



**Sent via e-mail pgray@residencechaddsford.com
August 27, 2020**

Ms. Barbara Hamilton
VP of Quality & Residential Services
LCB Chadds Ford, LLC
3 Edgewater Drive, Suite 101
Norwood, Massachusetts 02062

RE: The Residence at Chadds Ford
1778 Wilmington Pike
Glen Mills, Pennsylvania 19342
License #: 145360

Dear Ms. Hamilton:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 4, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *The Residence at Chadds Ford*

License Number: 14536

Address: *1778 Wilmington Pike, Glen Mills, Pa 19342*

County: *DELAWARE*

Region: *SOUTHEAST*

Administrator

Name: *Patti Gray*

Phone: *610-251-3836*

Email: *pgray@residencechaddsford.com*

Legal Entity

Name: *LCB CHadds Ford LLC*

Address: *3 Edgewater Drive, Suite 101, Norwood, MA, 02062*

Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *26*

Waking Staff: *20*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Monitoring*

Inspection Dates and Department Representative

03/04/2020 - On-Site: Dean Gray, Charlotte Wiley

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *108*

Residents Served: *21*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Reflections*

Capacity: *24*

Residents Served: *4*

Hospice

Current Residents: *1/1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *21*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *5*

Have Physical Disability: *0*

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 03/04/2020, at 09:00 am, licensing inspectors noted that there were no signs indicating images are being recorded in the areas being recorded; main entrance, garage entrance and outside perimeters of the building.

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.)

The Maintenance Director purchased signs on March 4, 2020, for the main entrance and the garage entrance to alert anyone coming into the community that they are under video surveillance at those locations.

The signs arrived the next day and were installed by the Maintenance Director on March 5, 2020. Please see attachments #1, #2, and #3.

Legal Entity Representative

Patti Gray RN, PCHA, EID
Signature

Patti Gray RN, PCHA, EID 4/1/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 8/12/20
(Date)

Plan of correction implementation status as of 8/12/20
(Date)

Implemented

Not Implemented

The above plan of correction was approved by *MG*
(Initials)

224a - Preadmission Screen Form

Regulations

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 #1 was admitted to the home on 01/24/2020; however, the resident's preadmission screening form was not dated.

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.)

The Resident Care Director entered the date the prescreen was completed, as indicated on other assessments completed for this resident at that same time. This was completed March 4, 2020.

All assessments will be reviewed by the Resident Care Director, Reflections Director or the Executive Director for accuracy and completion effective March 4, 2020 and ongoing.

Legal Entity Representative

Patti Gray RN, PCHA, ED
Signature

Patti Gray RN, PCHA, ED 4/1/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 8/12/20
(Date)

Plan of correction implementation status as of 8/12/20
(Date)

The above plan of correction was approved by *MGJ*
(Initials)

Implemented
 Not Implemented