

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

November 18, 2024

[REDACTED]
CSH EXTON LESSEE LLC
[REDACTED]

Second Floor
[REDACTED]

RE: ARBOR TERRACE EXTON
100 OAKLANDS BOULEVARD
EXTON, PA, 19341
LICENSE/COC#: 14793

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2024 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: ARBOR TERRACE EXTON

License #: 14793

License Expiration: 07/27/2024

Address: 100 OAKLANDS BOULEVARD, EXTON, PA 19341

County: CHESTER

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]m

Legal Entity

Name: CSH EXTON LESSEE LLC

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 01/11/2021

Issued By: West Whiteland Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 116

Waking Staff: 87

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 06/03/2024

Inspection Dates and Department Representative

06/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 99

Residents Served: 85

Secured Dementia Care Unit

In Home: Yes

Area: Evergreen

Capacity: 32

Residents Served: 29

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 85

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 31

Have Physical Disability: 0

Inspections / Reviews

06/03/2024 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/18/2024

08/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/06/2024

Inspections / Reviews *(continued)*

11/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], staff person A witnessed the spouse of resident [REDACTED] punch [REDACTED] multiple times and say "that's why you're in here you stupid retarded [REDACTED]" The home did not report this incident to the Department until 5/21/2024.

Plan of Correction

Accept [REDACTED] - 08/02/2024)

Immediately upon awareness of the allegation, the Executive Director notified the spouse on 5/21/2024 to remain out of the community and away from the Resident [REDACTED] pending investigation. The Executive Director then immediately notified the Abuse Hotline, the local police, and the Department. Chester County Protective Services arrived at the community same day to investigate the allegation. Prior education on Abuse Reporting for Staff person A was on 3/18/2024 and 4/1/2024. Staff Person A is no longer employed by the Community. All staff were educated on Abuse Reporting on 6/27/2024. See Attachment A 2600.16cStaffPerson A and Attachment B 2600.16cStaffTraining and Attachment C 2600.16cReportingDocumentation. All Staff will be re-educated on Abuse Reporting by the Executive Director/Designee by 7/31/2024.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [REDACTED] 11/18/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] staff person A witnessed resident [REDACTED] spouse punch [REDACTED] multiple times and then told the resident [REDACTED] "that's why you are in here you stupid retarded [REDACTED]". Resident [REDACTED] spouse also stated, "that's why nobody wants to help you, you [REDACTED] The resident has multiple bruising spots on their legs. Staff person A states that the resident constantly would mention the spouse's name in fear and would constantly say "stop it", "you are hurting me", and "it hurts". The home never addressed any of these concerns or the bruising that kept appearing and healing.

Plan of Correction

Accept [REDACTED] - 08/02/2024)

Immediately upon awareness of the allegation, the Executive Director notified the spouse on 5/21/2024 to remain out of the community and away from the Resident [REDACTED] pending investigation. The Executive Director then immediately notified the Abuse Hotline, the local police, and the Department. Chester County Protective Services arrived at the community same day to investigate the allegation. Prior education on Resident Rights for Staff person A was on 3/18/2024. Staff Person A is no longer employed by the Community. All Staff will be educated on Resident Rights with a focus on 2600.42b by the Executive Director/Designee by 7/31/2024. See Attachment D2600.42bStaffPersonA Training and Attachment E2600.42bReportingDocumentation.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [REDACTED] - 11/18/2024)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], at approximately 9:30 am, staff person B came into the resident [REDACTED]'s room to get [REDACTED] up for the day. While in the resident's room staff person B rummaged through resident [REDACTED]'s belongings. The resident likes to sleep in so in an attempt to wake the resident staff person B turned the volume up on the television to a high level. When resident 2 asked staff person B to turn it back down, staff person B walked out of the room and ignored the resident's request and left volume.

Plan of Correction

Accept [REDACTED] - 08/02/2024)

Upon notification sent by the family via email to the Executive Director on 4/26/2024 Staff Person B was suspended pending investigation. The Executive Director immediately notified the State Abuse Hotline and The Department. See Attachment F 2600.42cReportingDocumentation. Staff Person B remained on suspension until the Department's visit on 6/3/2024 where the community was notified that Staff Person B could return to work. Staff Person B returned to work on 6/10/2024 and was educated by the Executive Director on Resident Rights and Stress Reactions in Persons with Dementia. See Attachment G2600.42cStaffPersonB Training. All Staff will be re-educated on Resident Rights with a focus on 2600.42c by 7/31/2024.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [REDACTED] - 11/18/2024)

42s - Privacy

4. 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

Medications are administered in the medication wellness office with multiple residents. Residents do not have privacy during medication administration.

Resident [REDACTED] persistently asks the medication technicians what their medications are and what they are for daily. During this interaction it is done in the wellness office with other residents present. The home is also administering medications in the wellness office with multiple residents present during other residents administration.

Plan of Correction

Accept [REDACTED] - 08/02/2024)

A privacy screen has been purchased and placed in the resident medication wellness office to provide privacy to residents being administered medication. Effective immediately and ongoing Residents who wish to discuss their medications or other private information will be offered a private conversation in the office immediately outside of the wellness office or in the resident apartment. All Med Administration Staff will be educated by the Director of Resident Care on the process by 7/31/2024. See Attachment H2600.42sPrivacyEducation.

Proposed Overall Completion Date: 07/31/2024

Licensee's Proposed Overall Completion Date: 07/31/2024

42s - Privacy (continued)

Implemented [REDACTED] - 11/18/2024)

224a - Preadmission Screen Form

5. 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.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on 1/12/2024.

Plan of Correction

Accept [REDACTED] - 08/02/2024)

An audit will be completed by the Executive Director/Designee on all Prescreens by 8/1/2024. The Memory Care Director and Director of Resident Care were educated on 7/17/2024 by the Executive Director on 2600.224a. The Executive Director/designee will audit all new admission pre-screens prior to 5 days before move-in to ensure that 2600.224a compliance is met. See attachment I2600.224aPrescreenTraining.

Proposed Overall Completion Date: 08/01/2024

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented [REDACTED] - 11/01/2024)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the Assessor did not sign the support plan.

Plan of Correction

Accept [REDACTED] 08/02/2024)

The Assessor signed the support plan documenting the late signature on Resident [REDACTED] support plan. An audit on current RASPs will be completed by 8/1/2024 by the Executive Director/designee to assure signatures are present. Beginning August 2024 an audit for signatures on RASPs will be completed monthly by the Executive Director/designee for compliance with 2600.227g on RASPs finalized during the audit month for initial, annual, and significant change. See Attachment J2600.227gSignaturePage.

Proposed Overall Completion Date: 08/01/2024

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented [REDACTED] - 11/01/2024)