

Department of Human Services
Bureau of Human Service Licensing

April 12, 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 review on 03/17/2022 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: 106 Waking Staff: 80

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 03/17/2022

Inspection Dates and Department Representative

03/17/2022 - 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: Capacity: 24 Residents Served: 17
Connections/Ground floor

Hospice

Current Residents: NM

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: 35 Have Physical Disability: 0

Inspections / Reviews

03/17/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 04/08/2022

Inspections / Reviews (*continued*)

04/07/2022 - POC Submission

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

04/12/2022 - Document Submission

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

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]/[redacted]/22, resident #1, a resident on the [redacted] grabbed staff person A's hair. Staff person A then grabbed resident #1 around the neck twice, slapped them twice and then grabbed them by the neck twice again. Staff person B grabbed staff person A to stop them from physically assaulting resident #1. Then staff person A turned to kick resident #1 and said, "don't worry I'll deal with you tomorrow."

Staff person A was escorted out of the building and the police were called. Staff person A was terminated on [redacted] 22.

Staff person A was hired [redacted]/21 and did not have prior experience. Staff person A was working on the SDCU at the time of the incident. The home failed to ensure that staff person A was specifically trained to work on the SDCU.

Plan of Correction

Accept

Staff person A was terminated after the incident.

Daylesford Crossing Associates were re-educated 3/16/2022 on regulation 2600.42b, to ensure that residents may not be abused physically or verbally, mistreated or neglected in any way. (Attachment A1)

Health and Wellness Director and or Designee will audit/ speak with 5 random residents weekly for 4 weeks, then randomly bi-weekly for 1 month, to ensure residents are not being mistreated in any way. (Attachment B1)

ED and HWD are responsible for sustained compliance.

Completion Date: 05/27/2022

Document Submission

Implemented

See attached in-service

236 - Staff Training

1. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Staff person A did not have the 6 hours dementia care and services training required to work in the SDCU

Plan of Correction

Accept

Staff person A was terminated after the incident.

HWD, RSD and BOM were re-educated 4/4/2022 on regulation 2600.236, to ensure Direct Care Associates will receive 6 hours of Dementia Training annually.

Daylesford Crossing associates were in-serviced 3/16/2022 on Dementia- Positive Approach and 3/31/2022 on Dementia Care – Challenging Behaviors. Additionally, the Associates will receive training on Dementia 101 – Teepa Snow on 4/19/2022 and an additional 3 hours of Dementia training to be completed by June 15, 2022.

BOM will audit staff training records monthly to ensure all direct care staff have received the required 12 hours of annual training and 6 hours of Dementia training.

ED and BOM or designee are responsible for sustained compliance.

236 - Staff Training (continued)

Completion Date: 06/24/2022

Document Submission

Implemented

See attached in-services