

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

June 22, 2023

[REDACTED], EXECUTIVE VICE PRESIDENT
EAGLEVIEW LANDING LP

RE: EAGLEVIEW LANDING
650 STOCKTON DRIVE
EXTON, PA, 19341
LICENSE/COC#: 14698

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2023 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.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *EAGLEVIEW LANDING* License #: *14698* License Expiration: *10/02/2023*
 Address: *650 STOCKTON DRIVE, EXTON, PA 19341*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *EAGLEVIEW LANDING LP*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/27/2019* Issued By: *Uwchlan Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *127* Waking Staff: *95*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *04/13/2023*

Inspection Dates and Department Representative

04/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *121* Residents Served: *94*

Secured Dementia Care Unit
 In Home: *Yes* Area: *sdcu* Capacity: *45* Residents Served: *30*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *94*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *33* Have Physical Disability: *0*

Inspections / Reviews

04/13/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2023*

05/01/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/17/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/06/2023*

Inspections / Reviews *(continued)*

05/01/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/17/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/18/2023

06/22/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/17/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired [REDACTED]. However, the Criminal Background Check was completed until [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/01/2023)

An audit will be completed of all team member files by May 17th to ensure that every team member has a background check. No team member is permitted to start working until the GM or designee reviews the file to ensure all pre-employment paperwork is completed. A form will be submitted to the BOD and department manager indicating that the file was reviewed, and the team member can move to the next step of completing orientation in the community.

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented [REDACTED] - 05/18/2023)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's medical evaluation did not include body positioning/movement section.

Plan of Correction

Accept [REDACTED] - 05/01/2023)

The GM will be complete an audit on all resident files by May 17th to identify any missing information on the DME. The GM or designee will review all new DME's to ensure that all required information is completed in all areas. Incomplete DME's will be returned to the physician for completion or new medical evaluations will be schedule. Documentation of audit will be maintained in POC book

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented [REDACTED] - 05/18/2023)

183e - Storing Medications

3. Requirements

183e Storing Medications (continued)

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 [redacted], resident 2, 3, and 4's [redacted], were opened and on the medication cart and did not indicate the date they were opened. According to the manufacturer's instructions this medication must be discarded after 42 days.

On [redacted] resident 5's [redacted] Inhaler was opened and on the medication cart. The inhaler did not have an open date. According to the manufacturer's instructions the inhaler is to be discarded after 30 days.

Resident 5's [redacted] opened [redacted] and was to be discarded after 30 days. This remained in the cart as of [redacted]

Plan of Correction

Accept [redacted] - 05/01/2023)

An audit of the carts will be completed by May 17th to check all medications are stored properly and per the manufacturer's instructions. Monthly audits to be completed for a period of three months to monitor that staff are properly dating and discarding medications per the manufacturer's instructions.

Immediately the pharmacy provided the community with a reference sheet that designates the expiration date of all eye drops and inhalers.

Medication Technicians will receive training by May 17th on properly dating and following the manufacturer's directions.

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented [redacted] - 05/18/2023)

183f Discontinued Medications

4. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On [redacted], resident 6's [redacted] remained in the cart and had an expiration date of [redacted].

Plan of Correction

Accept [redacted] - 05/01/2023)

An audit of the carts will be completed by May 17th to ensure that no other discontinued or expired medications are in the carts. Monthly audits to be completed for a period of three months to monitor that no expired medications have been left in the cart.

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented [redacted] - 05/18/2023)