person responsible for each step, and start dates, frequencies, and duration for each step.

182b - Prescription Medication *(continued)*

Plan of Correction ***Accept [redacted] - 06/06/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.182b, staff person A was immediately removed from the day's med tech schedule and all future med tech assignments.
• The RCD, who is certified and trained in teaching the DHS-approved medication administration course, scheduled a medication administration class for 05/24/23, to include staff person A. Staff person A attended the course and will take the medication administration exam and complete all required observations. Once all DHS-required trainings are completed, staff person A will be placed back onto the community's med tech schedule. This will be completed by 06/28/23.
• Going forward, the community will no longer accept medication administration certificates earned by employees outside of Arbor Terrace Exton. The RCD and certified medication administration trainer will teach the course to all Arbor Terrace Exton employees who will serve as medication technicians. This will ensure that all Arbor Terrace Exton med techs have the proper DHS-approved training, examination, and observations.
• RCD, BOD, ED or designee will review all medication technicians as they are hired. The RCD has created a checklist that will be used to ensure all medication technicians actively passing meds have the correct training and paperwork on file.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Evidence of Completion ***Implemented [redacted] - 07/25/2023)***

See attached.

185a - Implement Storage Procedures

7. 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

On 5/11/23, at 11:22 am, the glucometer that belongs to resident 4 was not calibrated to correct time. It read 10:19 am.

The glucometer for resident 5 reads 113 for 5/8/23 at 7:39 pm. This reading is not recorded on the Medication Administration Record.

Repeat Violation: 8/22/22 et al.

Plan of Correction ***Accept ([redacted]/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth,

185a - Implement Storage Procedures (continued)

accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.185a, the RCD correctly calibrated the glucometer for resident 5.
• The RCD, MCD, LPN, MT or designee will perform an audit on the 2nd Thursday of each month of all resident glucometers to ensure they are all correctly calibrated.
• Education will be given to all LPNs and med techs on the importance of correctly recording glucometer readings nto the electronic medical records system. This education will be completed by 06/28/23.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Evidence of Completion ***Implemented*** **[redacted]** ***- 07/25/2023)***

See attached.

190a - Completion Medication Course

8. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:
On 5/7/23 and 5/8/23 at 8:00 pm, Pantoprazole and Systane Ultra eye drops.

Plan of Correction ***Do Not Accept*** **[redacted]** ***- 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.190a, staff person A was immediately removed from the day's med tech schedule and all future med tech assignments.
• The RCD, who is certified and trained in teaching the DHS-approved medication administration course, scheduled a medication administration class for 05/24/23, to include staff person A. Staff person A attended the course and will take the medication administration exam and complete all required observations. Once all DHS-required trainings are completed, staff person A will be placed back onto the community's med tech schedule. This will be completed by 06/28/23.
• Going forward, the community will no longer accept medication administration certificates earned by employees outside of Arbor Terrace Exton. The RCD and certified medication administration trainer will teach the course to all Arbor Terrace Exton employees who will serve as medication technicians. This will ensure that all Arbor Terrace Exton med techs have the proper DHS-approved training, examination, and observations.

190a - Completion Medication Course (continued)

Licensee's Proposed Overall Completion Date: *06/28/2023*

Update: *05/30/2023*

Additionally, please develop a plan or method to audit compliance to prevent this violation from recurring. Please include actionable steps, such as auditing all medication technicians training. Include what will be audited or reviewed, the title of the person responsible for each step, and start dates, frequencies, and duration for each step.

Plan of Correction ***Accept [redacted] - 06/06/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.190a, staff person A was immediately removed from the day's med tech schedule and all future med tech assignments.

• The RCD, who is certified and trained in teaching the DHS-approved medication administration course, scheduled a medication administration class for 05/24/23, to include staff person A. Staff person A attended the course and will take the medication administration exam and complete all required observations. Once all DHS-required trainings are completed, staff person A will be placed back onto the community's med tech schedule. This will be completed by 06/28/23.

• Going forward, the community will no longer accept medication administration certificates earned by employees outside of Arbor Terrace Exton. The RCD and certified medication administration trainer will teach the course to all Arbor Terrace Exton employees who will serve as medication technicians. This will ensure that all Arbor Terrace Exton med techs have the proper DHS-approved training, examination, and observations.

• RCD, BOD, ED or designee will review all medication technicians as they are hired. The RCD has created a checklist that will be used to ensure all medication technicians actively passing meds have the correct training and paperwork on file, including the paperwork signifying the MT passed the department's competency test.

Licensee's Proposed Overall Completion Date: *06/30/2023*

Evidence of Completion ***Implemented ([redacted] - 07/25/2023)***

See attached.

190b - Insulin Injections

9. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 5/9/23 at 8:00 am, staff person A, who has not successfully completed a Department-approved medications administration course, checked the blood glucose level for resident 5 who is on a sliding scale.

Plan of Correction ***Do Not Accept [redacted] - 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other

190b - Insulin Injections (continued)

applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.190b, staff person A was immediately removed from the day's med tech schedule and all future med tech assignments.
• The RCD, who is certified and trained in teaching the DHS-approved medication administration course, scheduled a medication administration class for 05/24/23, to include staff person A. Staff person A attended the course and will take the medication administration exam and complete all required observations. Once all DHS-required trainings are completed, staff person A will be placed back onto the community's med tech schedule. This will be completed by 06/28/23.
• Going forward, the community will no longer accept medication administration certificates earned by employees outside of Arbor Terrace Exton. The RCD and certified medication administration trainer will teach the course to all Arbor Terrace Exton employees who will serve as medication technicians. This will ensure that all Arbor Terrace Exton med techs have the proper DHS-approved training, examination, and observations.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Update: *05/30/2023*

In addition to the medication technician retraining, this regulation also requires that the staff person shall have completed and passed a diabetic education program with the last 12 months. Please amend this plan of correction to indicate what will be done in reference to the diabetic training.

Plan of Correction ***Accept [redacted] - 06/06/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.190b, staff person A was immediately removed from the day's med tech schedule and all future med tech assignments.
• The RCD, who is certified and trained in teaching the DHS-approved medication administration course, scheduled a medication administration class for 05/24/23, to include staff person A. Staff person A attended the course and will take the medication administration exam and complete all required observations. Once all DHS-required trainings are completed, staff person A will be placed back onto the community's med tech schedule. This will be completed by 06/28/23.
• Going forward, the community will no longer accept medication administration certificates earned by employees outside of Arbor Terrace Exton. The RCD and certified medication administration trainer will teach the course to all Arbor Terrace Exton employees who will serve as medication technicians. This will ensure that all Arbor Terrace Exton med techs have the proper DHS-approved training, examination, and observations.
• Arbor Terrace Exton has a contract with [redacted] Pharmacy, which provides diabetic training to medication technicians when requested. Within a week of the state's visit, the RCD reached out to IPPC Pharmacy and scheduled a diabetic education class for 6/5/2023 for staff person A.

Licensee's Proposed Overall Completion Date: *06/30/2023*

190b - Insulin Injections *(continued)*

Evidence of Completion ***Implemented*** **[redacted]** ***- 07/25/2023)***

See attached.

190c - Record of Training

10. Requirements

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

Description of Violation

The home's medication administration training record for staff person B does not include the date initial training was completed, the source, name of trainer and documentation that the course was successfully completed.

Plan of Correction ***Accept (*** **[redacted]** ***- 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Staff person B initially received their medication administration training outside of Arbor Terrace Exton and completed all requirements to be DHS-certified, however the summary page for staff person B's medication administration certification is missing. As per the DHS inspector, an audit form was placed in this employee's medication administration file, stating that we had performed an audit of the file and were aware that the original summary page was missing from their paperwork.
• Staff person B will be re-certified by RCD and certified medication administration trainer so all correct paperwork can be available in the community. This recertification will take place by 06/28/23.
• RCD, MCD or designee will perform an audit of all medication technician's course/examination/observation paperwork and audit forms will be added where necessary to communicate any known issue with past-dated paperwork.
• Going forward, the community will no longer accept medication administration certificates earned by employees outside of Arbor Terrace Exton. The RCD and certified medication administration trainer will teach the course to all Arbor Terrace Exton employees who will serve as medication technicians. This will ensure that all Arbor Terrace Exton med techs have the proper DHS-approved training, examination, and observations.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Evidence of Completion ***Implemented*** **[redacted]** ***- 07/25/2023)***

See attached.

224a - Preadmission Screen Form

11. 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.

224a - Preadmission Screen Form *(continued)*

Description of Violation

Resident 6's preadmission screening form, dated 3/15/23, 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]** - 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.224a, the RCD immediately fixed her error on the cited form and included the determination that the needs of the resident can be met by the services provided by the home. This could be done because the RCD was the original person who completed the paperwork.
• The RCD, MCD, ED or designee will perform an audit of all preadmission screening forms to ensure a determination was made. An audit form stating we are aware of the issue will be added to any older paperwork that was not originally completed by the community's current RCD.
• Going forward, the RCD and MCD will have at least one other person review resident preadmission screening forms to ensure a determination is made and the form has no other issues. When possible, RCD (who does preadmission screenings for all personal care residents) and MCD (who does preadmission screenings for all memory care residents) will require the other to review their forms for accuracy. If not available, the RCD or MCD can have the BOD or ED be the second set of eyes.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Evidence of Completion ***Implemented [redacted] - 07/25/2023)***

See attached.

12. 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 2 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on 12/7/21.

Resident 7 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on 2/28/22.

Plan of Correction ***Do Not Accept [redacted] - 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• This citation is currently under question by Arbor Terrace Exton via email on 05/24/23 to DHS supervisor [redacted]. Arbor is currently awaiting response.

224a - Preadmission Screen Form *(continued)*

Licensee's Proposed Overall Completion Date: *06/28/2023*

Update: *05/30/2023*

Please develop a plan or method to audit compliance to prevent this violation from recurring. Please include actionable steps, such as training or audits. Include what will be audited or reviewed, specific topics of training, the title of the person responsible for each step, and start dates, frequencies, and duration for each step.

Plan of Correction ***Accept [redacted] - 06/06/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the department's findings of the state citation in violation of 2600.224a, the community found that the physical move-in dates for Resident 2 and Resident 7 were incorrect on the data sheet given to the state inspector. Resident 2 moved into the community on [redacted] and Resident 7 moved into the community on [redacted] meaning that both preadmission screening forms were completed within the appropriate timeframe.
• At the direction of the department, the community will address this citation by creating a plan to correct the incorrect resident move-in data given to the state during their visit. In the community's initial audit of the data, it was found that the confusion of dates is that many residents take financial possession of their apartments prior to moving in, so they can have a few days to get the apartment set up. There is currently no way within the company's current systems to store both a "financial" and a "physical" move-in date within the same software so the community will save the "financial move-in date" in the software used for billing and the "physical move-in date" will be saved in the electronic medication administration record system (QuickMar).
• Upon the department's direction, the RCD, MCD and ED performed an audit of all residents' physical move-in dates and updated the information in QuickMar. This was completed within one week of the department's visit.
• Going forward, the RCD, MCD or designee will populate the resident face sheet in QuickMar with the physical move-in date at the time of admission. The ED, BOD or designee will pull the move-in date report from QuickMar to share with state representatives when requested during inspections.

Licensee's Proposed Overall Completion Date: *06/30/2023*

Evidence of Completion ***Implemented ([redacted] - 07/25/2023)***

See attached.

225a - Assessment 15 Days

13. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 3's assessment, dated [redacted], does not include all of the resident's diagnoses.

Resident 6's assessment, dated [redacted], does not include all of the resident's diagnoses.

225a - Assessment 15 Days *(continued)*

Plan of Correction ***Accept*** *05/30/2023)*

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.225a, the RCD immediately fixed the assessments for resident 3 and resident 6 to include all diagnoses listed on the current DME.
• The RCD, MCD, ED or designee will perform an audit of all DMEs and RASPS to ensure that the diagnoses featured on the DME are verbatim on the RASP. Any old paperwork from previous Arbor employees will have an audit form attached, stating who performed the audit and what we know is wrong with the paperwork. This audit form was created while the state investigators were still in the community. This audit will be completed by 06/28/23.
• Going forward, the RCD and MCD will have at least one other person review assessments to ensure that the diagnoses listed match the corresponding DME and that the forms have no other issues. When possible, RCD (who handles all assessments and DMEs for all personal care residents) and MCD (who handles assessments and DMEs for all memory care residents) will require the other to review their forms for accuracy. If not available, the RCD or MCD can have the BOD or ED be the second set of eyes.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Evidence of Completion ***Implemented*** *- 07/25/2023)*

See attached.

225c - Additional Assessment

14. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident 7 s assessment, dated *does not include all of the resident's diagnoses.*

Plan of Correction ***Accept*** *- 05/30/2023)*

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.225c, the RCD immediately fixed the assessments for resident 7 to include all diagnoses listed on the current DME.
• The RCD, MCD, ED or designee will perform an audit of all DMEs and RASPS to ensure that the diagnoses featured on the DME are verbatim on the RASP. Any old paperwork from previous Arbor employees will have an audit form attached, stating who performed the audit and what we know is wrong with the paperwork. This audit form was created while the state investigators were still in the community; they instructed the community's RCD in what to nclude in the form. This audit will be completed by 06/28/23.
• Going forward, the RCD and MCD will have at least one other person review assessments to ensure that the

225c - Additional Assessment (continued)

diagnoses listed match the corresponding DME and that the forms have no other issues. When possible, RCD (who handles all assessments and DMEs for all personal care residents) and MCD (who handles assessments and DMEs for all memory care residents) will require the other to review their forms for accuracy. If not available, the RCD or MCD can have the BOD or ED be the second set of eyes.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Evidence of Completion ***Implemented*** [redacted] ***- 07/25/2023)***

See attached.

227g -Support Plan Signatures

15. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2 participated in the development of [redacted] *support plan on 12/6/21. However, the resident did not sign the support plan.*

Plan of Correction ***Accept*** [redacted] ***- 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.227g, the RCD immediately added an audit form to resident 2's RASP from 2021 to show that we are aware of the missing signature. This audit form was created while the state investigators were still in the community; they instructed the community's RCD in what to include in the form.
• The RCD, MCD, ED or designee will perform an audit of all DMEs and RASPS to ensure that all required signatures by residents and POAs are on each form. Any old paperwork from previous Arbor employees will have an audit form attached, stating who performed the audit and what we know is wrong with the paperwork. This audit form was created while the state investigators were still in the community; they instructed the community's RCD in what to include in the form. This audit will be completed by 06/28/23.
• Going forward, the RCD and MCD will have at least one other person review RASPS to ensure that the required signatures are present and that the forms have no other issues. When possible, RCD (who handles all RASPS for all personal care residents) and MCD (who handles RASPS for all memory care residents) will require the other to review their forms for accuracy. If not available, the RCD or MCD can have the BOD or ED be the second set of eyes.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Evidence of Completion ***Implemented*** [redacted] ***- 07/25/2023)***

See attached.

231b - Medical Evaluation

16. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident 2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] however, the resident's medical evaluation completed on 11/15/21 does not indicate a need for SDCU.

Plan of Correction ***Accept ([redacted] - 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.231b, the MCD immediately added an audit form to resident 2's DME from 2021 to show that we are aware of the missing indication for an SDCU. This audit form was created while the state investigators were still in the community; they instructed the community's RCD in what to include in the form.
• The RCD, MCD, ED or designee will perform an audit of all memory care (SDCU) DMEs to ensure that all have the correct indication necessary for a resident living in a secured dementia unit. Any old paperwork from previous Arbor employees will have an audit form attached, stating who performed the audit and what we know is wrong with the paperwork. This audit form was created while the state investigators were still in the community; they instructed the community's RCD in what to include in the form. This audit will be completed by 06/28/23.
• Going forward, the RCD and MCD will have at least one other person review DMEs to ensure that the required indications for living in a SDCU are present and that the forms have no other issues. When possible, RCD will be the second set of eyes to review DME accuracy for the MCD, who handles DMEs for all memory care residents. If not available, the MCD can have the BOD or ED be the second set of eyes.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Evidence of Completion ***Implemented ([redacted] - 07/25/2023)***

See attached.

231c - Preadmission Screening

17. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's written cognitive preadmission screening was completed on 12/7/21.

Plan of Correction ***Do Not Accept ([redacted] - 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth,

231c - Preadmission Screening (continued)

accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• This citation is currently under question by Arbor Terrace Exton via email on 05/24/23 to DHS supervisor [redacted]. Arbor is currently awaiting response.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Update: *05/30/2023*

Please develop a plan or method to audit compliance to prevent this violation from recurring. Please include actionable steps, such as training or audits. Include what will be audited or reviewed, specific topics of training, the title of the person responsible for each step, and start dates, frequencies, and duration for each step.

Plan of Correction ***Accept [redacted] - 06/06/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of ault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the department s findings of the state citation in violation of 2600.231c, the community found that the physical move in date for Resident 2 was incorrect on the data sheet given to the state inspector. Resident 2 moved nto the community on [redacted] meaning that the resident s written cognitive preadmission screening form was completed within the appropriate timeframe.
• At the direction of the department, the community will address this citation by creating a plan to correct the ncorrect resident move in data given to the state during their visit. In the community s initial audit of the data, it was found that the confusion of dates is that many residents take financial possession of their apartments prior to moving in, so they can have a few days to get the apartment set up. There is currently no way within the company s current systems to store both a "financial" and a "physical" move in date within the same software so the community will save the "financial move in date" in the software used for billing (called Vitals) and the "physical move in date" will be saved in the electronic medication administration record system (called QuickMar).
• Upon the department s direction, the RCD, MCD and ED performed an audit of all residents physical move in dates and updated the information in QuickMar. This was completed within one week of the department s visit.
• Going forward, the RCD, MCD or designee will populate the resident face sheet in QuickMar with the physical move in date at the time of admission. The ED, BOD or designee will pull the move in date report from QuickMar to share with state representatives when requested during inspections.

Licensee's Proposed Overall Completion Date: *06/30/2023*

Evidence of Completion ***Implemented [redacted] - 07/25/2023)***

See attached.

234a Admission Support Plan

18. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]

234a - Admission Support Plan (continued)

. However, the resident's initial support plan was completed on 12/6/21.

Plan of Correction ***Do Not Accept*** *05/30/2023)*

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• This citation is currently under question by Arbor Terrace Exton via email on 05/24/23 to DHS supervisor Arbor is currently awaiting response.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Update: *05/30/2023*

Please develop a plan or method to audit compliance to prevent this violation from recurring. Please include actionable steps, such as training or audits. Include what will be audited or reviewed, specific topics of training, the title of the person responsible for each step, and start dates, frequencies, and duration for each step.

Plan of Correction ***Accept*** *- 06/06/2023)*

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the department's findings of the state citation in violation of 2600.234a, the community found that the physical move-in date for Resident 2 was incorrect on the data sheet given to the state inspector. Resident 2 moved nto the community on , meaning that the resident's initial support plan was completed within the appropriate 72 hour timeframe.
• At the direction of the department, the community will address this citation by creating a plan to correct the ncorrect resident move-in data given to the state during their visit. In the community's initial audit of the data, it was found that the confusion of dates is that many residents take financial possession of their apartments prior to moving in, so they can have a few days to get the apartment set up. There is currently no way within the company's current systems to store both a "financial" and a "physical" move-in date within the same software so the community will save the "financial move-in date" in the software used for billing (called Vitals) and the "physical move-in date" will be saved in the electronic medication administration record system (called QuickMar).
• Upon the department's direction, the RCD, MCD and ED performed an audit of all residents' physical move-in dates and updated the information in QuickMar. This was completed within one week of the department's visit.
• Going forward, the RCD, MCD or designee will populate the resident face sheet in QuickMar with the physical move-in date at the time of admission. The ED, BOD or designee will pull the move-in date report from QuickMar to share with state representatives when requested during inspections.

Licensee's Proposed Overall Completion Date: *06/30/2023*

vidence of Completion ***Implemented*** *07/25/2023)*

See attached.

251b - Record Entries Legible

19. Requirements

251b - Record Entries Legible *(continued)*

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident 8 s support plan dated 10/15/22.

Plan of Correction ***Accept [redacted] - 05/30/2023)***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

• Upon the Department's findings of the stated citation in violation of 2600.251b, the RCD redid the page in resident 8's support plan to ensure that her RASP did not include any correction fluid.
• The ED will provide an education to all supervisory staff who complete RASPS, including the RCD and MCD, that all entries in a resident's record much be permanent, legible and that correction fluid or tape may never be used. This education will be completed by 06/28/23.

Licensee's Proposed Overall Completion Date: *06/28/2023*

Evidence of Completion ***Implemented [redacted] 07/25/2023)***

See attached.