

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

July 22, 2024

[REDACTED]
EAGLEVIEW LANDING LP

[REDACTED]
STE 400
[REDACTED]

RE: EAGLEVIEW LANDING
650 STOCKTON DRIVE
EXTON, PA, 19341
LICENSE/COC#: 14698

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/16/2024 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: *EAGLEVIEW LANDING* License #: *14698* License Expiration: *09/15/2024*
 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: *I-2* Date: *08/03/2020* Issued By: *Uwchlan Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Provisional* Exit Conference Date: *05/16/2024*

Inspection Dates and Department Representative

05/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *121* Residents Served: *79*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *46* Residents Served: *30*

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*
 Diagnosed with Mental Illness: *55* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *20* Have Physical Disability: *40*

Inspections / Reviews

05/16/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/14/2024*

07/01/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/19/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/19/2024*

Inspections / Reviews *(continued)*

07/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. 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 9:30 AM, during a walkthrough in the second-floor memory care unit, the task sheets outlining residents' shower and toileting schedules were found unlocked, unattended, and within reach of other residents, non-direct care staff and visitors.

Repeat Violation Date: 6/29/23 et al.

Plan of Correction

Accept [REDACTED] - 07/01/2024)

The task binder was immediately removed and placed in a secure locked area.

Inservice conducted with all staff on confidentiality by Regional Director Health Services on 6-10-24.

Daily rounds to be conducted by Garden House Director/Designee to ensure no resident information is in common areas starting 6-10-24 through 9-10-24.

Random checks to be conducted by GM/Designee starting 6-10-24 through 9-10-24.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] 07/22/2024)

42s - Privacy

2. 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], around 10 a.m., an electronic device that appeared to be a camera and another device that appeared to be a voice controlled or activated device was discovered in Resident [REDACTED] apartment. The voice controlled device would show a blue light whenever someone spoke in the room. The home does not have a notice posted outside the apartment indicating the presence of a voice activated device, and that the use of such a device may inadvertently record audio.

Plan of Correction

Accept [REDACTED] 07/01/2024)

Signage had been placed on the outside of the resident [REDACTED] apartment and had been removed by another resident.

Signage was immediately placed on the outside of the resident's door.

Guest Relations Director is conducting an audit on all residents with cameras in rooms to ensure signage is posted as per regulation to be completed by 6/14/24.

Weekly rounds to be conducted by Garden House Director/Designee to ensure signage is posted as per regulations starting 6/10/2024 through 9/10/2024.

GM/Designee to conduct random checks to ensure compliance maintained 6/10/24 to 9/10/24.

42s - Privacy (continued)

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/22/2024)

65g - Annual Training Content

3. 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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year January 2023 to December 2023.

Plan of Correction

Accept [REDACTED] - 07/01/2024)

No immediate action could be taken as this occurred last year.

Staff person A has completed 2024 training on Emergency Preparedness, OAPSA, falls and accident prevention.

Staff person A will complete the annual Fire Safety training by a fire safety expert on June 17, 2024.

Business Office Director to conduct an audit of all staff trainings for 2023 and 2024 by 6/21/2024 and will review any areas of non-compliance with GM.

Trainings are assigned to staff monthly. The BOD will print the 2024 monthly trainings and provide a copy to the Department Directors for review to ensure assigned courses for the month have been completed.

GM/Designee will review monthly trainings to ensure completion through end of 2024.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/22/2024)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], at 11 AM, a trash can without a lid, filled with used adult briefs and other unsanitary waste, was found outside the apartment of Resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/01/2024)

Trash can with one used adult brief and some tissues was immediately removed from hallway.

85a - Sanitary Conditions (continued)

Resident [REDACTED] received education by Regional Health Services Director on protocol for trash removal from room on 5-16-24.

Trash removal protocol is discussed at the resident Town Hall monthly meetings by [REDACTED]

Rounds to be conducted daily during walk-through of community by Health Services Director/Garden House Director from 6-10-24 to 9-10-24.

GM/Designee will conduct bi-monthly rounds to ensure compliance from 6-10-24 to 9-10-24.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/22/2024)

161f - Drinking Water

5. Requirements

2600.

161.f. Drinking water shall be available to the residents at all times.

Description of Violation

On [REDACTED], from 9 AM to 12 PM, residents had no access to drinking water because there was no hydration station in the memory care area on the first floor.

Plan of Correction

Accept [REDACTED] - 07/01/2024)

We respectfully request this citation be reconsidered.

The water pitcher for hydration was in the refrigerator. The residents had just finished breakfast at 9am. The residents were offered beverages with their breakfast and with their morning medications.

Having a hydration station out for the residents has created some safety concerns as the residents, at times, will pull the nozzle on the dispenser without a cup causing water to run on the floor and one resident removed the lid and placed her hand in the dispenser. Due to the residents' cognition, they will not initiate drinking throughout the day. Staff have been offering hydration to all MC residents throughout the shifts.

The water pitcher was immediately removed from the refrigerator and placed on the counter for resident access. The Garden House Director conducted an in-service with MC staff on the importance of hydration and implemented a formal hydration schedule to include documentation on 6-10-24 to ensure residents are being offered water throughout the shifts.

Daily rounds to be conducted by GHD/Designee to ensure hydration is available and accessible to MC residents starting 6-10-24 through 9-10-24.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] 07/22/2024)

187b - Date/Time of Medication Admin.

6. 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 [REDACTED] is prescribed [REDACTED], take 1/2 tablet every 8 hours as needed for anxiety. Resident [REDACTED] May 2024

187b - Date/Time of Medication Admin. (continued)

medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED] at 7 pm.

Plan of Correction**Accepted [REDACTED] - 07/01/2024)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service License immediate action Investigation conducted to identify nurse/med tech involved for resident [REDACTED]. The nurse identified for resident [REDACTED] was an agency nurse and was placed on the do not return list.

In-service conducted by Regional Director of Health Services on 6-10-24 on narcotic audits.

Effective 6-10-24 the Health Services Director/Garden House Director/Designee will perform weekly narcotic audits through 9-10-24 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Narcotic audits will be reviewed by GM/Designee bi-monthly to ensure accurate documentation 6-10-24 through 9-10-24.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/22/2024)