Department of Human Services
Bureau of Human Service Licensing

November 17, 2021

[redacted], EXECUTIVE VICE PRESIDENT
EAGLEVIEW LANDING LP
707 EAGLEVIEW BLVD, SUITE 400
STE 400
EXTON, PA 19341

RE: EAGLEVIEW LANDING
650 STOCKTON DRIVE
EXTON, PA, 19341
LICENSE/COC#: 14698

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

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: *EAGLEVIEW LANDING* **License #**: *14698* **License Expiration Date**: *10/02/2022*
Address: *650 STOCKTON DRIVE, EXTON, PA 19341*
County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *610-458-2588* **Email**: [redacted]

Legal Entity

Name: *EAGLEVIEW LANDING LP*
Address: *707 EAGLEVIEW BLVD, SUITE 400, STE 400, EXTON, PA, 19341*
Phone: *6104582588* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *08/03/2020* **Issued By**: *Uwchlan Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *60* **Waking Staff**: *45*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *10/18/2021*

Inspection Dates and Department Representative

10/18/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *121* **Residents Served**: *43*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *1-2 floor* **Capacity**: *46* **Residents Served**: *15*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *43*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *17* **Have Physical Disability**: *0*

Inspections / Reviews

10/18/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/12/2021*

11/12/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/22/2021*

11/17/2021 - Document Submission

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

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident #1 was not signed by the resident.
The resident-home contract, dated [redacted], for resident #2 was not signed by the resident.
The resident-home contract, dated [redacted], for resident #3 was not signed by the resident.

Plan of Correction **Directed**

A complete audit of all contracts has been completed to determine any contract not signed by the resident. Any contracts identified during this audit will be reviewed with the resident and signed or marked "refused to sign" or "unable to sign."

DPOC - SP - 11-12-21
Administrator will review contracts of new residents admitted tot he home to ensure future contracts are signed by all specified parties.

Completion Date:

Document Submission **Implemented**

Audits completed and administrator reviewing all contracts at time of signing.

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1, #2, and #3's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction **Directed**

A complete audit of all business office files has been completed to determine any statement acknowledging receipt of residents right and complaint procedures not signed by the resident. Any statements identified during this audit will be reviewed with the resident and signed or marked "refused to sign" or "unable to sign."

DPOC - SP - 11-12-21
Administrator will review records of new residents admitted tot he home to ensure future records contain resident rights and complaint procedures.

Completion Date: *11/30/2021*

Document Submission **Implemented**

Audit completed and administrator reviewing all contracts upon signing.

51 - Criminal Background Check

1. Requirements

51 - Criminal Background Check *(continued)*

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A did not have a criminal history background check that was completed in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Staff person A, has not lived in Pennsylvania for the last two years. The home did not request an FBI background check prior to the staff persons first day of work at the home.

Plan of Correction **Accept**

A complete audit of all team members file has been completed, and no other team members were found to be out of compliance

All newly hired team members requiring an FBI fingerprinting due to not residing in the state of PA for the past two consecutive years will be scheduled immediately upon hire and results placed in the team member's file. The team member identified in the violation report received their results and are present in the file from the agency.

Completion Date: *11/11/2021*

Document Submission **Implemented**

Obtained the necessary documentation from Focus One Agency. All out of state employees will be reviewed for FBI fingerprinting upon hire.

82c - Locking Poisonous Materials

1. **Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Two tubes of Crest Prohealth Toothpaste, with a manufacture's label indicating "If accidentally swallowed, get medical help or contact a Poison Control Center right away. ", were unlocked, unattended, and accessible to residents in resident #1's bedside table.

Additionally, a box of Efferdent Antibacterial Denture Cleaner with a manufacture's label indicating "If ingested, seek medical attention immediately", was unlocked, unattended, and accessible to residents under resident #1's bathroom sink. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction **Accept**

Each apartment is equipped with two locking cabinets. Training was held with all med techs and caregivers on the procedure to secure poisonous materials. A complete audit has been completed of each apartment to ensure that all poisonous materials were under lock and key following this inspection. The Garden House Director or designee is to audit cabinets bi-weekly for 60 days.

Completion Date: *11/11/2021*

Document Submission **Implemented**

Staff training on proper procedure of locking all poisonous materials in the two drawers in each resident's apartment.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/18/21, there was an approximate 1/4 inch accumulation of lint in the lint trap of the 1st and 2nd dryer of the 4th floor laundry room and the 1st dryer in the 1st floor Laundry room in the SDCU. There were no clothes in the dryers at the time.

Plan of Correction **Accept**

Staff have received training on removing lint prior to emptying a completed dryer load so that there is no lint in the dryer before the start of the next load. An audit will be completed weekly for 30 days to ensure compliance. A sign is on the dryer as a reminder to all team members.

Completion Date: *11/11/2021*

Document Submission **Implemented**

Staff training completed on the procedure of removing lint following each drying cycle before clothing is removed from the dryer.

181f - Record of Medication

1. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 10/18/21, resident #4's record did not include a current list of medications. Resident #4's medication list had not been updated since residents admission.

Plan of Correction **Accept**

This resident self-administers medication and had purchased OTC medications without reporting to staff. A notice was sent to resident and families of residents that self-administers medications notifying them that all changes including over the counter medications must be brought to the nursing department's attention. A review with each resident that self-medicates will be completed monthly by the RCD or designee.

Completion Date: *11/11/2021*

Document Submission **Implemented**

Letter sent to residents and families and monthly review now scheduled to ensure that any medications added are on the current list.

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications *(continued)*

Description of Violation

On 10/18/21 resident #1's [redacted] was opened, however, there was no "opened on date" recorded on the pen. According to the manufacturer's instructions this medication is to be discarded 28 days after opening.

Plan of Correction **Accept**

A full audit was completed of all med cabinets and no other issues were found. A new pen was obtained and dated upon opening. Staff training was completed for staff to date all medications when opened. Weekly cart audits to be done by RCD/ Designee.

Completion Date: *11/11/2021*

Document Submission **Implemented**

Pen dated and staff training completed on proper labeling of date when a medication was opened along with a full training on proper medication recording through the state approved training.

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

Resident #1 is ordered to have a glucose check one time daily, every morning. On 10/2/21 the residents glucometer has a reading of 150 however it is recorded on the MAR at 135.

Plan of Correction **Accept**

This is the only resident with a glucometer, no other residents were affected. RCD or designee will audit each glucometer in house weekly for 30 days to ensure that staff are documenting the correct reading.

Completion Date: *11/11/2021*

Document Submission **Implemented**

Audit in place for monitoring of any resident with blood glucose monitoring to ensure that the staff are documenting the proper readings.

187d - Follow Prescriber's Orders

1. **Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] -Take 1 tablet by mouth at bedtime, [redacted] -take 1 tablet by mouth every day, and [redacted] - Take 1 tablet by mouth every day. These medications were not administered as ordered on 10/13/21. The residents MAR indicates that the "DRUG NOT AVAILABLE" as the reason that the medication was not administered.

Resident #3 is prescribed [redacted] - take 1 tablet by mouth every day with dinner. This medication was not administered as prescribed on dates 10/12, 10/14, and 10/15. The residents MAR indicates that the "DRUG NOT AVAILABLE" as the reason that the medication was not administered.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Accept**

The community is in the process of moving to a pharmacy provider that can better serve the community. Until the pharmacy change, current pharmacy will deliver bi-weekly fills early and a full audit of each medication done to ensure the medications are present for administration. If missing, staff to notify pharmacy and obtain prior to the start of the bi-weekly medication fill.

Completion Date: *11/11/2021*

Document Submission **Implemented**

Pharmacy change scheduled for 12/9 and until that time each pillow pack delivered will be audited by a designated staff to determine any missing medications and request immediately from pharmacy.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, #2, and #3, have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction **Accept**

A full audit of all resident files with contracts will be audited to ensure that the most updated Exhibit VII of the Resident's Rights is in place which includes the right to refuse medication. Any file missing the correct copy will be identified and the new Exhibit VII audited and signed by the resident.

Completion Date: *11/30/2021*

Document Submission **Implemented**

Audit completed and all have signed that they understand the right to refuse medications. If resident refuses to sign the refusal is noted.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [redacted]. However, the resident did not sign the support plan.

Resident #2 participated in the development of his/her support plan on [redacted] However, the resident did not sign the support plan.

Resident #4 participated in the development of his/her support plan on [redacted]. However, the resident did not sign the support plan.

227g -Support Plan Signatures *(continued)*

Plan of Correction **Accept**

A full audit of all resident charts and the support plans have been audited, signed, or document the effort to do so. All new admissions will have the support plan audited and signed at the time of the participation and audit.

Completion Date: *11/11/2021*

Document Submission **Implemented**

Audit completed and all support plans signed or refusal noted.

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's written cognitive preadmission screening was not completed.

Plan of Correction **Accept**

A full audit of all pre-admission assessments has been completed and no other resident were affected. The GHD or designee will complete all items on the cog screen within 72 hours of admission for all future residents.

Completion Date: *11/11/2021*

Document Submission **Implemented**

Audit completed and all prescreens with cog screen for memory care are completed and signed.

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 #3 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**

A full audit of all memory care resident files has been completed and residents identified during inspection or at the time of audit will have the memory care consent reviewed and signed by the resident and/or designated person.

Completion Date: *11/30/2021*

Document Submission **Implemented**

All files audited and the memory care consent is signed and on record. If a resident is unable to sign or refused to sign that is noted and the resident responsible party will be asked to sign.