

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY PUBLIC**

December 22, 2022

[REDACTED], PERSONAL CARE NURSE MANAGER  
KENDAL-CROSSLANDS COMMUNITIES, INC.  
P.O. BOX 100  
KENNETT SQUARE, PA, 19348

RE: KENDAL AT LONGWOOD  
P.O. BOX 100, CUMBERLAND  
HOUSE  
KENNETT SQUARE, PA, 19348  
LICENSE/COC#: 18573

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/21/2022, 11/22/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: KENDAL AT LONGWOOD License #: 18573 License Expiration: 10/01/2023  
 Address: P.O. BOX 100, CUMBERLAND HOUSE, KENNETT SQUARE, PA 19348  
 County: CHESTER Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: KENDAL-CROSSLANDS COMMUNITIES, INC.  
 Address: P.O. BOX 100, KENNETT SQUARE, PA, 19348  
 Phone: [REDACTED] Email: [REDACTED]@G

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/17/1997 Issued By: Commonwealth of PA, L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 46 Waking Staff: 35

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 11/22/2022

**Inspection Dates and Department Representative**

11/21/2022 - On-Site: [REDACTED]  
 11/22/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 62 Residents Served: 45  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 1 Have Physical Disability: 0

**Inspections / Reviews**

11/21/2022 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/11/2022

12/12/2022 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/22/2022  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/01/2023

Inspections / Reviews *(continued)*

12/22/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2022

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act of Jun. 23, 2016 states; Carbon Monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

There were no carbon monoxide detectors in the main kitchen and The Café.

The carbon monoxide detector in The Cumberland Kitchen was present but not plugged in.

The main kitchen, The Café and The Cumberland Kitchen use gas kitchen appliances for food preparation.

Plan of Correction

Accept ( ) - 12/12/2022

On 12/5/2022 a carbon monoxide detector was placed in the Main kitchen, Cafe and the Cumberland kitchen.

Facilities established a monthly check of CO detector starting in January 2023 through December 2023. A preventive Maintenance work, #367, has been established to ensure this inspection is completed each month. These inspections will be documented and reported out at the Quarterly Quality control committee meeting (QAPI).

Training on Carbon Monoxide detectors will be conducted during the Facilities Monthly meeting on 1/18/2023.

Completion of this in-service training will be reported to QAPI.

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented ( ) - 12/22/2022

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the ice cream freezer in the main kitchen.

Repeat Violation: 07/19/21

Plan of Correction

Accept ( ) - 12/12/2022

A thermometer has been zip tied in place in the ice chest in the Cafe as of 12/6/2022. By January 1, 2023, all refrigerators throughout the Kendal Culinary department will have their thermometers zip tied in place. Daily checks will be conducted when the refrigeration temperatures are taken and recorded.

Education will be provided on 12/12/2022.

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

Implemented ( ) - 12/22/2022

103i - Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i Outdated Food (continued)

Description of Violation

There were unlabeled, undated canned good (Cannellini Beans (3), Sweet Orange Marmalade (2)) in the dry goods storage of the home's main kitchen.

Plan of Correction

Accept ( ) - 12/12/2022)

Kendal Culinary department has ordered 2 date labelers (picture attached). All staff responsible for receiving canned food orders be instructed on it issue. Beginning Monday 12/12/2022 staff will be placing a date received on each can. This date will be used to insure first in, and first out rotation is maintained. Education will be complete on 12/12/2022.

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

Implemented ( ) - 12/22/2022)

131f - Fire Extinguisher Inspection

4. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the kitchen has not been inspected by a fire safety expert since April 2021.

Plan of Correction

Accept ( ) - 12/12/2022)

Our Fire Safety Expert inspection company, ( ) is scheduled to complete the annual inspection of the Kitchen fire extinguisher on 12/8/2022.

Work order # ( ) has been established to have Facilities conduct a post extinguisher certification check on 12/15/2022 to ensure the annual certification was completed. This inspection will be documented and reported out at the QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/15/2022

Implemented ( ) - 12/22/2022)

132g - Fire Drills Days/Times

5. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's fire drills conducted on 08/05/22, 09/16/22 and 10/28/22 were all completed on a Friday.

Plan of Correction

Accept ( ) - 12/12/2022)

Moving forward the Facilities department will schedule fire drills on different days of the week. The completed fire drills will be reported at the Quartey QAPI meetings. Training on Fire Drills requirements will be conducted during the Facilities Monthly meeting on 1/18/2023. Completion of this in service will be reported to the Quartey QAPI meeting.

132g Fire Drills Days/Times (*continued*)

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented [REDACTED] - 12/22/2022)