



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: March 13, 2023

Replaces letter mailed Certified: FEBRUARY 8, 2023

[REDACTED]
[REDACTED]
CSH Exton Lessee, LLC
[REDACTED]
[REDACTED]

RE: Arbor Terrace Exton
1000 Oaklands Boulevard
Exton, Pennsylvania 19341
License #: 147931

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection August 22, and 23, 2022, September 23, 2022, and December 6, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 147930 dated March 31, 2022 to March 31, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated March 31, 2022 to March 31, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from February 7, 2023 to August 7, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.


55 Pa. Code Chapter 2600:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
42b	II	71	\$5	\$355	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human
 Services Bureau of Human Services
 Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-214-1304

[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie J. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Inspections / Reviews

08/22/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *09/10/2022*

09/28/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *12/02/2022*
Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/03/2022*

10/13/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *12/02/2022*
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *10/16/2022*

01/10/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: *12/02/2022*
Reviewer: [REDACTED] Follow Up Type: *Enforcement*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

POC Submission

Accept [redacted] - 10/13/2022)

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 citation in violation of 2600.54a, the community's BOD contacted direct care staff person A and requested [redacted] diploma be sent immediately. Staff person A sent [redacted] diploma within 24 hours of our request.
- BOD and Administrator will perform an audit of all employee files the week of October 10 (to be completed no later than October 14) and ensure that any employee who performs direct care in any way has their high school diploma, GED or active registry status on the Pennsylvania nurse aide registry in their file.
- Going forward, the BOD will add the need for a diploma, GED, or active registry status on the Pennsylvania nurse aide registry to the checklist used for completing employee files at hire. This will be done for all staff who occasionally perform direct care and not just direct caregivers.

Licensee's Plan Completion Date: 10/14/2022

Implemented [redacted] 12/09/2022)

101j7 - Lighting/Operable Lamp

2. 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.

POC Submission

Accept [redacted] - 10/13/2022)

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 citation in violation of 2600.101j, the community's maintenance

101j7 - Lighting/Operable Lamp (continued)

tech placed a lamp in resident 1's bedroom on the nightstand next to her bed.

- The MD, Administrator, or designee will perform an audit of all resident bedrooms during the weeks of October 10 and October 17 (to be completed no later than October 21) to ensure that there is access to a light source from the bed. Lamps or push-on lights will be added to any room found to not have the appropriate lighting.
- Going forward, the MD, administrator, or designee will review each resident bedroom at move-in for all items required in regulation 2600.101j, including a light source accessible from bedside.

Licensee's Plan Completion Date: 10/21/2022

Not Implemented [REDACTED] - 12/09/2022)

185a - Implement Storage Procedures**3. 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

On 8/23/2022. there was a loose maroon oval pill in the third drawer of the medication cart.

On 8/6/2022, at 11:50 am, resident 2's glucometer read 118 but this was notated on the resident's Medication administration record as 181.

On 8/8/2022, at 5:26 pm, resident 2's glucometer read 164 but this was notated on the resident's Medication administration record as 160.

On 8/9/2022, at 5:40 pm, resident 2's glucometer read 136 but this was notated on the resident's Medication administration record as 135.

On 8/17/2022, at 9:09 am, resident 2's glucometer read 146 but this was notated on the resident's Medication administration record as 144.

On 8/21/2022, at 8:58 am, resident 2's glucometer read 146 but this was notated on the resident's Medication administration record as 126.

POC Submission

Accept [REDACTED] - 10/13/2022)

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 citation in violation of 2600.185a, the RCD cleaned out the medication carts and disposed of all trash, lose medications and dc-ed meds.
- The RCD, MCD, LPN, MT or designee will perform an audit on the 1st and 3rd Thursday of each month of all medication carts to ensure cleanliness and proper storage of all medications.
- The RCD, MCD, LPN, MT or designee will perform an audit on the 2nd Thursday of each month of all resident

185a - Implement Storage Procedures (continued)

glucometers to ensure they are only being used for the resident each is assigned to.

- Education will be given to all LPNs and med techs on October 12 and 13 (no later than October 20, during the monthly Nursing team staff meeting) on the proper use and storage of medications in the carts and resident glucometers.

Licensee's Plan Completion Date: 10/20/2022

Not Implemented (█) - 12/09/2022)

187d Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident 2 is prescribed Insulin Lispro 100 unit/ML Pen on a sliding scale as follows:

For blood sugar 0-150=0U; 151-200=2U; 201-250=4U; 301-350=8U; 351+=10U, Call MD if less than 70 or more than 400

On 8/6/2022, resident 2's glucometer reading was 118 however it was recorded on the medication administration record as 181. Resident 2 was administered 2 units on insulin Lispro in error.

POC Submission

Accept (█) - 10/13/2022)

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 citation in violation of 2600.187d, the RCD and administrator investigated the error in recording resident 2's blood sugar on 8/6/22 and immediately educated the med tech who was responsible for the error on the importance of paying attention and double checking glucometer readings before recording it in the resident's eMAR.
- The RCD, MCD, LPN or designee will perform an audit on the 2nd Thursday of each month, starting in October, comparing resident glucometer numbers to the numbers recorded in the eMAR.
- The RCD, MCD, and administrator will provide education to all medication technicians, including LPNs, on the importance of paying attention and double checking glucometer readings before recording it in the resident's eMAR on October 12 and 13 (no later than October 20, during the monthly Nursing team staff meeting).

Licensee's Plan Completion Date: 10/20/2022

Not Implemented (█) - 12/09/2022)

191 Resident Right to Refuse**5. Requirements**

2600.

191 - Resident Right to Refuse (continued)

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 3, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 4, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 5, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 6, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 7, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 8, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 9, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

The home could not provide signed documentation for these residents.

POC Submission

Accept ([REDACTED] 10/13/2022)

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 citation in violation of 2600.191, the administrator contacted the company's corporate offices to have a resident's right to refuse medication if the resident believes that there may be a medication error to all resident contracts going forward.
- The BOD and administrator added the resident's right to refuse medication to the current resident rights list used in resident contract's and began obtaining signatures from all residents able to provide a signature during the week of October 1. The BOD and Administrator will receive signatures from all current residents no later than October 21. The BOD and administrator will also notate if a resident was unable to sign.
- Going forward, the BOD, administrator or designee will perform a quarterly audit of all resident contracts to ensure the resident signed the amended resident right's page in their contract.

Licensee's Plan Completion Date: 10/21/2022

Implemented ([REDACTED] - 12/09/2022)

227g -Support Plan Signatures

6. 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 9 participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

POC Submission

Accept [redacted] - 10/13/2022)

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 citation in violation of 2600.227g, the RCD attempted to obtain the signature of resident 9 on their support plan. The resident resides in the home's SDCU and was unable to sign his support plan; proper notation was made to note this.
- The RCD, MCD and administrator performed an audit of all resident support plans during the weeks of September 19 and September 26 to ensure signatures were present or a notation was made for those residents unable to sign. All outstanding signatures or notation of inability or refusal to sign to be obtained by October 21 at the latest.
- Going forward, the RCD, MCD or designee will perform a quarterly audit of resident support plans to ensure signatures from the resident and the resident POA are present. This audit will also check for proper notation when a resident is unable to sign their support plan.

Licensee's Plan Completion Date: 10/21/2022

Implemented [redacted] 12/09/2022)

227h - Support Plan Refuse Sign

7. 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 9 participated in the development of [redacted] support plan on [redacted]. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

POC Submission

Repeat Violation: 6/28/21, 2/11/22 et al

Accept [redacted] - 10/13/2022)

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 citation in violation of 2600.227h, the RCD attempted to obtain the signature of resident 9 on their support plan. The resident resides in the home's SDCU and was unable to sign his support plan; proper notation was made to note this.
- The RCD, MCD and administrator performed an audit during the weeks of September 19 and September 26 of all

227h - Support Plan Refuse Sign (continued)

resident support plans to ensure signatures were present or a notation was made for those residents unable to sign. All outstanding signatures or notation of inability or refusal to sign to be obtained by October 21 at the latest.

• Going forward, the RCD, MCD or designee will perform a quarterly audit of resident support plans to ensure that proper notation is made when a resident is unable to sign their support plan.

Licensee's Plan Completion Date: 10/21/2022

Implemented [REDACTED] - 12/09/2022)