

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

April 6, 2023

[REDACTED]
BERWYN REAL ESTATE LP
[REDACTED]
[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 02/06/2023 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.

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *DAYLESFORD CROSSING* License #: *14154* License Expiration: *07/20/2023*
 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: *1489 BALTIMORE PIKE, SUITE 245, SPRINGFIELD, PA, 19064*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *08/05/2015* Issued By: *Tredyffrin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *103* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Fine* Exit Conference Date: *02/06/2023*

Inspection Dates and Department Representative

02/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *78*

Secured Dementia Care Unit

In Home: *Yes* Area: *Connections* Capacity: *24* Residents Served: *16*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

02/06/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/24/2023*

02/15/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/28/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/31/2023*

Inspections / Reviews (*continued*)

04/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

13. Date and time of medication administration.

Description of Violation

Resident #1 is prescribed Levothyroxine 137 mcg 1 tablet once daily at 6:00 A.M. However, the resident's medication administration record does not indicate that on 1/19/23 it was administered at 7:45 A.M.

Plan of Correction**Accept (CM - 02/15/2023)**

Wellness Nurses and Medication Technicians will be re-educated by the Health & Wellness Director/Executive Director by 2/22/2023 on regulation 2600.187a to ensure that the date and times of medication administration are recorded properly and that all medications are given within time frame ordered by the physician.

ED and Practicum observer will audit a complete medication pass with all Medication Technicians by 2/22/2023 to ensure that they are passing medications correctly and timely, and documenting medication administration appropriately on the MAR.

HWD and or Practicum Observer will audit/ shadow 4 random medication administrators weekly x4 weeks, beginning 2/22/2023 and then one medication pass monthly x2 months to ensure the medication administrators are compliant with medication times, administration documentation and record keeping.

HWD and Practicum Observer are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented (CM - 04/06/2023)