pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EAGLEVIEW LANDING LP**
LEGAL ENTITY

To operate **EAGLEVIEW LANDING**
NAME OF FACILITY OR AGENCY

Located at **650 STOCKTON DRIVE, EXTON, PA 19341**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **121**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 46**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 13, 2024** until **September 13, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **146980**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: September 13, 2024

[redacted]
[redacted]
Eagleview Landing, LP
[redacted]
[redacted]

RE: Eagleview Landing
650 Stockton Drive
Exton, Pennsylvania 19341
License #: 146980

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on July 9, 2024, 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,

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 27, 2024

[redacted]
EAGLEVIEW LANDING LP
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2024 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]

Legal Entity

Name: *EAGLEVIEW LANDING LP*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *03/27/2019* **Issued By**: *Uwchlan Township*

Staffing Hours

Resident Support Staff: *58* **Total Daily Staff**: *171* **Waking Staff**: *128*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Provisional* **Exit Conference Date**: *07/09/2024*

Inspection Dates and Department Representative

07/09/2024 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *121* **Residents Served**: *80*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Garden House* **Capacity**: *45* **Residents Served**: *31*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *80*

Diagnosed with Mental Illness: *58*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *33*

Have Physical Disability: *40*

Inspections / Reviews

07/09/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/30/2024*

08/27/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/27/2024*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

08/27/2024 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted**: *08/27/2024*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident #1, date of admission [redacted], was not signed by the resident or indicated why the resident did not sign.

The resident-home contract, dated [redacted] 2023, for resident #2, date of admission [redacted], 2023, was not signed by the resident or indicated why the resident did not sign.

Plan of Correction ***Accept ([redacted] 08/27/2024)***

Immediate Action: Contracts for Residents #1 and #2 were presented for signature, indicating that the signatures obtained were part of the plan of corrections for the 7/9/2024 site visit.
All resident contracts will be audited by the Business Office Director or designee by 8/9/2024 to identify missing signatures for residents and responsible parties. General Manager or designee will attempt to obtain any missing signatures for all residents, documenting date of at least 2 attempts with said date and initials for those residents who are unable and/or refuse to sign and reflecting the reason for late signature to be part of the plan of corrections. General Manager and/or designee will audit all new residency agreements within 24 hours of completion to ensure that all signatures are complete by 8/16/24.
General Manager and/or designee will audit all resident administrative files for the next 3 months to ensure compliance with 2600.25.b.

Licensee's Proposed Overall Completion Date: *08/16/2024*

Bypass Document Submission ***Implemented [redacted] - 08/27/2024)***

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 January 9, 2024, Resident #1 reported to staff person B that staff person A yanked [redacted] very hard from bed causing bruising to [redacted] right wrist. Resident reports that it was very painful when it occurred. Resident reports that it has occurred another time as well.

Plan of Correction ***Accept [redacted] - 08/27/2024)***

The allegation of abuse reported by resident #1 on [redacted] 9, 2024 was immediately reported to DHS and Chester County Protective Services, per 2600.42.b, by the General Manager.
The General Manager took action of the alleged perpetrator to immediately removed from duty and the community and placed on a Do Not Return status by the community with the agency with which [redacted] was employed This caregiver has not returned to the community and will not be rehired, starting immediately.
Resident was assessed by a nurse on staff and monitored for 3 days. Primary Care Provider and family were notified

42b - Abuse (continued)

immediately.
All staff were educated by 7/30/24 according to the Older Adult Protective Services, by the Regional Health Services Director
The General Manager and/or designee will provide repeat training for the Older Adult Protective Services Act to all staff by 8/16/24.
Directed Plan of Correction[redacted] 8/1/24)
In addition to the steps noted in the Plan of Correction:
The General Manager will discuss treating a resident with care and gentleness plus dignity at monthly staff meetings for the next six months, starting immediately. Documentation of the agenda and the staff sign in sheets will be maintained for the Departments review

Licensee's Proposed Overall Completion Date: *08/16/2024*

Bypass Document Submission ***Implemented[redacted] - 08/27/2024)***

65b - Rights/Abuse 40 Hours

3. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person C, date of hire [redacted]/2024, did not complete training in the following topics:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Staff person D, date of hire [redacted]2023, did not complete training in the following topics:
1. Resident rights.

Staff person E, date of hire [redacted]/2023, did not complete the following training:
1. Resident Rights

Staff person F date of hire [redacted]/2023 did not complete the following training:
1. Resident Rights.

Staff person G, date of hire [redacted]/2024, did not complete the following training:
1. Resident Rights
2. Reporting incidents and condition.

The relias resident rights training completed did not include the following specific rights:
(d) A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date

65b - Rights/Abuse 40 Hours (continued)

of a new home rule. (g) A resident has the right to communicate privately with and access the local ombudsman. (j) A resident shall receive assistance in obtaining and keeping clean, seasonal clothing. A resident's clothing may not be shared with other residents. (k) A resident and the resident's designated person, and other individuals upon the resident's written approval shall have the right to access, review and request corrections to the resident's record. (n) A resident has the right to relocate and to request and receive assistance, from the home, in relocating to another facility. The assistance shall include helping the resident get information about living arrangements, making telephone calls and transferring records. (r) A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week. (v) A resident has the right to receive services contracted for in the resident-home contract. (w) A resident has the right to use both the home's procedures and external procedures, if any, to appeal involuntary discharge.

Plan of Correction ***Accept [redacted] - 08/27/2024)***

Staff Person C has completed Resident Rights, Emergency Medical Plan and Mandatory reporting of Abuse and Neglect under the Older Adult Protective Services Act.
Staff Person G is no longer employed at the community.
All employee files will be audited by Business Office Director or designee by 8/9/24 to ensure completion of the required training within the first 40 scheduled work hours, (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101-10225.5102). (4) Reporting of reportable incidents and condition have been completed.
All staff will receive additional training on Resident Rights, according to 2600.65.b by Regional Director of Health Services or designee by 7/31/24.
Until the online Relias training for all employees can be amended to include the missing items noted as (d), (g), (j), (k), (n), (v), (w), all new hires will be trained by Business Office Director or designee within their first 40 scheduled working hours on Resident Rights via paper documentation to include all Residents Rights included in 2600.42.a-y, in addition to the current Relias training.

Licensee's Proposed Overall Completion Date: *08/16/2024*

Bypass Document Submission ***Implemented [redacted] - 08/27/2024)***

85d - Trash Receptacles

4. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/9/2024 there was an uncovered, unattended trash can in the kitchen on the second floor of Memory Care.

Repeat violation date: 11/29/2023, 1/3/2024

Plan of Correction ***Accept [redacted] - 08/27/2024)***

Immediate Action: Trash can lid was in the commercial dishwasher. The lid was returned to the trash can while surveyors were on site, by the Executive Chef.
Daily audit were put in place beginning 7/18/24 with Executive Chef and Sous Chef which includes checking all

85d - Trash Receptacles (continued)

trash can lids in main kitchen and memory care kitchenettes. Daily audits are submitted to General Manager.
General Manager and/or designee will conduct a random audit each week x 4 weeks, then every month x 3 months, in person with the Executive Chef and/or Sous Chef

Licensee's Proposed Overall Completion Date: *08/16/2024*

Bypass Document Submission ***Implemented [redacted] 08/27/2024)***

103e - Left Overs

5. 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

On 7/9/2024 during the physical site inspection in the kitchen 4 bags of assorted pasta were observed closed but undated, 1 bag of spaghetti unsealed nor labeled, and one bag of pizza dough opened and unsealed nor labeled.

Repeat violation date: 10/11/2023, 3/11/2024

Plan of Correction ***Accept [redacted] 08/27/2024)***

Immediate Action: open bag of spaghetti and pizza dough were immediately discarded, by the Executive Chef.
Daily audits were put in place effective 7/18/24 with Executive Chef and Sous Chef which includes checking for sealed and dated food in main kitchen and memory care kitchenettes. Daily audits are submitted to General Manager.
General Manager and/or designee will conduct a random audit each week x 4 weeks, then every month x 3 months, in person with the Executive Chef and/or Sous Chef

Licensee's Proposed Overall Completion Date: *08/16/2024*

Bypass Document Submission ***Implemented [redacted] - 08/27/2024)***

162c - Menus Posted

6. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 7/9/2024, the home's menu posted was dated from 6/23/2024 through 7/6/2024 on the second floor in Memory Care. The current two-week menu was not posted on the second floor in Memory Care.

Repeat violation date: 10/11/2023, 1/3/2024

Plan of Correction ***Accept [redacted] - 08/27/2024)***

Immediate Action: Current two-week menu was immediately placed in the menu board for second floor Memory Care.
Daily audits were put in place effective 7/18/24 with Executive Chef and Sous Chef which includes checking for in main kitchen and memory care kitchenettes. Daily audits are submitted to General Manager.
General Manager and/or designee will conduct a random audit each week x 4 weeks, then every month x 3 months,

162c - Menus Posted (continued)

in person with the Executive Chef and/or Sous Chef

Licensee's Proposed Overall Completion Date: *08/16/2024*

Bypass Document Submission ***Implemented [redacted] - 08/27/2024)***

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident #2 is prescribed insulin lispro kwikpen 100u/ml. Per prescribers orders resident #2 is to receive 0 unit into subcutis layer of skin hold for blood sugar less than 199 or 2 unit into subcutis layer of skin give 2 units for blood sugar between 200-250 or 4 units into subcutis layer of skin for blood sugar between 251-300 or 6 units into subcutis layer of skin for blood sugar between 301-350 or 8 units subcutis layer of skin for blood sugar between 351-400 three times per day every day at 9:00am, 1:00pm and 5:00pm.

However, on May 15, 2024, resident #2 at 1:00PM [redacted] glucose meter reading was 213 and the medication administration record does not indicate that [redacted] received 2 units of insulin lispro kwikpen 100u/ml per prescriber's orders. On July 4, 2024, at 9:00AM resident #2 glucose reading was notated at 290 on the medication administration record and [redacted] received 2 units of insulin lispro kwikpen 100u/ml, however on the glucose meter showed the reading as 209 and according to the medication administration record resident #2 should have received 2 units of insulin lispro kwikpen 100u/ml.

Plan of Correction ***Accept [redacted] - 08/27/2024)***

discovery during weekly glucometer audit. PCP was notified. Family was notified, by the Regional Health Service Director. Resident had no adverse reactions. No new orders were received. Med Tech was re-educated regarding the accuracy of documentation for glucometer readings, by the Regional Health Service Director. Med Tech was removed from independent medication administration on the medication carts and a licensed nurse was assigned to shadow MedTech for 5 days to ensure understanding and implementation of proper documentation.
Med Techs and LPNs will be inserviced by Regional Director of Health Services regarding new protocol requiring a double check for every blood glucose reading to verify accuracy in recording and insulin administration, if appropriate, by August 9th. Weekly glucometer audits by HSD or designee will continue weekly for 3 months.

Licensee's Proposed Overall Completion Date: *08/16/2024*

Bypass Document Submission ***Implemented [redacted] - 08/27/2024)***

8. Requirements

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

Description of Violation

Resident #3 is prescribed Metroprol 50mg one time per every two days. However, on April 5, 2024, it was discovered that the medication was administered every day.

Plan of Correction ***Accept [redacted] - 08/27/2024)***

This was self-identified by the community to the Department on 4/5/24 by the Regional Health Services Director.

187d - Follow Prescriber's Orders (continued)

New protocol in place effective 7/30/24 for all non-routine orders for medications, i.e. every other day, weekly, etc. will now be verified and double checked by HSD or designee and another nurse prior to medication being approved for administration for the next 3 months. Message center in Yardi eHR will be utilized for documentation of verification. HSD, GHD, GM, Wellness Nurse in serviced by Regional Director of Health Services for this new protocol on 7/30/24.

Licensee's Proposed Overall Completion Date: *08/16/2024*

Bypass Document Submission ***Implemented [redacted] - 08/27/2024)***

9. Requirements

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

Description of Violation

Resident #4 is prescribed cetirizine tab 10mg once a day, rivastigmine to apply one patch daily, vitamin d- 50MCG tab once a day, However, resident #4 missed medications for 4/9/2024, 4/10/2024, 4/11/2024, 4/12/2024, 4/13/2024 and on 4/14/2024 the medication error was corrected. The resident was visiting a friend and when [redacted] returned the home did not put back on active in the medication administration system.

Plan of Correction ***Accept [redacted] - 08/27/2024)***

This was self-identified by the community to the Department on 4/15/24, by the Regional Health Service Director. This was an isolated incident. At that time protocol was established for HSD/GHD or designee to confirm and verify the resident census each day upon arrival to the community and review with leadership team at morning stand up. Formal document put in place effective August 1, 2024, to track residents on leave of absence to be implemented for the next 3 months. GM or designee to audit tracking sheet weekly for accuracy for 3 months through 10/31/24

Licensee's Proposed Overall Completion Date: *08/16/2024*

Bypass Document Submission ***Implemented [redacted] - 08/27/2024)***