



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 07 2016

Mr. Philip G. DeBaun, CEO  
Kendal-Crosslands Communities, Inc.  
P.O. Box 100  
Kennett Square, Pennsylvania 19348

RE: Crosslands  
1660 East Street Road  
Kennett Square, Pennsylvania 19348  
License #: 100980

Dear Mr. DeBaun:

As a result of the Department of Human Services' annual licensing inspection on August 9, 2016, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe", written in a cursive style.

Jacqueline L. Rowe  
Director

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CROSSLANDS		License Number: 10098
Address: 1680 EAST STREET ROAD, KENNETT SQUARE, PA 19348		County: Chester
Administrator: KIM TALAMONTI		Region: CENTRAL
Legal Entity Name: KENDAL CROSSLANDS COMMUNITIES INC		
Legal Entity Address: P.O. BOX 100, KENNETT SQUARE, PA 19348		
<b>Certificate(s) of Occupancy</b>		
I-1 11/02/2012 Pennsbury Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 44	Waking Staff: 33
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/09/2016: O'Pake, Hope		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>OCT 17 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 51 Number of Residents Served: 44 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 10098 - 08/09/2016 - OPake, Hope  
 PCH Name: CROSSLANDS

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.6102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Ancillary Staff Person A did not receive training in the following topics during training year 2015:

- Fire safety
- Emergency preparedness procedures
- OAPSA
- Falls and accident prevention
- New population groups

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Ancillary staff person [redacted] was trained in the topics of Regulation #65(g) on August 10, 2016.

See attachment (a)

Going forward all ancillary department heads will utilize attached annual training plan and submit training records to the Personal Care Administrator quarterly.

See attachment (b)

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page)	Kim Talamonti
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Kim Talamonti	Date	10/17/16
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10-31-16  
(Date)

Plan of correction implementation status as of 10-31-16  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented