



pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 17, 2019

Ms. Lydia Gemmer
Administrator
Berwyn Real Estate LP
1489 Baltimore Pike, Suite 245
Springfield, Pennsylvania 19064

RE: Daylesford Crossing
1450 East Lancaster Avenue
Paoli, Pennsylvania 19301
License #: 141540

Dear Ms. Gemmer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 8, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 "Carolyn K. Ellison".

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

Violation Report

Facility Information

Name: DAYLESFORD CROSSING

License Number: 141540

Address: 1450 EAST LANCASTER AVENUE, PAOLI, PA 19301

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Lydia Gemmer

Phone: 6106404000

Email: Daylesford.ED@SageLife.com

Legal Entity

Name: BERWYN REAL ESTATE LP

Address: 1489 BALTIMORE PIKE, SUITE 245,, PA, 19064

Certificate(s) of Occupancy

Type: R-4

Date: 08/04/2015

Issued By: Tredyffrin Township

Type: Other

Date: 08/04/2015

Issued By: Tredyffrin Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 150

Waking Staff: 113

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

05/08/2019 - On-Site: Denise Gillespie, Michele Swisher

05/09/2019 - On-Site: Denise Gillespie, Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 85

Secured Dementia Care Unit

In Home: Yes

Area: Connections

Capacity: 24

Residents Served: 19

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 85

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 65

Have Physical Disability: 0

127a - Portable Space Heaters

Regulations

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

On 5/8/19 at 10:35 A.M. a portable space heater was plugged in and present in the marketing office in the home.

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.)

2600 127A

- 1. The portable space heater was immediately removed from the facility
- 2. Staff will be educated during initial and annual fire safety training that portable space heaters are prohibited
- 3. The building engineer will perform random audits of offices quarterly to assure compliance
- 4. Date of compliance: 7/31/19

Supportive Documentation:

- 1. Fire Safety training outline/checklist
- 2. Quarterly Office Audit- Space Heaters

Legal Entity Representative

Lydia Gemmer
Signature

Lydia Gemmer, Exec Dir 7/2/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/5/19
(Date)

Plan of correction implementation status as of 7/5/19
(Date)

The above plan of correction was approved by AAA
(Initials)

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

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record does not include the year for any drill conducted in 2018 and February 2019 to present.

The fire drill conducted on September 13 does not include whether the drill was conducted at 1:45 A.M. or P.M.

The fire drill conducted April does not include the day or year it was conducted on.

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.)

2600 13C

- 1. Current Building Engineer was educated on regulation to document required information per regulation and corrected logs while surveyors were present
- 2. Newly hired Building Engineer informed of deficiency
- 3. SAGE LIFE Fire Drill Report will be used as check and balance to fire drill log
- 4. Date of compliance: 7/31/19

The Administrator or a designee will review completed fire drills record monthly to ensure compliance with the cited regulation. Administrator will document training provided to staff. 7/5/19

Supportive Documentation:

- 1. SAGELIFE Fire Drill Report

A.A.A

Legal Entity Representative

Lydia Gemmer
Signature

Lydia Gemmer, Exec Dir
Printed Name and Title

7/2/19
Date

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(Date)

Plan of correction implementation status as of 7/5/19
(Date)

The above plan of correction was approved by A.A.A
(Initials)

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- Not Implemented

141a - Medical Evaluation

Regulations

2600.

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

Description of Violation

Resident # 1 was admitted to the home on 1/9/19 and the Resident was evaluated for the medical evaluation on 10/30/18. This is more than 60 days prior to admission.

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.)

2600 141A

- 1. Resident #1's medical evaluation date was incorrectly interpreted as the date signed by the physician
- 2. The DON will review each DME for compliance using the DME Audit tool
- 3. A report of continued compliance will be brought to the QA meeting on a quarterly basis
- 4. The ED will oversee DON and process to ensure continued compliance
- 5. Date of compliance: 7/31/19

Supportive Documentation: The Administrator will create a tracking tool/checklist that will prompt the need for a DME to be completed as required by the regulation. The date of resident's evaluation by the Physician, will serve as the completion date of the DME.
7/5/2019

Legal Entity Representative

AAA

Lydia Gemmer
Signature

Lydia Gemmer Exec Dir 7/2/19
Printed Name and Title Date

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