

Department of Human Services  
Bureau of Human Service Licensing

May 27, 2022

[REDACTED]  
BERWYN REAL ESTATE LP  
[REDACTED]  
[REDACTED]

RE: DAYLESFORD CROSSING  
1450 EAST LANCASTER AVENUE  
PAOLI, PA, 19301  
LICENSE/COC#: 14154

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2022, 01/18/2022, 01/19/2022, 01/25/2022 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: *DAYLESFORD CROSSING* License #: *14154* License Expiration: *10/22/2022*  
Address: *1450 EAST LANCASTER AVENUE, PAOLI, PA 19301*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *BERWYN REAL ESTATE LP*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *118* Waking Staff: *89*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *01/25/2022*

**Inspection Dates and Department Representative**

01/14/2022 - On-Site: [REDACTED]  
01/18/2022 - Off-Site: [REDACTED]  
01/19/2022 - Off-Site: [REDACTED]  
01/25/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *73*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Connections* Capacity: *24* Residents Served: *18*

**Hospice**

Current Residents: *x*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *45* Have Physical Disability: *0*

**Inspections / Reviews**

**01/14/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/07/2022*

Inspections / Reviews (*continued*)

02/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/08/2022*

02/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/31/2022*

05/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On 01/01/2022 at [REDACTED], staff A yelled at resident #1 to stand up, which the resident is physically unable to do independently. Staff A grabbed the resident by the front of [REDACTED] shirt in an attempt to stand [REDACTED] up. After the resident was finished using the bathroom, and was returning to bed, staff A kicked the backs of the resident's feet to urge the resident to move more quickly. At approximately [REDACTED], Staff A attempted to get resident #1 up from of the bed. The resident slid down from the bed onto the fall mat on the floor. Staff A yelled: "Since you wanna be down there, get up yourself!" and kicked the walker away from the resident as [REDACTED] started to crawl towards it.

The home did not report this incident to the Department until 01/05/2022.

## Plan of Correction

Accept

Although incident took place on 1/2/2022, The ED and HWD was not made aware of the incident until 1/5/2022.

Once the ED and HWD were made aware of incident on 1/5, it was reported to DHS within 24 hours of notification.

Wellness Associates were educated 1/5/2022 on Regulation 2600.16c ensuring compliance with prompt incident reporting to the Department of Human Services. (Attachment A1, A2)

Health and Wellness Director and Nurses were educated 1/28/2022 on Regulation 2600.16c ensuring compliance with prompt incident reporting to the Department of Human Services. (Attachment A3)

All wellness staff including care givers will be re-educated on Regulation 2600.16c by 2/4/2022 ensuring compliance with prompt incident reporting, on the date of incident, to the HWD for reporting to DHS.

HWD and/ or designee will audit incidents daily to ensure reportable incidents are being reported to The Department of Human Services within 24 hours. (Attachment A4)

HWD is responsible for sustained compliance.

The Results of the Audit will be reviewed by the Executive Director.

Completion Date: 02/28/2022

## Document Submission

Implemented

See attached In-service and audits

## 42b - Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On [REDACTED]/2022 at [REDACTED] staff A yelled at resident #1 to stand up, which the resident is physically unable to do independently. Staff A grabbed the resident by the front of [REDACTED] shirt in an attempt to stand [REDACTED] up. Resident #1 [REDACTED] [REDACTED]. [REDACTED] requires the assistance of a walker to help [REDACTED] stand in addition to the assistance of a staff person. After the resident was finished using the bathroom, and was returning to bed, staff A kicked the backs of the resident's feet to urge the resident to move more quickly. At approximately [REDACTED], Staff A attempted to get resident #1 up from of the bed. The resident slid down from the bed onto the fall mat on the floor. Staff A yelled: "Since you wanna

42b - Abuse (continued)

be down there, get up yourself!" and kicked the walker away from the resident as [REDACTED] started to crawl towards it.

After the incident, Staff A was terminated.

Plan of Correction

Do Not Accept

Staff person A was terminated after the incident.

Daylesford Crossing Associates were re-educated 1/28/2022 on regulation 2600.42b, to ensure that residents may not be abused physically or verbally, mistreated or neglected in any way. (Attachment B1, B2, B3)

ED and all Directors are responsible for sustained compliance.

Completion Date: 02/04/2022

Update: 02/03/2022

How will the home ensure compliance on an ongoing basis? Please list actionable steps, title of person(s) responsible, timeframes/durations, etc.

Plan of Correction

Accept

Staff person A was terminated after the incident.

Daylesford Crossing Associates were re-educated 1/28/2022 on regulation 2600.42b, to ensure that residents may not be abused physically or verbally, mistreated or neglected in any way. (Attachment B1, B2, B3)

Health and Wellness Director and or Designee will audit/ speak with 5 random residents weekly for 4 weeks, then randomly bi-weekly for 2 months, to ensure residents are not being mistreated in any way. (Attachment B2)

ED and HWD are responsible for sustained compliance.

Completion Date: 04/28/2022

Document Submission

Implemented

See in-service and audits, audits are ongoing.

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 01/01/2022 around [REDACTED] staff A addressed resident #2 in an aggressive tone to get the resident to the bathroom for incontinence care. Staff A yelled at resident #2, "Hurry up, hurry up, I ain't got all day! Shut up! You better not wake other people up."

Plan of Correction

Do Not Accept

Staff Person A was terminated after the incident.

Associates of Daylesford Crossing were re-educated 1/28/2022 on regulation 2600.42c, to ensure that residents are treated with dignity and respect. (Attachment C1, C2, C3)

ED and all Directors are responsible for sustained compliance.

Completion Date: 02/04/2022

Update: 02/03/2022

How will the home ensure compliance on an ongoing basis? Please list actionable steps, title of person(s) responsible, timeframes/durations, etc.

42c - Treatment of Residents *(continued)***Plan of Correction****Accept**

*Staff Person A was terminated after the incident.*

*Associates of Daylesford Crossing were re-educated 1/28/2022 on regulation 2600.42c, to ensure that residents are treated with dignity and respect. (Attachment C1, C2, C3)*

*Health and Wellness Director and or Designee will audit/ speak with 5 random residents weekly for 4 weeks, then randomly bi-weekly for 2 months, to ensure residents are being treated with Dignity and respect. (Attachment B2)*  
*ED and HWD are responsible for sustained compliance.*

**Completion Date:** 04/28/2022

**Document Submission****Implemented**

*See in-service and audits, audits are ongoing.*

## 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**

*A Colgate toothpaste with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away" and Baza Protect skin barrier cream with a manufacture's label indicating "if swallowed, get medical help or contact a Poison Control Center right away" were unlocked, unattended, and accessible to resident #1. Not all the residents of the home, including #1, have been assessed capable of recognizing and using poisons safely.*

**Plan of Correction****Accept**

*All items labeled as poisonous material or harmful if swallowed was immediately removed from resident #1 apartment and secured in locked cabinet on 1/14/2022.*

*All memory care apartments were immediately audited and products labeled as unsafe were removed and secured. All Associates of Daylesford Crossing will be educated by 2/4/2022 on regulation 2600.82c, to ensure proper storage of poisonous materials. (Attachment D1, D2, D3)*

*HWD and RSD will audit apartments weekly times 4 weeks then monthly times 2 months. (Attachment D4)*

*Med Tech will complete audits daily to ensure no hazards are in the apartments. (Attachment D5)*

*HWD and or RSD are responsible for sustained compliance.*

**Completion Date:** 04/28/2022

**Document Submission****Implemented**

*See in-service and audits, audits are ongoing.*

## 95 - Furniture and Equipment

**1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (*continued*)**Description of Violation**

*The closet door in resident room #6A was missing the handle on the right side and the wall-mounted toilet paper holder in the bathroom was broken, missing the rod.*

**Plan of Correction****Accept**

*Closet door handle and toilet paper holder were repaired on 1/14/2022.*

*All memory care apartments were immediately audited and noted items were repaired. (Attachment E1)*

*Maintenance Director, Technician and Health and Wellness Director were re-educated 1/28/2022 on regulation 2600.95, to ensure all furniture and equipment are in good repair. (Attachment E2)*

*Maintenance Director and or designee will audit all apartments by 2/28/2022, and complete room checks weekly for continued compliance. (Attachment E3)*

*Maintenance Director is responsible for sustained compliance.*

**Completion Date:** 02/28/2022

**Document Submission****Implemented**

*See in-service and audits, audits are ongoing.*

## 101j7 - Lighting/Operable Lamp

**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident #1 does not have access to a source of light that can be turned on/off at bedside.*

*Repeated Violation: 7/29/2021*

**Plan of Correction****Accept**

*Resident #1 bedside light has been placed back at residents bedside.*

*All Directors were educated 1/28/2022 on regulation 2600.101j7 ensuring compliance with operable bedside lighting. (Attachment F1)*

*HWD and RSD will complete 9 random room audits weekly times 4 weeks then monthly times 2 months. (Attachment F2)*

*The HWD and /or Designee is responsible for sustained compliance.*

*Results of the audits will be reviewed via monthly QA Process*

**Completion Date:** 04/28/2022

**Document Submission****Implemented**

*See in-service and audits, audits are ongoing.*

Department of Human Services  
Bureau of Human Service Licensing

May 27, 2022

[REDACTED]  
BERWYN REAL ESTATE LP  
[REDACTED]

RE: DAYLESFORD CROSSING  
1450 EAST LANCASTER AVENUE  
PAOLI, PA, 19301  
LICENSE/COC#: 14154

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/19/2022 of the above facility, no regulatory citations have been identified as a result of this inspection.

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 - PUBLIC**

**Facility Information**

Name: *DAYLESFORD CROSSING* License #: *14154* License Expiration: *10/22/2022*  
Address: *1450 EAST LANCASTER AVENUE, PAOLI, PA 19301*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *BERWYN REAL ESTATE LP*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *105* Waking Staff: *79*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident, Monitoring* Exit Conference Date: *05/19/2022*

**Inspection Dates and Department Representative**

05/19/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *71*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Connections* Capacity: *24* Residents Served: *20*

**Hospice**

Current Residents: *x*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *34* Have Physical Disability: *0*

**Inspections / Reviews**

05/19/2022 - Partial

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

**NO DEFICIENCIES FOUND**