

Department of Human Services
Bureau of Human Service Licensing

July 23, 2021

██████████ VICE PRESIDENT
CSH EXTON LESSEE LLC
1275 PENNSYLVANIA AVE, 2ND FLOOR
Second Floor
WASHINGTON, DC 20004

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

06/28/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *07/23/2021*

7/22/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/26/2021*

7/23/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

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 6/28/21, video cameras were observed throughout the home. The video cameras record, but there were no signs posted in areas that are recorded alerting residents and visitors or the surveillance.

Plan of Correction

Accept

Signs indicating that images are being recorded are posted in the areas that are being recorded. See attached image documenting same. Compliance will be maintained through monthly audit. Compliance is the responsibility of the Administrator, Maintenance Director, or designee.

Completion Date: 07/20/2021

Document Submission

Implemented

See attached

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in rooms [REDACTED] or [REDACTED]

Plan of Correction

Accept

Telephones in affected apartments were corrected and an audit of all occupied apartments was completed. Please refer to accompanying photos showing correction. Compliance will be maintained through weekly and monthly audit. Compliance is the responsibility of the Administrator, Maintenance Director, and/or Housekeeper.

Completion Date: 07/20/2021

Document Submission

Implemented

See attached

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/28/21, the temperature in the ice cream freezer was 10 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (*continued*)**Plan of Correction****Accept**

The temperature setting was adjusted immediately following identification. Please see accompanying photo documenting correct temperature. Compliance will be maintained through documenting daily temperature checks. Please refer to the accompanying photo of on-going temperature log. Compliance is the responsibility of the Administrator, Dining Director and Cook.

Completion Date: 06/28/2021

Document Submission**Implemented**

See attached

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 6/28/21 was not posted. Additionally, the SDCU did not have a menu posted.

Plan of Correction**Accept**

The community will conspicuously post a week at a glance menu including current and following week. Please refer to the attached image documenting same. Compliance is the responsibility of the Administrator and Dining Director or designee.

Completion Date: 07/20/2021

Document Submission**Implemented**

See attached

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The Ondansetron that was prescribed for resident #1 was discontinued on 6/10/21; however on 6/28/21 the medication was still on the med-cart.

Plan of Correction**Accept**

The identified medication was removed immediately. Compliance will be maintained by completing weekly cart audits which will be reviewed by the Resident Care Director and/or the Memory Care Director as applicable. Compliance is the responsibility of the Resident Care Director, Memory Care Director, Administrator or designee.

Completion Date: 07/22/2021

Document Submission**Implemented**

See attached

227h - Support Plan Refuse Sign

1. Requirements

227h - Support Plan Refuse Sign (continued)

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 did not sign the support plan on 4/6/21, nor was there any documentation that resident #1 was not able to or refused to sign the support plan.

Plan of Correction

Accept

The identified support plan was again reviewed with the resident and signed on June 28, 2021. We will complete a full audit of all charts by July 28, 2021, schedule care conferences and update documents as applicable. Compliance will be maintained through monthly chart audits. The carts for all new move ins will be reviewed within 30 days of their occupancy date for compliance. Compliance is the responsibility of the Resident Care Director, Memory Care Director and Executive Director or designee.

Completion Date: 07/28/2021

Document Submission

Implemented

See attached. POC will be implemented as of 7/28/21 as noted above and accepted. Documenting today's date for purposes of closing this item.

231e - No Objection Statement

1. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept

The resident care plan for the resident in question will be updated and we will conduct a family care conference. The resident and family will document no objection to the residency within a SDCU as applicable by 2600.231e. We will complete a full audit of all charts by July 28, 2021, schedule care conferences and update documents as applicable. Compliance will be maintained through monthly chart audits. The carts for all new move ins will be reviewed within 30 days of their occupancy date for compliance. Compliance is the responsibility of the Resident Care Director, Memory Care Director and Executive Director or designee.

Completion Date: 07/28/2021

Document Submission

Implemented

See attached. POC will be implemented as of 7/28/21 as noted above and accepted. Documenting today's date for purposes of closing this item.