



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 20, 2023

[REDACTED]
[REDACTED]
Berwyn Real Estate, LP
[REDACTED]
[REDACTED]

RE: Daylesford Crossing
1450 East Lancaster Avenue
Paoli, Pennsylvania 19301
License #: 141541

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection October 13, 2022 and November 18, 21, and 22, 2022 and December 14, 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 141540 dated October 22, 2022 to October 22, 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 October 22, 2022 to October 22, 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 January 20, 2023 to July 20, 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 or (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	74	\$5	\$370	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 Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

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

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: *6106404000* Email: [REDACTED]

Legal Entity

Name: *BERWYN REAL ESTATE LP*

Address: [REDACTED]

Phone: *6106404000*

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: *Complaint, Incident*

Exit Conference Date: *10/13/2022*

Inspection Dates and Department Representative

10/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100*

Residents Served: *75*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Connections*

Capacity: *24*

Residents Served: *18*

Hospice

Current Residents: *-*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *75*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *30*

Have Physical Disability: *0*

Inspections / Reviews

10/13/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/10/2022*

Inspections / Reviews (*continued*)

11/14/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/19/2022

11/21/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/04/2023

01/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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 9/4/2022, 9/16/22 and 9/24/22 during the 7a-3pm shift, staff person A did not follow proper medication administration procedures for several residents including resident's 1 and 2. Staff person A left the residents medications in a cup on their counters and did not ensure that residents actually took their medications. The home did not report these medication errors to the Department.

Plan of Correction

Accept (█ - 11/21/2022)

Wellness Nurses and community Directors were re-educated by the Executive Director on 11/8/2022 on Regulation 2600.16c ensuring prompt compliance with incident reporting to the Department of Human Services.

HWD and/or Associate ED will audit incidents daily to ensure reportable incidents are being reported to The Department of Human Services within 24 hours.

HWD and or Charge Nurse is responsible for sustained compliance.

The Results of the Audit will be reviewed by the Executive Director weekly x 4 weeks, then bi-weekly x 2 months.

Licensee's Proposed Overall Completion Date: 01/31/2023

Not Implemented (█ 01/09/2023)

42b - Abuse

2. 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 10/11/22, at approximately 8:45 am, staff person A was observed to be mistreating a resident while providing care. Resident 3 was attempting to self-propel their wheelchair back to their room. Staff person A saw resident and attempted to assist resident 3 by pushing them in their wheelchair. Staff person B observed staff person A struggling to push the wheelchair as resident 3's feet were dragging on the floor as their feet were not properly placed on the foot rests of the wheelchair. When staff person B stopped staff person A and commented on the foot rests not being in position. Staff person A abruptly swung the foot rest into place and swiftly and roughly picked up resident's leg and slammed resident's leg down onto the foot rest. Staff person A was expressing frustration and stating that they didn't know the resident's legs were caught under the chair and that the other staff in the home should have put the resident's legs on the foot rests, that it wasn't their job. Resident 3 was not injured during this episode however, they report that staff has been impatient with residents and rough with care in the past.

42b - Abuse (continued)

Plan of Correction

Accept ([REDACTED] - 11/21/2022)

Staff person A was terminated on [REDACTED]

Daylesford Crossing Associates were re-educated by the Executive Director on 11/2/2022 on regulation 2600.42b, to ensure that residents may not be abused physically or verbally, mistreated or neglected in any way.

Health and Wellness Director and or Charge Nurse will audit/ speak with 5 random residents, beginning on 11/8/22, weekly for 4 weeks, then randomly bi-weekly for 2 months, to ensure residents are not being mistreated in any way.

Repeat Violation Date: 1/14/22 and 3/17/22.

ED and AED are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 01/31/2023

Not Implemented ([REDACTED] - 01/09/2023)

182c - Medication Administration

3. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 9/4/22, 9/16/22 and 9/24/22 during the 7a-3p shift staff person A did not follow proper medication administration procedures with at least 5 residents, including residents 1 and 2, on the noted dates. Staff person A poured resident medications into a medication cup and left the cup on residents counter in their room for them to take at their leisure. Staff person A did not place the medication in the resident's hand, or mouth as ordered by the prescriber and ensure that resident had fully taken their medications. Staff person A received written warnings on the medication errors however the names of all of the residents are undocumented and the medication errors were not reported to the Department.

Plan of Correction

Accept ([REDACTED] - 11/21/2022)

Staff person A was terminated on [REDACTED] by the Executive Director.

The Medication Technicians and Nurses were re-educated by the ED on 11/2/2022 on regulation 2600.182c and on the rights of medication administration.

182c - Medication Administration (continued)

HWD and or Charge Nurse will audit/ shadow 4 random medication technicians/ nurses weekly for 4 weeks, beginning 11/15/2022 to ensure the medication administrators are compliant with the rights of medication administration.

HWD and Charge Nurse are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 12/13/2022

Not Implemented ([redacted] - 01/09/2023)

183e - Storing Medications

4. 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.

Description of Violation

On 10/13/22, there was tape present on resident 4's Clonazepam 0.5 mg medication blister card. The tape was placed on blister spots #1 on their first card and on blisters # 5, #7, and #30 on their second card. The tape was placed in order to hold the medication in the blister after the foil was accidentally broken. This is an unsanitary practice for storing narcotic medications.

On 10/13/22, there was tape present on resident 5's Oxycodone 30 mg medication blister card. The tape was placed on blister spot #27. The tape was placed in order to hold the medication in the blister after the foil was accidentally broken. This is an unsanitary practice for storing narcotic medications.

Plan of Correction

Accept ([redacted] - 11/21/2022)

Violation was corrected immediately, All narcotics with broken blister foil were wasted on 10/13/2022 by the Charge Nurse [redacted], Floor LPN [redacted] and Med Tech [redacted] in compliance with policy.

Medication Technicians and Nurses were in-serviced on 11/2/2022 by the Executive Director on regulation 183e to ensure continued sanitary practice for storing medications.

HWD and or Charge Nurse will audit blister packs weekly times 4 weeks, then bi-weekly for 1 month beginning on 11/15/2022.

HWD is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 01/03/2023

Not Implemented ([redacted] - 01/09/2023)

185b - Medication Procedures

5. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

On 9/23/22, staff person C removed a resident 6's discontinued oxycodone medication blister pack from the narcotics drawer and placed the blister package in an unsecured area at the wellness station's desk while waiting for another staff person to document and witness the destruction of the discontinued medication. Staff person C forgot about the medication and it was not destroyed as per the homes narcotics policy. When the next shift staff went to complete their narcotics count it was discovered that the medication was not present on the medication cart, and it was not logged in the destruction log and the medication was no longer present where staff person C had left it. Resident 6 did not miss any of their scheduled medications however, staff person C did not follow proper procedures for narcotics medications according to the homes policies.

Plan of Correction

Accept [REDACTED] - 11/21/2022)

Staff person C was re-educated on 11/2/2022 on regulation 2600.185b to ensure accountability of medication and controlled substances are followed according to company policy.

All Nurses and Med Techs were re-educated by Executive Director on 11/2/2022 on regulation 2600.185b ensuring compliance with medication procedures.

HWD and or Charge Nurse will audit Narcotics weekly times 4 weeks, then bi-weekly x 2 months. Audits to begin 11/15/2022

HWD is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 01/31/2023

Not Implemented ([REDACTED] - 01/09/2023)

190c - Record of Training

6. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for the medication technician staff persons including staff person D, E, F does not include the name of the trainer, documentation of successful completion of the training, or the date

190c - Record of Training (continued)

of the recertification.

Plan of Correction**Accept** (■■■ - 11/21/2022)

ED and AED were re-educated by the Regional Director of Health and Wellness on 11/2/2022 on documentation and recertification of Medication Technicians to ensure on going documentation compliance.

Medication Technician Certification documents will be audits began on 11/2/2022 and will be completed by ED by 11/30/2022.

ED and or Charge Nurse will audit certification documentation quarterly beginning 12/1/2022 x 2 Quarters (6 months).

ED and or AED are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented (■■■ - 01/09/2023)