Department of Human Services
Bureau of Human Service Licensing

May 9, 2022

[redacted]
CSH EXTON LESSEE LLC
[redacted]

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/11/2022, 02/15/2022, 02/17/2022, 02/23/2022, 02/16/2022 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: *ARBOR TERRACE EXTON* **License #**: *14793* **License Expiration**: *03/31/2023*

Address: *100 OAKLANDS BOULEVARD, EXTON, PA 19341*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: *484-249-2055* **Email**:

Legal Entity

Name: *CSH EXTON LESSEE LLC*

Address: *1275 PENNSYLVANIA AVE,2ND FLOOR, Second Floor, WASHINGTON, DC, 20004*

Phone: *414-265-9360* **Email**:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *63* **Waking Staff**: *47*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *02/23/2022*

Inspection Dates and Department Representative

02/11/2022 - On-Site:
02/15/2022 - On-Site:
02/17/2022 - On-Site:
02/23/2022 - On-Site:
02/16/2022 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *99* **Residents Served**: *46*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *33* **Residents Served**: *16*

Hospice

Current Residents: *4*

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: *17* **Have Physical Disability**: *0*

Inspections / Reviews

02/11/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/02/2022*

04/04/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/14/2022*

05/09/2022 - Document Submission

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

1.

WITHDRAWN
SP 05-09-22

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 the morning of 2/8/22, Resident #1 was found laying on the floor [redacted] room next to [redacted] bed by the 7AM to 3PM shift. Resident #1's face, pillow, and floor were covered in dried vomit. Resident #1's shirt and briefs were soaked in urine. A skin assessment also showed resident #1 had rectal bleeding. Staff interviews and a photo of resident #1 indicate the resident was on the floor for a significant amount of time due to the dry vomit and the urine soaking through resident #1's shirt. Resident #1 was unable to get up off the floor without assistance.

Resident #2's support plan indicated the resident is a two person total physical assist with all transfers for safety. On 2/13/22 there were 2 staff members in the memory care unit from 7AM to 3PM. Staff interviews reported that staff member F did not enter resident #2's room at all that shift. Resident #2 was either not removed from bed on 2/13/22 or was not removed from bed safely with a 2 person assist. On 2/13/22 and 2/22/22, resident #2's [redacted] reported that when visiting, the resident had food caked to their face. On 2/22/22, upon wiping resident #2's face, resident #2's lips started bleeding as the food had dried to their face. Hospice interviews reaffirm that when visiting it is common for food to be dried to resident #2's face.

Plan of Correction ***Accept***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

- *Upon the Department's findings of the stated abuse/neglect citations in violation of 2600.42b, the community immediately began taking measures to prevent any similar issue from occurring in the future. The measures already taken and scheduled to be taken are as follows:*
    - *Administrator, RCD, MCD or designee will provide reeducation to all resident assistants, medication technicians and community LPNs on Resident Rights, specifically the types of abuse that exist and when and how to report them. This training will focus on the importance of immediately addressing any signs of abuse as well as how and where to report it.*

42b - Abuse (continued)

- *Administrator, RCD, MCD or designee will provide reeducation to care staff regarding checking on assigned residents a minimum of three times per shift: at the beginning of the shift, the middle of the shift and before leaving the community, unless the resident and/or POA has requested/documented not to be disturbed (such as no overnight checks).*
- *Administrator, RCD, MCD or designee will ensure all care task sheets are up to date with individual resident needs and will communicate changes or updates in tasks to appropriate staff through shift-to-shift communication. If concerns regarding task completion are brought to the attention of the Administrator, RCD, MCD or designee, the team will utilize the tools available to investigate the concern and make the appropriate changes to ensure the community is in compliance with regulation 2600.42b and that all residents are being well cared for.*
- *BOD to provide ongoing Resident Rights and Abuse training to all new staff during their first 40 hours of work in the community. Additionally, Resident Rights and Abuse training will be conducted annually, at minimum, to all staff persons in the community.*
- *Administrator, CSD or designee will review Resident Rights, the Grievance Procedure and regulatory contact information with all new residents and/or POAs at lease signing and annually, at minimum.*

Completion Date: *05/07/2022*

Document Submission ***Implemented***

Documents attached

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 2/8/22, a staff member of the home took a picture of resident #1 while resident #1 was laying on the floor in briefs and a t-shirt. A hospice nurse confirmed they were shown the picture on a staff members phone and that the image was circulating throughout the homes staff. AAA also has a copy of the picture and provided it to the Department.

Plan of Correction ***Accept***

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- *Immediately following the Department's discovery that a picture of a resident was taken by a staff member and subsequently shared with other staff, the Administrator, RCD and MCD reeducated all staff involved in the care of Resident #1 on Resident Rights and the importance of respecting resident privacy.*
- *Administrator, RCD, MCD or designee will provide reeducation to all Arbor and Agency staff in the community regarding the company's guidelines on personal cell phone use in the community and the Department's regulation regarding a resident's right to privacy.*
- *All new staff will be educated on the Department's regulation regarding a resident's right to privacy during their first 40 hours of work and annually thereafter.*

Completion Date: *05/07/2022*

42s - Privacy *(continued)*

Document Submission ***Implemented***

See attached

44g

51 - Criminal Background Check

1. Requirements

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 Member B was hired on but did not have a criminal history check completed.

Plan of Correction ***Accept***

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- *Staff member B is an outside agency staff supporting the community's staffing needs. Upon the Department's findings that agency staff B did not have a background check on file, the Administrator immediately contacted the staff person's Agency who sent the background check. This has been placed in agency staff B's file in the Agency Binder.*
- *BOD and Administrator performed an audit of all Arbor Employee files and verified that all Arbor employees had a background check on file to ensure compliance with regulation 2600.51.*
- *Going forward, the administrator, nursing Administrative Assistant or designee will review the agency binder on a monthly basis to ensure all agency credentials, including background check results, are in each agency staff's file.*

51 - Criminal Background Check (continued)

Completion Date: *05/07/2022*

Document Submission ***Implemented***

See attached

58a - Awake Staff 16 or More

1. Requirements

2600.
58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

Description of Violation

On 2/17/22 at 2:19AM, 43 residents were present in the home, however staff member A was asleep in the 2nd floor TV area.

Plan of Correction ***Accept***

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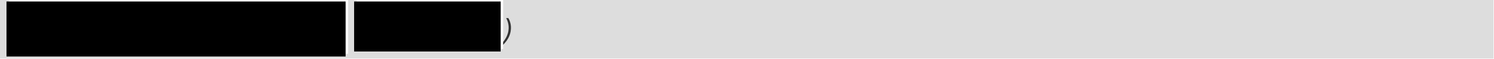
- *Immediately following the Department's visit on 2/17/22, staff member A was terminated from their position for violating both company and state policy.*
- *Administrator, RCD and MCD to provide reeducation to all overnight staff on the company's policy regarding sleeping during work hours.*
- *All new staff will be educated on the company's no-sleeping policy during their first 40 hours of work and be given a copy of the Employee Handbook, which includes this policy in writing.*

Completion Date: *05/07/2022*

Document Submission ***Implemented***

see attached

WITHDRAWN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Document Submission ***Implemented***

65a - FS Orientation 1st Day

1. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person B, Staff person C, Staff person D, Staff Person E, and Staff person F, did not receive orientation on the following topics:

1. Evacuation procedures.

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

5. The location and use of fire extinguishers.

6. Smoke detectors and fire alarms.

7. Telephone use and notification of emergency services.

Plan of Correction ***Accept***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

- *Staff persons B, C, D, E and F are all outside agency staff supporting the community's staffing needs. Upon the Department's findings that agency staff were not signing the community's Personal Care Home Orientation form after being trained on points 1 through 7 on their first day of work, the RCD, MCD and Administrator immediately started retraining and obtaining signatures of agency staff. The PCH Orientation form is attached for reference.*
- *BOD and Administrator performed an audit of all Arbor Employee files and verified that all Arbor employees signed the appropriate forms during their initial orientation training on their first day of work. This form includes points 1-7 of 2600.65a.*
- *BOD and Administrator created a process by which all new outside agency staff will be oriented and will sign the PCH Orientation form on their first day working in the community. These forms will be stored in the Agency binder that houses all Agency credentials. BOD, Administrator, Lead Concierge and Nursing Administrative Assistant and/or other designee will all work together to ensure this is done.*
- *On a weekly basis, the administrator or designee will review the agency binder and compare it with the previous week's schedule to ensure all staff signed the PCH Orientation Form on their first day of work.*

Completion Date: *05/07/2022*

65a - FS Orientation 1st Day *(continued)*

Document Submission ***Implemented***

See attached

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B, Staff person C, Staff person D, and Staff Person E have not completed training in the following topics:

1. Resident rights.

2. Emergency medical plan.

3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

4. Reporting of reportable incidents and conditions.

Plan of Correction ***Accept***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

- *Staff persons B, C, D and E are all outside agency staff supporting the community's staffing needs. Upon the Department's findings that agency staff were not signing the community's Personal Care Home Orientation form after being trained on points 1 through 4 within their first 40 hours of work, the RCD, MCD and Administrator immediately started retraining and obtaining signatures of agency staff. The PCH Orientation form is attached for reference.*
- *BOD and Administrator performed an audit of all Arbor Employee files and verified that all Arbor employees signed the appropriate forms during their initial orientation training in the first 40 hours of work. This form includes points 1-4 of 2600.65b.*
- *BOD and Administrator created a process by which all new outside agency staff will be oriented and sign the PCH Orientation form on their first day working in the community. These forms will be stored in the Agency binder that houses all Agency credentials. BOD, Administrator, Lead Concierge and Nursing Administrative Assistant and/or other designee will all work together to ensure this is done.*
- *On a weekly basis, the administrator or designee will review the agency binder and compare it with the previous week's schedule to ensure all staff signed the PCH Orientation Form on their first day of work.*

Completion Date: *05/07/2022*

Document Submission ***Implemented***

See attached

141b2 - Medical Evaluation Changes

1. Requirements

2600.
141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

On [redacted], resident #2 started receiving hospice services, however there was not a new medical evaluation completed.

Plan of Correction ***Accept***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

- *Upon the Department's discovery that resident #2 did not have an updated Doctor's Medical Evaluation (DME) completed when the resident was signed onto Hospice Services (representing a change in condition), the RCD, MCD, and Administrator immediately performed an audit of all residents on hospice to ensure compliance of regulation 2600.141.b.2.*
- *RCD, MCD and Administrator performed a second audit of all resident's DME to ensure compliance of regulation 2600.141.b.2.*
- *Administrator and regional nursing support team to provide reeducation to RCD and MCD on when, where, and how a new DME needs to be completed for residents who have experienced a change in condition, including those who are signed onto hospice or palliative care services.*
- *Going forward, RCD, MCD, Administrator or designee will perform a quarterly audit on all DME's.*

Completion Date: *05/07/2022*

Document Submission ***Implemented***

See attached

227h - Support Plan Refuse Sign

1. Requirements

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 #2's support plan dated [redacted] is not signed and not marked for unable to sign, refused to sign, unable to participate, or refused to participate.

Plan of Correction ***Accept***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

- *Upon the Department's discovery that resident #2 did not sign or have notation on the support plan stating*

227h - Support Plan Refuse Sign (continued)

they refused to sign, were unable to participate or refused to participate, the RCD, MCD, and Administrator immediately performed an audit of all residents' support plans to ensure compliance of regulation 2600.227h.

- *Administrator and regional nursing support team to provide reeducation to RCD and MCD on regulation 2600.227h and the importance of having all residents, including those in memory care, at least attempt to sign their support plan. RCD and MCD were educated on the options for notating residents who are refused to sign, were unable to participate or refused to participate.*
- *Going forward, RCD, MCD, Administrator or designee will perform a quarterly audit on all Support Plans.*

Completion Date: *05/07/2022*

Document Submission ***Implemented***

see attached

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 #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. Resident #1's written cognitive preadmission screening that was completed on [redacted] did not indicate that the needs of the resident require secured care due to Alzheimer's Disease or other dementia.

Plan of Correction ***Accept***

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- *Upon the Department's discovery that resident #1's written cognitive preadmission screening was completed three days prior to admission and therefore out of compliance, the RCD, MCD, and Administrator immediately performed an audit of all residents' written cognitive preadmission screening to ensure compliance of regulation 2600.231c. This audit also focused on the preadmission screening having the correct notation for a resident moving into a SDCU.*
- *Administrator and regional nursing support team to provide reeducation to RCD and MCD on regulation 2600.231c.*
- *Going forward, RCD, MCD, Administrator or designee will perform a quarterly audit on all cognitive preadmission screenings.*

Completion Date: *05/07/2022*

Document Submission ***Implemented***

see attached

252 - Record Content

1. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
   1. Name, gender, admission date, birth date and Social Security number.
   2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
   10. A record of incident reports for the individual resident.

Description of Violation

Resident #1's record does not include the incident report dated 2/8/22.

Resident #3's record does not include the incident report dated 11/5/21.

Plan of Correction ***Accept***

Arbor Terrace Exton submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Exton or an Agreement of Arbor Terrace Exton as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

- *Upon the Department's discovery that resident #1 and resident #3's incident reports were missing from their medical chart (resident record), the RCD, MCD, and Administrator immediately performed an audit of all residents' medical charts to compliance of regulation 2600.252.*
- *Administrator and regional nursing support team to provide reeducation to RCD and MCD on regulation 2600.252.*
- *Going forward, when the Administrator, RCD, MCD or designee completes an external incident report (state reportable), two copies will be made by the person who wrote the report: one will be placed in the Administrator's external incident binder and the other in the resident's medical chart.*

Completion Date: *05/07/2022*

Document Submission ***Implemented***

see attached