

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

October 2, 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 06/29/2023, 07/10/2023, 07/11/2023 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]

Legal Entity

Name: *EAGLEVIEW LANDING LP*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *133* Waking Staff: *100*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:

Reason: *Complaint, Incident* Exit Conference Date: *07/10/2023*

Inspection Dates and Department Representative

06/29/2023 - On-Site: [REDACTED]

07/10/2023 - On-Site: [REDACTED]

07/11/2023 - Off-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: *Garden House* Capacity: *43* Residents Served: *33*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *94*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *39* Have Physical Disability: *1*

Inspections / Reviews

06/29/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/31/2023*

08/15/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/21/2023*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2023*

Inspections / Reviews *(continued)*

08/22/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/21/2023

10/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 7/10/23, at 9:37 am, an agent of the Department, requested access to the Medication Administration training binder. Staff person A stated the documents were not available in the home because staff person B, [REDACTED] had taken them home and would not be coming in that day.

Plan of Correction

Accept [REDACTED] - 08/15/2023)

[REDACTED] took binders home to catch up and was injured and unable to return to work for one week. No staff will be permitted to remove any work products from the community at any time. All managers will be trained on the need to keep all work products in the community at all times by August 18, 2023.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 09/27/2023)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at [REDACTED] am, empty medication packs with residents' names and type of medication, were unlocked, unattended, and accessible in a box on the top of the medication cart on the second floor in the Secure Dementia Care Unit (SDCU).

On [REDACTED], at [REDACTED] Staff person C left resident 1 in the wellness office with a printed Medication Administration Record (MAR) that belonged to resident 2 on the desk next to the resident. Resident 1 was also left in the room with an unlocked computer screen that had the electronic MAR for resident 3 on the screen.

On [REDACTED], at [REDACTED] a clear trash bag with empty medication packs that had residents' names and medications on them was tied to the side of the medication cart on the first floor in the SDCU. This trash bag is easily accessible to anyone on the floor.

Plan of Correction

Accept [REDACTED] - 08/22/2023)

Resident records shall be confidential.

A solid trash can with a lid has been ordered for each medication cart that is to be attached to the med carts for all empty medication packs to be stored until staff can dispose in shredding bin. Bins to be installed and staff to be trained on this process by August 15, 2023 by the General Manager or designee. A screen has been ordered and will be placed in the medication administration room so that if a resident needs to sit in the room, the screen will be in

17 Record Confidentiality (continued)

place to prevent anyone from observing private data. The screen will be installed, and the staff will be trained on the use of this screen by August 15th, 2023 by the GM or designee. The GM, acting RCD, Regional Clinical Director and Wellness nurse will spot checks on varied days the med rooms, med carts and common areas.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█) - 09/27/2023)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On █ at █ staff person D administered medication to resident 4 in the dining room on the second floor in the SDCU. There were 3 other residents present in the dining room at the time.

Plan of Correction

Accept █ - 08/22/2023)

All residents have the right to privacy of self and possessions. Privacy shall be provided during bathing, dressing, changing and any medical procedure.

Health Services Director or designee will provide training to all care and nursing staff by August 31, 2023.

Weekly med observations for a period of one month to ensure that medications are delivered protecting the resident's privacy starting the week of 8/7 through the week of 8/28 by the GM, HSD or designee. Following that random spot audits by the GM or designee.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█) - 09/27/2023)

54a - Direct Care Staff

4. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person E, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction

Accept [REDACTED] - 08/22/2023)

Direct Care Staff persons shall have a high school diploma.

The staff that was identified was a Licensed Practical nurse through a contracted agency [REDACTED]. The community respectfully request a re-evaluation on whether a licensed certified nursing assistants, practical nurses and registered nurses are required to produce a high school diploma or the certification is sufficient.

This staff person has an active LPN license in the State of PA.

Board/Commission:Nursing

LicenseType:Practical Nurse

Specialty Type:

License Number [REDACTED]

Status:Active

The BOD will audit all employee care staff files to determine that it contains a high school diploma or certification starting August 14th and completed by August 31, 2023. The community will continue to obtain high school diplomas or certifications for any staff that is not a certified nursing assistant or licensed nurse at the time of hiring. Clipboard and Shiftkey staff credits will be verified prior to the start of each shift to ensure the proper credentials are uploaded or the license is verified through the state registry by the GM or BOD and copy is available for DHS inspection attached to the staffing sheets effective 8/18/2023

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] - 09/27/2023)

65a - FS Orientation 1st Day

8. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person E, whose first day of work was unknown, staff person F, whose first day of work was [REDACTED] and staff person G, whose first day of work was [REDACTED] did not receive orientation on the following topics:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

Repeat Violation: 12/15/22

65a - FS Orientation 1st Day (continued)

Plan of Correction

Accept (█ - 08/15/2023)

We respectfully request a re-evaluation of the violation as the proper forms were not observed at the time of the inspection. Community will continue to have staff trained on the first day of orientation and document this training. All staff to be trained on the proper form that this is documented on, where in the employee file it is kept and be able to produce to the state during an inspection by August 31, 2023.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█ - 09/27/2023)

65b - Rights/Abuse 40 Hours

9. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person E, whose first day of work was unknown, staff person F, whose first day of work was █, and staff person G, whose first day of work was █, did not complete training in the following topics:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

Plan of Correction

Accept (█ - 08/15/2023)

We respectfully request a re-evaluation of this violation as the proper documentation was not observed at the time of inspection.

Upon review of the online training system for Staff person F and G, they did have this training.

Staff member F worked the first day on █ (copy of timecard showing that was █ first day in the community can be produced) and █ completed Elder abuse on 11/7 and HIPPA and Client Rights on 11/9 prior to working with residents. We can produce or attached is a copy of her completed training from the online system.

Staff member G worked the first day on 5/24 and completed both Elder Abuse and HIPPA and Client Rights that day. Attached is a copy of █ completed training from the online system.

Staff member E was a contracted employee who worked only one day on 6/17/23 and was trained by █ on the EMAR system, fires safety evac etc. This employee had abuse training completed and credentials online through the Shiftkey application. Copies available and to be attached to final POC.

All staff permitted by the company are to be trained on how to access this information via the online training course administration section, where these records can be accessed and be able to produce to the state during an inspection by August 31, 2023.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█ - 09/27/2023)

65d Initial Direct Care Training

10. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person G, hired on [REDACTED], did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept ([REDACTED] - 08/15/2023)

Direct care staff did complete the training through an online system however the community was unable to access the certificate on the day of inspection as this employee was inactive. Corporate staff was able to access and send the certificate after the inspection.

An audit of all staff to be completed by August 31, 2023 to ensure a copy of their certificate if on the training site is accessed by corporate/administrator and placed in the employee's file for review by BHSL during inspections. Any new staff will have the certificate printed out of the online system prior to being assigned on the floor and placed in the employee file for access.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented ([REDACTED] - 09/27/2023)

85a Sanitary Conditions

11. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at [REDACTED], staff person D administered medication for resident 4 without performing any hand washing nor sanitizing.

On 7/10/23, at 9:50 am, there was no form of hand drying in the bathroom located next to the kitchen.

Plan of Correction

Accept ([REDACTED] - 08/22/2023)

The bathroom has been properly stocked with paper towels.

Additional paper towels to be stocked in a location accessible to all staff and staff to be trained on where to locate additional supplies by August 15th, 2023.

All staff to be trained on proper handwashing and demonstrate proper handwashing to Health Services Director or designee by August 31, 2023.

Health Services Director or designee will observe one med technician per week on handwashing procedure.

Observations beginning the week of 8/7 and continue for a four week period ending 8/31/23. Following this we will resume the mandated state required observations during the med observations done bi-annually.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented ([REDACTED] - 09/27/2023)

85a - Sanitary Conditions (continued)

103c - Food Protected

12. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 7/10/23, at 9:20 am in the private dining room, there was a tray with bowls of cut fruit, uncovered and unattended.

Plan of Correction

Accept (████) - 08/22/2023)

The kitchen staff was immediately notified of the need to cover all food. A formal training will be provided to all dining staff by August 15, 2023 by the GM on protecting food from contamination.

Administrator or designee to monitor compliance by auditing twice per week for four weeks that all items pre-dished are covered. Audits beginning the week of 8/7/23 for a three week period. Following that GM to spot check randomly

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented (████) - 09/27/2023)

141b1 - Annual Medical Evaluation

13. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 5's most recent medical evaluation was completed on █████. The resident's previous medical evaluation was completed on █████

Plan of Correction

Accept (████) - 08/22/2023)

A full audit to be completed of all resident records to ensure that every resident has a DME within the annual time frame to be started on August 19th and completed by August 31, 2023 by the Senior RCD or designee.

Any resident that has not had a DME within the proper time frame will be identified and a DME will immediately be obtained.

If an outside physician does not produce a DME the resident/family will be notified of the need to see a physician that visits the community in place of the preferred primary for the sole purposes of an annual evaluation with DME. DME tracking will be done through the Yardi EHR system by the HSD. A list will be pulled at the end of each month identifying resident's due for an annual DME the following month.

GM or designee will audit to ensure that the DME's were obtained in the month that they were due for a period of two months then perform spot checks.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (████) - 09/27/2023)

183b - Meds and Syringes Locked

15. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at [redacted] am, a medication packet with a tablet of [redacted], was unlocked, unattended, and accessible under a laptop on the medication cart 2 in memory care.

On [redacted], at [redacted], on the first floor, the medication cart located in the wellness office was left unlocked, unattended, and accessible.

On [redacted], at [redacted], PC Med Cart 1 was left unlocked, unattended, and accessible.

Repeat Violation: 12/15/22

Plan of Correction

Accept ([redacted] - 08/22/2023)

The Health Services Director or designee to train all medication staff by August 31, 2023 on the proper storing of medications which includes observation of all blister packs including the destruction of any medication where the package integrity is damaged to expose the medication as well as dating and disposing of medications after the required 30 days.

The Health Service Director or Designee to audit each cart per week for a four week period beginning the week of 8/7/23. Following the weekly audits, each cart will be audited once per month for a three month period

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented ([redacted] 09/27/2023)

183d Prescription Current

16. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/10/23, the home had several expired medications on medication carts throughout the home, including but not limited to the following:

- [redacted] prescribed to resident 6 has instructions that say take 4 puffs daily for 10 days. The inhaler was opened on 5/14/23.
- [redacted] prescribed to resident 7 expired [redacted].
- [redacted] prescribed to resident 8 expired [redacted].

Plan of Correction

Accept ([redacted] - 08/22/2023)

The Health Services Director or designee to train all medication staff by August 31, 2023 on the proper removal of all medications that are expired or no longer current immediately from the cart.

The Health Service Director or Designee to audit each cart per week for a four week period beginning the week of 8/7/23. Following that weekly audit, each cart will be audited once per month for a three month period.

183d - Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented () - 09/27/2023

183e - Storing Medications

17. 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 () the home had several medications throughout the home not being stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. These included but are not limited to the following:

- Resident 9, resident 10, and resident 11 are each prescribed (). Each has a blister pack card with a punctured slot and medication still in the slot. There was tape over the pill for resident 11.
- Resident 12 is prescribed () eye drops and () Eye drops. Both were opened and not dated. According to the manufacturers' instructions, the eye drops should be discarded at 30 days and 28 days, respectively.
- Resident 13 is prescribed () inhaler. This was opened and not dated. According to the manufacturer's instructions, this medication should be discarded 1 month after removing it from the foil pouch.

Plan of Correction

Accept () - 08/22/2023

The Health Services Director or designee to train all medication staff by August 31, 2023 on the proper storing of medications which includes observation of all blister packs including the destruction of any medication where the package integrity is damaged to expose the medication as well as dating and disposing of medications after the required 30 days.

The Health Service Director or Designee to audit each cart per week for a four week period beginning the week of 8/7/23. Following that weekly audit each cart will be audited once per month for a three month period.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented () - 09/27/2023

184a - Resident's Meds Labeled

18. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On (), on PC Med Cart 2, there were () eye drops and () eye drops with no pharmacy label name.

184a Resident's Meds Labeled (continued)

Plan of Correction

Accept (█ - 08/22/2023)

The Health Services Director or designee to train all medication staff by August 31, 2023 on the proper labeling of all medications and to call the pharmacy if the original container is lost or destroyed. The Health Service Director or Designee to audit each cart per week for a four week period beginning the week of 8/7/23. Following that weekly audit of each cart, each cart will be audited once per month for a three month period.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█ - 09/27/2023)

185a - Implement Storage Procedures

19. 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.

Description of Violation

On █, on PC Med Cart 1, there was a █ sensor not labeled with a name.

Per the home's medication policy, controlled medications will be counted at the end of every shift. The controlled medications on MC Carts 1 and 2 are not being counted at every shift.

On █ at █, the glucometer that belongs to resident 5 had a blood glucose reading of █. The resident's medication administration record had the blood glucose recorded as █.

On █ at █, the glucometer that belongs to resident 5 had a blood glucose reading of █. The resident's medication administration record had the blood glucose recorded as █.

Plan of Correction

Accept (█ - 08/22/2023)

The Health Services Director or designee to train all medication staff by August 31, 2023 on the proper labeling of all residents medications and sensor for diabetics, the proper procedure required for documenting the shift to shift narcotic count and immediate documentation of blood sugar results using the machine's screen to ensure that the number is documented accurately.

All employees will be observed for a week while taking blood sugar results to determine if they are following the proper policy and procedures and performing the task accurately by Chanelle Newton from July 19th through July 26th. Immediate redirection and training given during that observation.

The Health Service Director or designee will audit the meters daily for one month beginning 8/1/23. Following the daily audit for one month, meters will be monitored monthly for a three month period.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█ - 09/27/2023)

20. Requirements

185a - Implement Storage Procedures (continued)

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.

Description of Violation

Resident 4 is prescribed [redacted] as needed. On [redacted], these medications were not available in the home.

Plan of Correction

Accept [redacted] - 08/22/2023)

The Health Services Director or designee to train all medication staff by August 31, 2023 on the proper to determine if they are following the proper policy and procedures identify and order medications immediately when needed as well as proper follow-up and reporting to nursing if the medication is not delivered timely.

The Health Service Director or Designee to audit each cart per week for a four week period beginning the week of 8/7/23. Following that each cart will be audited once per month for a three month period.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [redacted] - 09/27/2023)

187d - Follow Prescriber's Orders

21. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 4 is prescribed [redacted]. On [redacted], the medication was not available in the home.

Plan of Correction

Accept [redacted] - 08/22/2023)

The Health Services Director or designee to train all medication staff by August 31st on the proper process to follow when a medication is not available to ensure that it is obtained and given.

The Health Service Director or Designee to audit the electronic medical records weekly for a period of three months to monitor compliance through the dashboard and end of shift printed reports.

All employees will be observed for a week while taking blood sugar results to determine if they are following the proper policy and procedures and performing the task accurately by the Wellness nurse Channell Newtown the week of July 19th to 26th.

The Health Service Director or designee will audit the results against the meters daily for a period of one month starting 8/1 and then monthly for a period of three months

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [redacted] - 09/27/2023)

224a - Preadmission Screen Form

24. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident 4's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 08/15/2023)

The GM will perform a complete audit of all Pre-screen documents by August 31st to ensure that all areas are completed. New admission records will be audited by the GM within 30 days of admission to ensure that the Prescreen documents are complete.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented ([REDACTED] - 09/27/2023)

227e - Self Administer Medication

27. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident 5's assessment, dated [REDACTED], states that the resident can self-administer without assistance. The resident's medical evaluation dated [REDACTED] says the resident can self-administer medications with the assistance in remembering schedules.

Plan of Correction

Accept ([REDACTED] - 08/22/2023)

This resident self-administers [REDACTED] own oral medications however [REDACTED] requires assistance with insulin and blood sugar monitoring.

Community to obtain a doctor's order to clarify the DME in outlining what medication the resident can self-administer vs. what the community needs to assist with as [REDACTED] has a dual need. This resident is out on LOA from 7/31 and if [REDACTED] returns a new assessment will be completed and if this dual medication need is still valid a doctor's order will be obtained outlining what meds she is independent with and what meds she requires assistance with. HSD or designee to audit all resident records to determine if any other resident have dual needs and obtain physician orders to attach to the DME to clarify the dual needs starting 8/16/23 and completed by 8/31/23.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented ([REDACTED] 09/27/2023)