



pennsylvania
DEPARTMENT OF HUMAN SERVICES

[REDACTED]

[REDACTED]

Berwyn Real Estate, LP

[REDACTED]

[REDACTED]

RE: Daylesford Crossing
1450 East Lancaster Avenue
Paoli, Pennsylvania 19301
License #: 141540

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on May 22 and 23, 2023 and July 20, 2023, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

August 16, 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 07/20/2023 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: 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 39 Total Daily Staff: 174 Waking Staff: 131

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 07/20/2023

Inspection Dates and Department Representative

07/20/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 75

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 24 Residents Served: 16

Hospice
 Current Residents: 14

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 60 Have Physical Disability: 0

Inspections / Reviews

07/20/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/11/2023

08/04/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/16/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/09/2023

Inspections / Reviews (*continued*)

08/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/06/2023

08/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident # 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/2023. However, resident # 1's written cognitive preadmission screening was incomplete, as it did not indicate a diagnosis.

Resident # 2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/2023. However, resident # 2's written cognitive preadmission screening was incomplete, as it did not indicate a diagnosis.

Plan of Correction**Do Not Accept ([REDACTED] - 08/04/2023)**

HWD will be reeducated by 8/31/23 by the Regional Director of Health & Wellness on regulation 2600.231c ensuring compliance with assuring all Memory Care Residents having a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form within 72 hours prior to admission to a secured dementia unit. On 7/20/23 all Memory Care Resident charts were audited for completed, written preliminary support plan that included the diagnosis for Dementia. Also, on 7/20/23, Resident #1 and Resident #2's preadmission screening form was corrected to include the diagnosis of Dementia.

All future admissions will be audited x30 days, by the HWD on day of admission to ensure there is a completed written preliminary support plan that includes the diagnosis of Dementia within 72 hours of admission.

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

Update: 08/04/2023

Please indicate the title of the person who audited the pre-screens on 7/20/23.

Plan of Correction**Accept ([REDACTED] - 08/07/2023)**

HWD will be reeducated by 8/31/23 by the Regional Director of Health & Wellness on regulation 2600.231c ensuring compliance with assuring all Memory Care Residents having a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form within 72 hours prior to admission to a secured dementia unit. On 7/20/23 the HWD had audited all Memory Care Resident charts for a completed, written preliminary support plan that included the diagnosis for Dementia. Also, on [REDACTED] 23, Resident #1 and Resident #2's preadmission screening form was corrected to include the diagnosis of Dementia.

All future admissions will be audited x30 days, by the HWD on day of admission to ensure there is a completed written preliminary support plan that includes the diagnosis of Dementia within 72 hours of admission.

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

Evidence of Completion**Implemented ([REDACTED] - 08/16/2023)**

See attached.