

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 08/14/2024, 08/15/2024, 08/16/2024 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: 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: 111

Waking Staff: 83

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 08/16/2024

Inspection Dates and Department Representative

08/14/2024 On Site [REDACTED]

08/15/2024 On Site [REDACTED]

08/16/2024 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 99

Residents Served: 80

Secured Dementia Care Unit

In Home: Yes

Area: Evergreen

Capacity: 32

Residents Served: 24

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 80

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 31

Have Physical Disability: 3

Inspections / Reviews

08/14/2024 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/11/2024

Inspections / Reviews *(continued)*

09/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/04/2024

11/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42p - Restraints

1. Requirements

2600.
42.p. A resident shall be free from restraints.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] mg tablet, take 1 tablet by mouth every 6 hours as needed for anxiety. According to progress notes, [REDACTED] tablet was administered to resident [REDACTED] to control behaviors on 6/28/2024 at 5:53 PM, and, 7/12/2024 at 6:45 PM. According to medication administration records, [REDACTED] mg tablet was administered to resident [REDACTED] to control behaviors on 8/1/2024 at 6:46 PM.

Repeat Violation: 4/24/24 et al

Plan of Correction

Accept [REDACTED] - 09/16/2024)

All MedTechs/Wellness Nurses will be educated by the RCD/MCD by 9/30/2024 on safe management techniques and interventions prior to administering controlled PRN medications, the reason for administration of PRN medications and effectiveness for compliance with regulation 2600.42p. The Executive Director/RCD/MCD will monitor PRN usage at a minimum weekly for compliance with 2600.42p. See attachment A-2600.42pStaffTraining

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] 11/04/2024)

65f - Training Topics

2. 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 person A did not receive training in medication self-administration during training year 2023.

Plan of Correction

Accept [REDACTED] - 09/16/2024)

An audit of 2023 education was completed by the Executive Director/Designee on 8/19/2024 and the audit results have been documented in the employee files for 2023 training year. All direct care staff will be trained by the Executive Director/Designee on medication self-administration staff by 12/31/2024. Effective 9/1/2024, the Executive Director/Designee will audit employee training quarterly for compliance with 2600.65f. Compliance will be reported to the Department Heads and QI Committee quarterly. See Attachment B-2600.65fAudit2023

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented [REDACTED] - 11/04/2024)

65f - Training Topics (continued)

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.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) or in falls and accident prevention during training year 2023.

Plan of Correction

Accept (█) - 09/16/2024)

An audit of 2023 education was completed by the Executive Director/Designee on 8/19/2024 and audit results documented in the employee files for 2023 training year. All staff will be trained by the Executive Director/Designee on OAPSA by 12/31/2024 and all direct care staff will be trained on falls and accident prevention by 12/31/2024. Effective 9/1/2024, the Executive Director/Designee will audit employee training quarterly for compliance with 2600.65g. Compliance will be reported to the Department Heads and QI Committee quarterly. See AttachmentC-2600.65gAudit2023

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented (█) - 11/04/2024)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident (█) medical evaluation, dated 8/7/2024, did not include health status.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept (█ - 09/16/2024)

Resident █ no longer resides in the community effective 8/31/2024. The Executive Director/Designee will audit all medical evaluations by 9/30/2024 to confirm all areas have been fully completed by health professionals certifying residency in personal care home per regulation 2600.141a. Documentation will be completed on the resident chart for any non-compliance found during the audit and unable to be corrected due to age of document. The Executive Director/Designee will educate the RCD/MCD/Designee on compliance with completion of the medical evaluation to meet 2600.141a by 9/16/2024. Effective 10/1/2024, the Executive Director/Designee will audit current Medical Evaluations on new admissions, annual, and significant change for completeness monthly for 3 months until compliance is achieved. After compliance achieved, the Executive Director/designee will audit 10% of resident medical evaluations quarterly for compliance with 2600.141a. See Attachment D2600-141aTraining

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█ - 11/04/2024)

183e - Storing Medications

5. 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

On █, Resident █ prescription, with an open date of 6/15, were found in the medication cart. This medication should be disposed of 4 weeks after opening per manufacturer's instructions.

Plan of Correction

Accept (█ - 09/16/2024)

The medication was immediately disposed by the Memory Care Director at time of inspection and replacement ordered from pharmacy. All MedTechs/Wellness Nurses will be educated on medication disposal by 9/30/2024. Effective 9/9/2024, the RCD/MCD/Designee will complete medication cart audits weekly to assure that medications are disposed of within approved time frames from open dates. Beginning 10/1/2024 Audit results will be reported to the QI committee at least quarterly. See attachment E2600-183eTraining

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█ - 11/04/2024)

184a - Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On █, Resident █ prescription of █ was changed from one tablet by mouth every 4 hours as needed, to one tablet by mouth two times a day; there was no change sticker on the prescription bubble pack indicating a prescription change.

Plan of Correction

Accept (█ - 09/16/2024)

A change of direction sticker was immediately placed on the medication by the MCD on the date of inspection.

184a - Resident's Meds Labeled (continued)

Effective 8/21/2024, the Wellness Nurse/MedTech are completing MAR to CART audits weekly on a random 10 percent of the population. Results of compliance will be reported to the QI committee at least quarterly and maintained in the QI binder for review. 8/25/2024 all MedTechs/Wellness Nurses have been educated by the RCD/MCD on the 5 checks of medication administration

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented [REDACTED] - 11/04/2024)

185a - Implement Storage Procedures**7. 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

On [REDACTED] at 11:05 AM, the quantity of tablets in Resident [REDACTED] prescription bubble pack was [REDACTED]; the quantity available noted in the controlled substance register was [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/16/2024)

The medication for Resident [REDACTED] was prescribed to be given at 9:00am. At 11:05am, the blister pack indicated 28 pills, to a documented count of 27. The MCD director notified the PCP, the family, and hospice services of the missed dose. The 7-3 staff member was immediately interviewed regarding the discrepancy and a Reportable Incident was sent to the department on 8/15/2024 by the MCD reporting the medication error. The staff member received documented coaching regarding proper medication administration. Beginning 9/5/2024 the MCD/RCD/designee will randomly audit the narcotic count book to the cart count weekly as part of the cart audit process. See attachment H-2600-185reportableincident

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented [REDACTED] - 11/04/2024)

202 - Prohibitions**8. Requirements**

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

202 - Prohibitions (continued)

- 5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
- 6. A manual restraint, defined as a hands on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet, take 1 tablet by mouth every 6 hours as needed for anxiety. According to progress notes, [REDACTED] tablet was administered to resident [REDACTED] to control behaviors on 6/28/2024 at 5:53 PM, and, 7/12/2024 at 6:45 PM. According to medication administration records, [REDACTED] mg tablet was administered to resident [REDACTED] to control behaviors on 8/1/2024 at 6:46 PM.

Repeat Violation: 4/24/24 et al.

Plan of Correction

Accept [REDACTED] - 09/16/2024)

All MedTechs/Wellness Nurses will be educated by the RCD/MCD by 9/30/2024 on safe management techniques and interventions prior to administering controlled PRN medications, the reason for administration of PRN medications and effectiveness for compliance with regulation 2600.202. The Executive Director/RCD/MCD will monitor PRN usage at a minimum weekly for compliance with 2600.202. See attachment F-2600.202StaffTraining

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 11/04/2024)

225c Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] has had 19 falls since January 2024. Resident [REDACTED] assessment, dated 3/1/2024, does not address the service need of frequent falls or indicate how this service need will be met.

Plan of Correction

Accept [REDACTED] 09/16/2024)

A significant change of condition RASP was completed on 8/16/2024 by the MCD to address falls and service plan to meet the safety needs of Resident [REDACTED]. Beginning 9/1/2024, residents with 3 or more falls in a 1-month period will be reassessed for significant change and updates to RASP will be completed with service needs by the RCD/MCD/designee. Residents with 3 or more falls within a 1-month period will be reviewed at least quarterly beginning 10/1/2024 as part of the QI program for fall intervention and progress monitoring.

Licensee's Proposed Overall Completion Date: 09/11/2024

225c - Additional Assessment (*continued*)*Implemented* (█) - 11/04/2024)

236 - Staff Training

10. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU), had only 2.5 hours of training in dementia care during the 2023 training year.

Plan of Correction*Accept* (█) - 09/16/2024)

An audit of 2023 education was completed by the Executive Director/Designee on 8/19/2024 and the audit results have been documented in the employee files for 2023 training year. All direct care staff will be trained for additional 6 hours by the Executive Director/Designee/Relias on dementia related care and services by 12/31/2024. Effective 9/1/2024, the Executive Director/Designee will audit employee training quarterly for compliance with 2600.236. Compliance will be reported to the Department Heads and QI Committee quarterly. See Attachment G-2600.236Audit2023

Licensee's Proposed Overall Completion Date: 09/11/2024

Implemented (█) - 11/04/2024)