

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

November 4, 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 07/15/2024, 07/15/2024 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: 07/27/2025
Address: 100 OAKLANDS BOULEVARD, EXTON, PA 19341
County: CHESTER Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

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: Total Daily Staff: 122 Waking Staff: 92

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Monitoring Exit Conference Date: 07/15/2024

Inspection Dates and Department Representative

07/15/2024 On Site [Redacted]
07/15/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 99 Residents Served: 90

Secured Dementia Care Unit

In Home: Yes Area: Evergreen Capacity: 32 Residents Served: 28

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 90
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 32 Have Physical Disability: 1

Inspections / Reviews

07/15/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/10/2024

08/13/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 09/17/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/18/2024

Inspections / Reviews *(continued)*

09/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/12/2024

11/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2024

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

The home's "Authorized Electronic Monitoring Policy," presented to residents or their legal representatives for signature, states: "The resident must request authorization for such electronic monitoring and provide consent in writing for electronic device installation on forms provided by the Community."

Plan of Correction

Directed (████ - 09/09/2024)

The community's policy includes a footnote stating that, "Nothing herein shall be interpreted to inhibit a resident's right to install an electronic monitoring device without the permission of the Community in accordance with Pennsylvania law, including the written permission of all roommates in shared apartments/rooms." The policy and resident request and consent form is attached. All Residents and Responsible parties will be sent a letter and consent form clarifying the difference between a resident's right to install "hidden cameras" without the knowledge of the community and resident owned electronic devices such as, but not limited to Alexa, Siri, Google, which may affect the privacy of other residents in a shared environment. A copy of the letter and the consent form for resident owned non-hidden camera devices will be provided and acknowledged by all future resident admissions and will be filed in the resident business office file with the residency agreement. Effective 9/1/2024 a list of residents with consented resident owned non-hidden camera devices and posted signs will be maintained in the Executive Director office for compliance with 2600.42s. Residents acknowledging the use of resident owned electronic devices such as Alexa, Echo, will have a signed posted at the entrance of their apartment provided by the community. The letter will be sent by the Executive Director no later than 8/31/2024. See Attachment A-PolicyandConsent

Proposed Overall Completion Date: 08/31/2024

Directed step of POC:

Immediately: The home shall not require residents to obtain written consent for camera devices installed in resident rooms unless the resident resides in a shared room.

Residents may video record in their private rooms or with the written permission of all roommates in shared rooms. Residents may install "hidden cameras" in private rooms without the home's knowledge.

Directed Completion Date: 09/11/2024

Implemented (████ - 11/04/2024)

51 - Criminal Background Check

2. 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 A was hired ██████████ The staff member's criminal background check was not completed until ██████████

51 - Criminal Background Check (continued)

Plan of Correction

Accept [redacted] - 08/13/2024)

Staff Member A's background check was completed on 5/9/2023 as part of an audit conducted by the community for compliance in 2023. Currently all new hires background checks are completed prior to a team member's start date and confirmed utilizing a new hire check list completed by the Business Office Director/Designee prior to scheduling orientation. The checklist is filed in the team member's employment file for review. Beginning September 1, 2024, the Executive Director/designee will conduct audits of all new hires monthly for 6 months, then quarterly for compliance with this regulation.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented [redacted] - 11/04/2024)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons A and B did not receive training in assisting with self-administration of medications and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, during training year 2023.

Plan of Correction

Accept [redacted] 09/09/2024)

An audit of 2023 education will be completed by the Executive Director/Designee by 8/31/2024 and audit results documented in the employee file for 2023 training year. All direct care staff will be trained by the Executive Director/Designee on assisting with self-administration of medications and meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan by 12/31/2024. Education on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and self-administration of medications has been added to the annual education calendar to ensure compliance with this regulation. Effective 9/1/2024, the Executive Director/Designee will audit employee training at least quarterly for compliance with 2600.65f. Compliance will be reported to the Department Heads and QI Committee at least quarterly See Attachment B-2600.65f

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented [redacted] - 11/04/2024)

65g - Annual Training Content

4. Requirements

65g - Annual Training Content (continued)

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.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

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 and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2023.

Plan of Correction

Accept (█) - 09/09/2024)

An audit of 2023 education will be completed by the Executive Director/Designee by 8/31/2024 and audit results documented in the employee file for 2023 training year. All staff will be trained by a fire safety expert or by a staff person trained by a fire safety expert in fire safety by 12/31/2024. All staff will be trained on Older Adult Protective Services Act by the Executive Director/Designee by 12/31/2024. Education on Fire Safety and the Older Adult Protective Services Act has been added to the annual education calendar to ensure compliance with this regulation. Effective 9/1/2024, the Executive Director/Designee will audit employee training at least quarterly for compliance with 2600.65g. Compliance will be reported to the Department Heads and QI Committee at least quarterly. See Attachment C-2600.65g

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented (█) - 11/04/2024)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The air conditioning unit in room █ became inoperable on █ and was not replaced until █. The air conditioning in room █ was inoperable from █ to █ 24, and the air conditioning in room █ was inoperable from █ to █.

Plan of Correction

Accept (█) - 09/09/2024)

All residents were provided a portable HVAC unit or fan to maintain adequate temperature until vendor serviced or replaced the unit. Unit █ air conditioning fan in conjunction with preference to keep door open maintained temperature until unit was replaced by an outside vendor. A portable HVAC unit was provided to Unit █ on 6/18/2024 for comfort until unit was repaired by outside vendor. A portable HVAC unit was provided to Unit █ until outside vendor repair bad wiring and resolved HVAC issue on 6/21/2024. Outside vendor was retained to repair or replace faulty units and all residents impacted were provided a cooling source for comfort. A detailed log of HVAC events was provided to inspectors during visit. Effective 9/1/2024 the Maintenance Director/Designee will check and og 8 apartments/week for HVAC function and maintenance repairs, if applicable.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented (█) - 11/04/2024)

105f - Labeling/Return of Clothes

6. Requirements

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

On 7/15/2024 at approximately 1:00 pm, the Evergreen laundry room contained a laundry basket full of clothes. Most of the clothing items were not labeled with the residents' names or room numbers.

Plan of Correction

Accept [REDACTED] - 09/09/2024)

individual personal items are laundered by Direct Care Staff in the laundry room located on the Evergreen neighborhood. The direct care staff immediately returned the items to the residents' apartments. Direct care staff will be educated by 8/31/2024 by the Memory Care Director/Resident Care Director on the process of laundering personal items with a concentration on maintaining separation and prompt return to the resident. Beginning, 9/1/2024, the Memory Care Director/Designee will inspect the laundry room daily to ensure that the residents' personal items have been returned to their apartments upon completion of laundry services. See Attachment E-2600.105f

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented [REDACTED] - 11/04/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take 1 tablet by mouth once daily. However, resident [REDACTED] was administered a [REDACTED]-unit tablet every day from 6/1/2024 to 7/14/24, except 6/16/24 and 6/21/24.

Plan of Correction

Accept [REDACTED] - 09/09/2024)

The wellness nurse immediately notified the physician at time of inspection regarding the administration of 2,000UT of Vitamin D3 vs. 1000UT. MD wrote a new prescription for 2,000UT moving forward. The PCP noted non-concern about the difference in units. Effective 8/21/2024, the Wellness Nurse/MedTech will complete MAR to CART audits weekly on a random 10 percent of the population. Results of compliance will be reported to the QI committee at east quarterly and maintained in the QI binder for review. The RCD will educate all MedTechs/Wellness nurses on the 5 checks of medication administration by 8/20/2024. See attachment F-2600.187d

Licensee's Proposed Overall Completion Date: 08/20/2024

Implemented [REDACTED] - 11/04/2024)