

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

April 18, 2024

[REDACTED]
KENDAL-CROSSLANDS COMMUNITIES, INC.
[REDACTED]

RE: KENDAL AT LONGWOOD
P.O. BOX 100, CUMBERLAND
HOUSE
KENNETT SQUARE, PA, 19348
LICENSE/COC#: 18573

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2024 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: *KENDAL AT LONGWOOD* License #: *18573* License Expiration: *10/01/2024*
 Address: *P.O. BOX 100, CUMBERLAND HOUSE, KENNETT SQUARE, PA 19348*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *KENDAL-CROSSLANDS COMMUNITIES, INC.*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/17/1997* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/07/2024*

Inspection Dates and Department Representative

02/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *54* Residents Served: *48*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/07/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/24/2024*

02/22/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/12/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/27/2024*

Inspections / Reviews *(continued)*

02/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/31/2024

04/18/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42s - Privacy

1. 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 [redacted] after [redacted] staff person A administered medication to resident [redacted] in the common area of the home, with other residents present.

Plan of Correction

Accept [redacted] 02/26/2024)

All med techs/nurses will take med carts from room to room while administering medications or will administer medications in a private area. For example, our treatment room. This practice started on [redacted] immediately following the survey. All staff will be educated by [redacted] DON and/or [redacted], PCA on the concept of residents right to privacy as well as the plan of correction by 3/8/2024. The nurse supervisor/manager will complete rounds to observe that this is being done daily for 1 month, weekly for 3 months and then randomly. These rounds will be completed on all shifts. The results of these observations will be reported by [redacted], PCA at Quality assurance and performance improvement meetings starting April 16th then quarterly for one years ending around 4/16/2025.

Proposed Overall Completion Date: 04/16/2025

Licensee's Proposed Overall Completion Date: 04/16/2025

Implemented [redacted] - 04/18/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On the morning of [redacted], staff person B administered medications to resident [redacted] at the request of Staff person A, who had retrieved the medication from resident's trash can after observing the resident dispose of them.

Plan of Correction

Accept [redacted] - 02/22/2024)

All relevant staff will be educated on the proper disposal of medications by [redacted]. The nurse educator will ensure that each relevant staff member completes an annual competency on the disposal of medications and on the conditions under which a medication becomes unsanitary or un-usable, such as falling on the floor or in the trash.

Licensee's Proposed Overall Completion Date: 03/08/2025

Implemented [redacted] - 04/18/2024)

182c - Medication Administration

3. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 3. Remove the medication from the original container.

182c - Medication Administration (continued)

- 5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On [redacted] at [redacted], staff person C was observed preparing medications in the medication room, then walking the medication to the room of resident [redacted]

Plan of Correction

Accept [redacted] - 02/26/2024)

All med techs/nurses will take med carts from room to room while administering medications or will administer medications in a private area. For example, our treatment room. This practice started on [redacted] immediately following the survey. All staff will be educated by [redacted], DON and/or [redacted], PCA/Manager on the concept of medication administration as well as the plan of correction by 3/8/2024. The nurse supervisor/manager will do frequent rounds to assure this practice is being followed. Daily for one month starting [redacted] then monthly for 6months then randomly to end in Feb 2025. In addition to required med-tech observation med techs will be observed on their medication administration once a month for 6 months. Nurse supervisor/manager will have 1st observations completed by 3/26/2024. Then med techs will continue with regular scheduled observation. Nurses will be observed once a month for 3 months and then randomly for 1 year. These observations will be completed on all shifts. The results of these observations will be reported by [redacted], PCA at Quality assurance and performance improvement meetings starting April 16th, then quarterly for 1 year. To end April 2025

Proposed Overall Completion Date: 04/16/2025

Licensee's Proposed Overall Completion Date: 04/16/2025

Implemented [redacted] - 04/18/2024)

183b - Meds and Syringes Locked

4. 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], staff person A left medication that had been disposed in the trash at the desk of the nurse's station, concealed behind the computer, but was unlocked, unattended and accessible in the nurse's station.

Plan of Correction

Accept [redacted] - 02/26/2024)

All nurses/med techs will be educated by [redacted], DON and/or [redacted], PCA on the necessity of locking medications in a secure area on or before 3/8/2024. Each supervisor will observe for this issue on daily rounds. Any inconsistency will result in a counseling being completed with the staff member in question. These rounds and this plan of correction will be continuous and will not have an end date.

Proposed Overall Completion Date: 03/08/2025

Licensee's Proposed Overall Completion Date: 03/08/2025

Implemented [redacted] - 04/18/2024)

183f - Discontinued Medications

5. 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], the morning medications belonging to resident [redacted] were found disposed in the common area trash can by staff person A. Staff person retrieved the medication from the trash and were placed inside a cup. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept [redacted] - 02/26/2024)

All nurses/med techs will be educated by [redacted], DON and/or [redacted] PCA on policy # 12.01, related to the proper disposal of medications by 3.8.2024. The nurse educator, [redacted], will ensure that each nurse/med tech completes an annual competency on the disposal of medications, and the conditions under which a medication becomes unsanitary or un--usable, such as falling on the floor or in the trash.

During the medication observations nurse supervisor/manager will ask the nurse/MedTech the proper procedure of disposing of medications.

This will end 2/26/2025.

Licensee's Proposed Overall Completion Date: 02/26/2025

Implemented [redacted] - 04/18/2024)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [redacted], dated [redacted] does not indicate the resident has a need for more observation during the process of providing medication. The resident's support plan, dated [redacted] does not document how this need will be met.

Plan of Correction

Accept [redacted] - 02/26/2024)

Resident assessment support plans will be updated to support the resident needs as their needs change. Nurse supervisors/manager will be responsible for updating RASP. All staff will be educated on this by [redacted], DON and/or [redacted], PCA by [redacted] as well as med techs responsibility for informing the nursing supervisor/manager of any changes needed in each resident support plan. Managers/supervisor will complete the first audit which started on 2/9/2024 and will completed by 3/9/2024 to ensure rasp have been updated. After the initial audit is completed nurse supervisor/manager will be reviewing RASP every 2 weeks for 3 months then monthly audits will be completed every month after. The results of the audits will be reported by [redacted] PCA at Quality assurance and performance improvement meetings starting April 16th, 2024, then quarterly for one year ending in April 2025.

Proposed Overall Completion Date: 04/16/2025

227d - Support Plan Medical/Dental (*continued*)

Licensee's Proposed Overall Completion Date: 04/16/2025

Implemented [REDACTED] 04/18/2024)