

Department of Human Services
Bureau of Human Service Licensing

August 10, 2021

██████████ ADMINISTRATOR
KENDAL-CROSSLANDS COMMUNITIES, INC.
P.O. BOX 100
KENNETT SQUARE, PA 19348

RE: KENDAL AT LONGWOOD
P.O. BOX 100, CUMBERLAND
HOUSE
KENNETT SQUARE, PA, 19348
LICENSE/COC#: 18573

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2021, 07/20/2021 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

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: KENDAL AT LONGWOOD **Licen e #:** 18573 **Licen e Expiration Date:** 10/01/2021
Adde : P O BOX 100, CUMBERLAND HOUSE, KENNETT SQUARE, PA 19348
County: CHESTER **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 6103885010 **Email:** [REDACTED]

Legal Entity

Name: KENDAL-CROSSLANDS COMMUNITIES, INC.
Address: P.O. BOX 100, KENNETT SQUARE, PA, 19348
Phone: 6103885010 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/19/1997 **Issued By:** Dept of L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 46 **Waking Staff:** 35

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 07/20/2021

Inspection Dates and Department Representative

07/19/2021 - On-Site: [REDACTED]
07/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 62 **Residents Served:** 46

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 46
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

07/19/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *08/07/2021*

8/9/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/16/2021*

8/10/2021 - Document Submission

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

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Repeat Violation

On 7/20/21 at 10:00am there was a 3, uncovered, unattended trash cans near the dishwashing station in the kitchen and 1 uncovered, unattended trash can at the entrance to the kitchen.

Plan of Correction

Accept

On 7/21/2021 new trash cans were purchased. Dietary staff ordered a surplus of lids so if a trash can lid breaks or is not working properly they will be able to replace the lid immediately. A new check list was put in place to check the lids to the trash cans. The AM supervisor will sign off on the charting daily. Education is being provided to the staff for the new procedure. Education will be completed by 8/31/2021

Completion Date: 08/31/2021

Document Submission

Implemented

documents 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 7/19/21 at 10:18am the freezer in the Cumberland kitchenette was 10 degrees Fahrenheit and contained resident food,

On 7/19/21 at 10:22am the freezer in the New Wing Kitchenette was 6 degrees Fahrenheit and contained resident food

On 7/20/21 at 10:00am refrigerator #7 in the personal care kitchen was 46 degrees Fahrenheit and contained resident food,

Plan of Correction

Accept

At the time of the inspection both of the freezers located on the Cumberland unit (Cumberland kitchenette and new wing kitchenette) temperatures were adjusted. A new check list has been put into place listing that the Freezer needs to be at 0 degrees and the refrigerator at 40 degrees. The temperatures will be checked twice a day. The nurse manager/or nurse supervisor will check this daily to make sure it is being completed. Refrigerator #7 at the time of the inspection dietary staff placed a call to Trago the refrigerator company to have the temperature adjusted. A check list was put in place to check temperature twice a day. This is be monitored by the dietary supervisor daily. Education is being provided to the staff for the new procedures put in place. education will be completed by 8/31/2021

Completion Date 08/31/2021

Document Submission

Implemented

documents attached

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The Glucometer reading for resident #1 on 7/2/21 at 7:30am was 225 but was documented in the Medication Administration Record as 218.

The Glucometer reading for resident #1 on 7/4/21 at 7:30am was 153 but was documented in the Medication Administration Record as 158.

The Glucometer reading for resident #1 on 7/9/21 at 11:30am was 142 but was documented in the Medication Administration Record as 149.

The Glucometer reading for resident #1 on 7/14/21 at 7:30am was 112 but was documented in the Medication Administration Record as 114.

Plan of Correction

Accept

Education was provided and will continue to be provided to nursing staff about proper documentation when recording blood glucose test. Staff will complete a blood glucose check as if it was like a medication. The staff will complete the 3 checks and identifying the 5 rights when taking a blood glucose. The nurse will also double check there documentation to make sure it is accurate.

Education was provided immediately after the inspection. The goal is to have all the staff educated on this by 8/31/2021.

Nurse manager or nursing supervisor will monitor the glucometer and the chart to make sure this issue has been corrected. This will be monitored weekly for a month, then monthly there after.

Completion Date: 08/31/2021

Document Submission

Implemented

documents attached

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (continued)

- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed Tylenol codeine #3 300mg 30mg tablet 2 tablets every 6 hours as needed for severe pain. This medication was administered on 7/17/21 at 8:45am and is documented on the controlled substance log however it was not documented on the Medication administration record.

Resident is prescribed Tylenol 325 tablet by mouth every 4 hours as needed for mild pain. On 7/14/21 this medication was administered but it was wrongly documented on the electronic medication administration record as Tylenol codeine #3 300mg 30mg tablet

Plan of Correction

Accept

The staff was educated on completing the 3 checks and identifying the 5 rights when giving medication. Education was provided immediately after the inspection to the staff who were available. The goal is to have all the staff educated on this by 8/31/2021. Nursing supervisors will monitor the "as needed" medications to make sure the correct medication was documented. This will be monitored weekly for one month, then monthly there after.

Completion Date: 08/31/2021

Document Submission

Implemented

documents attached