



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
Sent via e-mail [REDACTED]
February 12, 2024

[REDACTED]
[REDACTED]
Eagleview Landing, LP
[REDACTED]
[REDACTED]

RE: Eagleview Landing
650 Stockton Drive
Exton, Pennsylvania 19341
License #: 14698

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on October 27, 2023 and November 9, 2023 of the above facility, we have determined that your submitted plan of correction for the August 24, 25, 28, and 29, 2023 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *EAGLEVIEW LANDING* License #: *14698* License Expiration: *02/02/2024*
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: *1-2* Date: *08/03/2020* Issued By: *Uwchlan Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *145* Waking Staff: *109*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Fine* Exit Conference Date: *08/29/2023*

Inspection Dates and Department Representative

08/24/2023 - On-Site: [REDACTED]
08/25/2023 - On-Site: [REDACTED]
08/28/2023 - On-Site: [REDACTED]
08/29/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *121* Residents Served: *102*

Secured Dementia Care Unit

In Home: *Yes* Area: *Floor 1 and Floor 2* Capacity: *46* Residents Served: *37*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *102*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *43* Have Physical Disability: *0*

Inspections / Reviews

08/24/2023 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/12/2023*

10/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/07/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *11/07/2023*

12/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/07/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

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 8/24/23 at 12:00 P.M. the Department's Representative requested Staff Records for that staff under the age of 18 who work in dining and activities from Staff Member A. On 8/24/23 the dining staff files were provided at 2:30 P.M. On 8/25/23 the activities staff files were provided at 9:00 A.M.

On 8/25/23 Resident # 1 reported to department representatives that [REDACTED] was not offered or administered Lorazepam at 9:00 P.M. for the entire month of August except for 8/24/23. Resident # 1 refused this medication on 8/25/23. On 8/28/23 Staff Member A reported the medication error to Resident #1's daughter. The staff member requested resident #1's daughter to speak to the representative of the Department and request that the Department not speak to the resident without prior consent of the family member. The resident has not been determined to require guardianship by a court of law.

Plan of Correction

Directed [REDACTED] 10/27/2023)

The General Manager will conduct training sessions for all Managers on the expectations of timely response to the state by 10/31/23.

Proposed Overall Completion Date: 10/31/2023

Directed Plan of Correction [REDACTED] 10/27/23)

- In addition to the stated training, the General Manager will discuss the importance of responding to the Departments requests timely at monthly staff meetings, starting immediately, for the next six months.
- A copy of the agenda and staff sign in will be maintained by the home for the Departments review.
- The General manager of the home will advise families the Departments staff are responsible for interviewing residents in private, as indicated in the Residents Rights, by 11/05/23, during inspections.
- A copy of the correspondence with the families will be maintained for the Departments review.

Directed Completion Date: 10/31/2023

Implemented ([REDACTED] - 11/09/2023)

15a - Resident Abuse Report

2. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

15a - Resident Abuse Report (continued)

Description of Violation

On 8/25/23, 36 tablets of Lorazepam that were prescribed to Resident # 1 were missing from the home. The home did not report this to the Department of Aging.

Plan of Correction

Accepted [REDACTED] - 10/27/2023)

The General Manager will conduct training sessions for all staff on the requirement to report suspected abuse to a resident served in the home according to the OAPSA by 10/31/23.

Weekly medication cart audits and routine narcotic audits will be conducted for 30 days.

The use of individual pharmacy sheets have been discontinued, and records for all controlled substances have been transferred to bound narcotic books effective 10/15/23.

All Med Techs will receive education on this revised process by General Manager or designee by 10/31/23.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 11/09/2023)

18 - Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Under the Child Labor Act 2012 Act 151, a work completed permit shall be issued to a minor prior to the first day of work. Staff Member B's, a minor, first day of work was on [REDACTED]/23. Staff Member B's work permit was issued on 8/24/23 and was not signed by the minor.

Plan of Correction

Accepted [REDACTED] - 10/27/2023)

All employees under the age of 18 have signed working papers in their employee files.

All employee files have been audited effective 10/15/23.

A post-audit checklist, including verification of minor work permits, if applicable, will be completed by the Business Office Director or Designee before the start date for each employee and verified by the General Manager by 10/15/23.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 11/09/2023)

51 - Criminal Background Check

5. 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 Member C was hired on [REDACTED]/23 and completed their first day of work [REDACTED]/23. The home did not complete a criminal background check until 1/11/23.

51 - Criminal Background Check (continued)

Staff Member D was hired on [REDACTED]/23 and completed their first day of work on [REDACTED]/23. The home did not complete a criminal background check until 5/5/23.

Staff Member E was hired on [REDACTED]23 and completed their first day of work on [REDACTED]/23. The home did not complete a criminal background check until 5/10/23.

Repeat Violation: 4/13/23

Plan of Correction

Directed ([REDACTED] - 10/27/2023)

All employee files have been audited effective 10/15/23. For those employees identified without a criminal background check on file, one was submitted at that time and have since been obtained and filed in the employee file.

A post-audit checklist will be completed by the Business Office Director or Designee before the start date for each employee and verified by the General Manager by 10/15/23.

Proposed Overall Completion Date: 10/31/2023

Directed Plan of Correction ([REDACTED] 10/27/23)

- The Business Office Director will develop a new employee checklist, to include Criminal Background Checks, by 11/5/23.
- The Business Office Director will implement the new employee checklist to ensure all Criminal Background Checks are requested prior to hire, starting by 11/5/23.
- The General Manager will conduct random checks of all new employee documents to ensure the Criminal Background Checks are requested prior to hire, starting 11/5/23.

Directed Completion Date: 10/31/2023

Implemented ([REDACTED] - 11/09/2023)

54b - Staff Under 18 Years

7. Requirements

2600.

54.b. An individual who is 16 or 17 years of age may be a staff person at a home, but may not perform tasks related to medication administration. A staff person who is 16 or 17 years of age may not perform tasks related to incontinence care, bathing or dressing of residents without supervision.

Description of Violation

Staff Member C was hired on [REDACTED]/23 and was under the age of 16.

Staff Member D was hired on [REDACTED]/23 and was under the age of 16.

Staff Member E was hired on [REDACTED]/23 and was under the age of 16.

54b - Staff Under 18 Years (continued)

Plan of Correction

Accept [redacted] - 10/27/2023)

Team members under 16 were discharged immediately and offered reapplication upon reaching the appropriate age. All employee files have been audited as of 10/15/23.

A post-audit checklist will be completed by the Business Office Director or Designee before the start date for each employee and verified by the General Manager on 10/15/23.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [redacted] - 11/09/2023)

65g - Annual Training Content

8. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff Member F did not receive training in falls and accident prevention during training year January 1, 2022 to December 31,2022.

Plan of Correction

Directed [redacted] - 10/27/2023)

All team members in the community are compliant with annual state-specific training as of 10/31/23.

The GM or designee will monitor team member training compliance monthly, for the next three months. Fire Safety Expert Training for all staff and residents is scheduled for November 10, 2023.

Proposed Overall Completion Date: 10/31/2023

Directed Plan of Correction ([redacted] 10/27/23)

- The Business Office Director will develop an employee training checklist, to include all required state specific training by 11/5/23.
- The Business Office Director will implement the employee training checklist to ensure all required state specific trainings are requested prior to hire, starting by 11/5/23.
- The General Manager will conduct random checks of all employee training documents, at least bi-annually, to ensure the state specific trainings are completed annually, starting 11/5/23.

Directed Completion Date: 10/31/2023

Implemented [redacted] - 11/09/2023)

82c - Locking Poisonous Materials

9. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

82c - Locking Poisonous Materials (continued)

Description of Violation

On 8/24/23 in the enclosed porch on the second floor memory care unit 4 boxes of wine were found in an unlocked cabinet open and accessible to anyone.

Repeated Violation: 12/15/22 et al

Plan of Correction

Directed (████) - 10/27/2023)

Boxes of wine were immediately removed and discarded while surveyors were on site.

Education on this regulation will be provided to all staff by 10/31/23

Weekly rounds in the Memory Care neighborhood will be made by General Manager or Designee for the next 30 days.

Proposed Overall Completion Date: 10/31/2023

Directed Plan of Correction (████) 10/27/23)

- The General Manager of the home or the Memory Care manager will conduct weekly rounds of the home to ensure all poisonous materials are locked, for the next six months, starting immediately.
- The General Manager of the home will discuss the importance of locking poisonous materials in the Memory Care neighborhood at monthly staff meetings for the next six months, starting 11/5/23.
- Copies of the agenda and sign in sheets will be maintained for the Departments review.

Directed Completion Date: 10/31/2023

Not Implemented (████) - 11/09/2023)

103e - Left Overs

10. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated white dip in 2nd floor dining room refrigerator.

Plan of Correction

Accept (████) - 10/27/2023)

Dip was immediately discarded while surveyors were on site.

All staff will receive education on this regulation by Executive Chef or Designee by 10/31/23.

The Executive Chef or designee will be responsible for checking all refrigerators for sealed and dated food daily for the next 3 months.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (████) - 11/09/2023)

125a - Combustible Storage

11. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 8/24/23 a baby doll, a towel, a wicker baby bassinet, a rag, and an inflatable ball were stored against the heater unit, located in the heater room on the 2nd floor memory care unit.

Plan of Correction

Accept [redacted] - 10/27/2023)

Items were removed from HVAC closet immediately.

Maintenance Director will review safety expectations with all staff by 10/31/23 and ongoing with all contractors working on the premises.

Maintenance Director or designee will conduct weekly spot checks for 30 days to ensure proper locking and safety in all maintenance closets.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [redacted] - 11/09/2023)

132d - Evacuation

12. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not evacuate the residents for the following drills: 1/6/23, 2/21/23, 3/15/23, 4/15/23, 5/8/23, 6/29/23, 7/19/23, and 8/22/23. Representatives spoke with ten residents who all stated they come out into the hallway during a fire drill and are accounted for by staff.

Plan of Correction

Accept [redacted] - 10/27/2023)

Residents and all staff will be re-educated for fire drill protocol to evacuate to an area of refuge, as identified by the Fire Safety Expert. Fire Safety Expert is scheduled to provide this training on November 10, 2023. This protocol will be reviewed after every fire drill to provide ongoing reinforcement for 90 days.

Licensee's Proposed Overall Completion Date: 11/15/2023

Implemented [redacted] - 12/04/2023)

183e - Storing Medications

13. 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

Resident # 1's Centrum Multi Gummy expired on 7/31/23 and was observed in the medication cart on 8/24/23. Resident # 1 was administered this medication on 8/4/23 to 8/24/23.

183e - Storing Medications (continued)

Resident # 2's Tramadol was present on the cart on 8/24/23 with foil punctured on the blister card under pill numbers 9 and 20.

Resident # 3's Lorazepam was present on the cart on 8/28/23 with the blister pack punctured in spot 3 but half a tablet of the medication was still present.

Repeated Violation: 4/13/23 et al

Plan of Correction

Directed [REDACTED] 10/27/2023)

All Med techs will be trained by Health Service Director or designee regarding proper storage conditions according to manufacturer's directions for all medications by 10/31/23.

Weekly cart audits will be conducted by Health Services Director or designee for the next three months.

Directed Plan of Correction ([REDACTED] 10/27/23)

- In addition to the above steps, the General Manager will conduct monthly med cart audits, on all three shifts, to ensure all required resident medications are available and accounted for in the cart, starting immediately.
- In the event medications are missing, the General Manager and or Health Service Director will initiate an investigation to the missing medications, starting immediately.

Directed Completion Date:

Not Implemented [REDACTED] 11/09/2023)

185a - Implement Storage Procedures

14. 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

Resident # 1 was prescribed Lorazepam and 30 pills were dispensed from the pharmacy to the home on 6/2/23. The home has no record that this medication was received, discarded, or administered. Resident # 1 also has 21 pills missing from October 2022. Resident # 1 is prescribed Lorazepam 0.5 mg 1 tablet by mouth daily at 9:00 P.M. Resident # 1's medication administration log is documented that this medication was administered on 8/1/23 to 8/12/23, 8/13/23 to 8/15/23 it was refused, 8/16/23, 8/18/23, 8/20/23, and 8/22/23 this medication was administered. The control log does not account for the 8/16/23 administration. On 8/25/23 Resident # 1 denied being offered any Lorazepam by staff at 9:00 P.M. for the entire month of August except 8/24/23 and Resident #1 refused it.

Resident #4 was prescribed Lorazepam 0.5mg every 12 hours as needed. On 8/9/23 Resident #4 was documented as refusing this medication but the control log documentation does not start until 8/10/23. On 7/7/23 there is a record that 60 pills of Lorazepam were delivered to the home in 2 blister cards. The blister card labeled 1 of 2 is accounted for. The blister card labeled 2 of 2 is not accounted for. Resident # 4 had a straight order that began April 2023 for Lorazepam and there are no narcotic control logs to account for this medication prior to August 2023.

Resident # 5 was prescribed Morphine Sulf 0.25ML as needed every 3 hours for pain or shortness of breath. Resident # 5 was administered one syringe on 7/15/23 at 9:00 P.M. according to the control log. Resident # 5's medication

185a - Implement Storage Procedures (continued)

administration record does not have this medication documented as administered. One syringe of this medication is not accounted for.

Plan of Correction

Directed () - 10/27/2023

All Med techs will be trained by Health Service Director or designee regarding safe storage, access, security, distribution and use of medications by 10/31/23.

Weekly cart audits will be conducted by Health Services Director or designee for the next three months.

Directed Plan of Correction () 10/27/23)

In addition to the above steps, the General Manager will conduct monthly med cart audits, on all three shifts, to ensure all required resident medications are available and accounted for in the cart, starting immediately.

In the event medications are missing, the General Manager and or Health Service Director will initiate an investigation to the missing medications, starting immediately.

Directed Completion Date:

Not Implemented () - 11/09/2023)

187a - Medication Record

15. Requirements

2600.

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

- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #5 is prescribed Morphine Sulf 20mg/ml every 3 hours as needed for pain or shortness of breath. This medication was administered on 7/15/23; however, it is not included on Resident #5's medication administration record.

Resident # 6 is prescribed Acetaminophen-Codeine 300-30mg every four hours as needed for pain. This medication was administered on 7/15/23 at 8:56 A.M. according the medication administration record. Resident # 6's control log documents this medication as administered on 7/14/23 at 1:04 P.M. and on 7/15/23 at 12:00 P.M.

Repeated Violation: 4/26/23

Plan of Correction

Accept () - 10/27/2023)

All Med techs will be trained by Health Service Director or designee regarding requirements for the medication record, including date and time of medication administration, as well as name and initials of the staff person administering the medication by 10/31/23.

Weekly cart audits will be conducted by the Health Services Director or designee for the next three months.

Weekly spot checks by Health Service Director or designee for 30 days.

Licensee's Proposed Overall Completion Date: 10/31/2023

187b - Date/Time of Medication Admin.

16. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident # 1 is prescribed Lorazepam 0.5 mg 1 tablet by mouth once daily at 9:00 P.M. Staff Member G documented the medication as administered daily for the month of July 2023 on the medication administration record. The control log for this medication is not in the home.

Resident #5 is prescribed Morphine Sulf 20mg/ml every 3 hours as needed for pain or shortness of breath. This medication was administered on 7/15/23; however, it is not included on Resident #5's medication administration record.

Resident # 6 is prescribed Acetaminophen-Codeine 300-30mg every four hours as needed for pain. This medication was administered on 7/15/23 at 8:56 A.M. according the medication administration record. Resident # 6's control log documents this medication as administered on 7/14/23 at 1:04 P.M. and on 7/15/23 at 12:00 P.M.

Plan of Correction

Accepted (redacted) - 10/27/2023)

All Med techs will be trained by Health Service Director or designee regarding the requirement to document the administration of medication at the time the medication is administered by 10/31/23.

Weekly cart audits will be conducted by the Health Services Director or designee for the next three months.

Weekly spot checks by Health Service Director or designee for 30 days.

Licensee's Proposed Overall Completion Date: 10/31/2023

Not Implemented (redacted) - 11/09/2023)

187c - Refusal of Medication

17. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 8/13/23, 8/14/23, 8/15/23, and 8/16/23 at 9:00 P.M., Resident #1 refused to take a scheduled dose of Lorazepam. The home did not notify the prescriber.

Repeated Violation: 1/18/23

Plan of Correction

Directed (redacted) - 10/27/2023)

All med techs will be trained by Health Service Director or designee regarding the protocol for medication refusal, including documentation in the resident's record and notification and documentation of such, to the prescriber within 24 hours by 10/31/23.

HSD or designee will monitor the Yardi dashboard and end-of-shift reports daily for the next three months.

Proposed Overall Completion Date: 10/31/2023

Directed Plan of Correction (redacted) 10/27/23)

187c - Refusal of Medication (continued)

- The General Manager will conduct monthly reviews of at least 10 resident records to ensure required documentation and medications are administered correctly, by auditing the MAR and the actual medications, starting immediately, for the next six months.

Directed Completion Date: 10/31/2023

Not Implemented [REDACTED] - 11/09/2023)

187d - Follow Prescriber's Orders

18. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 1 is prescribed Lorazepam 0.5 mg 1 tablet daily at 9:00 P.M. However, Resident # 1 was not offered this medication on 8/1/23 to 8/23/24. Resident # 1 was offered this medication on 8/24/23 and refused it.

Repeated Violation: 12/15/22 et al, 1/18/23, 2/16/23 et al

Plan of Correction

Directed [REDACTED] - 10/27/2023)

All Med techs will be trained by Health Service Director or designee by 10/31/23.
Weekly cart audits will be conducted by the Health Services Director or designee for the next three months.
Weekly spot checks by Health Service Director or designee for 30 days.

Proposed Overall Completion Date: 10/31/2023

Directed Plan of Correction [REDACTED] 10/27/23)

The General Manager will conduct monthly reviews of at least 10 resident records to ensure required documentation and medications are administered correctly, by auditing the MAR and the actual medications, starting immediately, for the next six months.

Directed Completion Date: 10/31/2023

Not Implemented [REDACTED] - 11/09/2023)