



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 17 2017

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' Personal Care Homes annual licensing inspection on August 28, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CROSSLANDS		License Number: 10098
Address: 1660 EAST STREET ROAD, KENNETT SQUARE, PA 19348		County: Chester
Administrator: Kim Talamonli		Region: SOUTHEAST
Legal Entity Name: KENDAL CROSSLANDS COMMUNITIES INC		
Legal Entity Address: P.O. BOX 100, KENNETT SQUARE, PA 19348		
Certificate(s) of Occupancy Other 01/19/1978 PA L&I		
Staffing Hours Resident Support: _____ Total Daily Staff: 39 Waking Staff: 29		
Type of Inspection: Full BHA Docket Number: _____ Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/28/2017: Braswell, Natasha; Wooters, Sandra		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: _____ Random Indicators: _____		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 51 Number of Residents Served: 39 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		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 10098 - 08/28/2017 - Braswell, Natasha
 PCH Name: CROSSLANDS

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 7/31/17, at approximately 6:50 pm, Resident #1 fell while in the home's cafe. Staff person A took a pictures of resident #1 after the fall; while still on the floor and posted the image on Snapchat. Staff person B received the post and forwarded it to staff person C, who then reported it as required.

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 in Dining Services and direct care staff in Personal Care have all reviewed the list of Resident Rights, specific to Personal Care homes following this incident. (See attached training forms.)

Per regulation and facility policy, Resident Rights, specific to Personal Care homes will be reviewed with direct care and ancillary staff during the first work day/ annually and submitted to the Personal Care Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kim Talamonti

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Kim Talamonti

Date 10/5/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/23/17
 (Date)

Plan of correction implementation status as of 10/23/17
 (Date)

The above plan of correction was approved by

AT
 (Initials)

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

Violation Report: 10098 - 08/28/2017 - Braswell, Natasha
 PCH Name: CROSSLANDS

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The term "all" was used to describe exits used during fire drills conducted on 2/14/17, 3/28/17, 4/26/17 and 6/15/17. The original fire drill records do not indicate the exit used.

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.

For future drills, we have designated our three exit doors as Exit #1, Exit #2 and Exit #3. We will list the exits used by number (1, 2, and 3) on the fire drill log for each drill. The term "All exits" will no longer be used. All staff that completes the fire drill log has been trained in this process. The Personal Care home Administrator will monitor fire drill logs monthly for compliance.
 (See attached training forms)

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim Talamonti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Talamonti</i>	Date <i>10/5/17</i>
--	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>10/23/17</i> (Date)	Plan of correction implementation status as of <i>10/23/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10098 - 08/28/2017 - Braswell, Natasha
 PCH Name: CROSSLANDS

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Residents to not exit each time during fire drills. Staff do not provide direct supervision while residents are standing, when evacuation does occur. The residents, once exited, do not go to a designated meeting place. The only designated meeting place noted in the Fire Safety letter is in the William Penn Room, which is the primary meeting place is the evacuation is prolonged.

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.

All residents will exit the building during fire drills and staff will provide supervision at the exits. The local fire chief of Longwood Fire Company has updated our fire safety letter and has designated meeting places. Staff have been educated.

(See attached updated fire safety letter and training documentation.)

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Talamonti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Talamonti* Date *10/5/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>10/23/17</i> (Date)	Plan of correction implementation status as of <i>10/23/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented