

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 04/26/2023 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: *125* Waking Staff: *94*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *04/26/2023*

**Inspection Dates and Department Representative**

04/26/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *121* Residents Served: *93*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Dementia Unit* Capacity: *46* Residents Served: *29*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *93*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *32* Have Physical Disability: *0*

**Inspections / Reviews**

04/26/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/28/2023*

06/14/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *06/19/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/19/2023*

Inspections / Reviews *(continued)*

06/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/19/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16e - Resident Notice

1. Requirements

2600.

16.e. If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

Description of Violation

On [REDACTED], the home submitted a final incident report validating the occurrence of a fall, affecting resident 1. The home has not informed resident 1 or his/her designated persons. The residents designated person was informed of the fall by a physical therapist 5 days later due to requesting insurance information.

Plan of Correction

Accept [REDACTED] - 06/14/2023)

All scheduled care staff to receive training on the requirement to notify families when a resident is sent to the hospital by 6/16/23. Within an hour following any resident transfer to the hospital, the Nursing Director will check in the chart to see if notification was documented and if not call the family and confirm by email to the GM that family was notified for a period of 3 months. All nursing management staff will receive training on the necessity to follow up once an alert is received for an incident that family was notified.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented [REDACTED] - 06/22/2023)

141a - Medical Evaluation

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.

Description of Violation

Resident 1's date of admission was [REDACTED]. Resident 1's medical evaluation was completed on [REDACTED]. The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission.

Plan of Correction

Accept [REDACTED] - 06/14/2023)

A review of all DME's to be completed to identify any other DME's not done within 60 days prior to admission by 6/16/23. A new DME to be obtained if any are out of compliance no later than 6/30/23. Prior to any resident's admission, the GM will review the DME to ensure that the physician, physician's assistant or certified nurse practitioner completed the DME within 60 days prior to the admission

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented [REDACTED] - 06/22/2023)

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.

185a Implement Storage Procedures (continued)

Description of Violation

Resident 2's MAR shows [redacted] medications being administered at 7:00 am, 9:00 am, and 5:00 pm on March 24, 2023. Resident 2 was found deceased on [redacted], at approximately [redacted] in his/her bathroom. Based on staff interviews, resident 2's bed was still made from the day before, and apparently resident 2 was deceased for hours before [redacted] was found.

Plan of Correction

Accept [redacted] - 06/14/2023)

The medications technicians will review the proper procedures on administering and documenting medication administration and the proper storage procedures and removal of medications when a resident is discharged for any reason by 6/16/23.

The medications technicians that made this error will receive additional med observations monthly for a period of three months.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented ([redacted]) - 06/22/2023)

187a - Medication Record

4. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 2 is prescribed [redacted]. However, staff person A admits to initialing the medications as administered before realizing resident 2 had passed away. Staff person A stated that resident 2 usually comes down for his/her medications but did not that day.

Resident 2 is prescribed [redacted] oral tablet 5 mg and [redacted]. However, staff person B admits it was his/her error by initialing the medications as administered on 3/24/2023.

187a - Medication Record (continued)

**Plan of Correction**

Accept ( [REDACTED] 06/14/2023)

*All medications technicians will review the proper procedures on administering and documenting medication administration and the proper storage procedures and removal of medications when a resident is discharged for any reason by 6/16/23.*

*The medications technicians that made this error will receive additional med observations monthly for a period of three months.*

**Licensee's Proposed Overall Completion Date: 06/14/2023**

Implemented ( [REDACTED] 06/22/2023)