

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

November 15, 2024

[REDACTED], ADMINISTRATOR  
KENDAL-CROSSLANDS COMMUNITIES, INC.  
[REDACTED]

RE: CROSSLANDS  
1660 EAST STREET ROAD  
KENNETT SQUARE, PA, 19348  
LICENSE/COC#: 10098

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/18/2024 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:** CROSSLANDS **License #:** 10098 **License Expiration:** 08/28/2025  
**Address:** 1660 EAST STREET ROAD, KENNETT SQUARE, PA 19348  
**County:** CHESTER **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]

**Legal Entity**

**Name:** KENDAL-CROSSLANDS COMMUNITIES, INC.  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1 **Date:** 08/12/2013 **Issued By:** CWOPA L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 35 **Waking Staff:** 26

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 09/18/2024

**Inspection Dates and Department Representative**

09/18/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 51 **Residents Served:** 35

**Secured Dementia Care Unit**

**In Home:** No **Area:** **Capacity:** **Residents Served:**

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 35  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

**Inspections / Reviews**

**09/18/2024 Full**

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/18/2024

**10/28/2024 - POC Submission**

**Submitted By:** [REDACTED] **Date Submitted:** 11/05/2024  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/05/2024

Inspections / Reviews *(continued)*

10/28/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2024

11/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

126a - Furnace Inspection

2. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnaces with serial numbers 144581B, 352422B, and 144516 was conducted on 8/31/20.

Plan of Correction

Accept (████) - 10/28/2024)

The maintenance supervisor will ensure that annual boiler inspections are posted in the boiler room at the time they are received. Copies will also be kept in the maintenance office. (See attached records from 2020-2024. Attachment (a) which is 8 pages.

Licensee's Proposed Overall Completion Date: 10/28/2024

Implemented (████) - 11/15/2024)

171b4 - Staff Training

3. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff persons A and B, transport residents to activities and appointments. However, staff persons A and B have not completed the initial new hire direct care staff person training, nor has any staff person who accompanied residents on the trip.

Plan of Correction

Accept (████) - 10/28/2024)

Our transportation services all levels of care (Independent Living, Personal Care and Skilled Care) on our campus. They do not provide any assistance with ADLs. If a Personal Care resident requires ADL assistance and they use our transportation they are accompanied by a Personal Care nursing assistant or family. This is reflected in each resident's RASP.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented (████) - 11/15/2024)

171b5 - First Aid Kit

4. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

171b5 - First Aid Kit (continued)

Description of Violation

The alcohol pads in the first aid kit in the vehicle used to transport residents were expired.

Plan of Correction

Accept (█ - 10/28/2024)

All vehicle first aid kits were inspected and updated by the Personal Care Administrator on 9/19/24. Any items with an expiration date have been logged.

Transportation staff will conduct visual checks of the first aid kits daily as part of their morning routine. They will contact the Personal Care Administrator if the security seal has been broken. The Administrator will update and replace items in the first aid kit as needed and prior to expiration.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented (█ - 11/15/2024)

184a - Resident's Meds Labeled

5. Requirements

2600.

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

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

Resident 1 is prescribed █. However, the pharmacy label on the medication container says █

Plan of Correction

Accept (█ - 10/28/2024)

Medication order was rewritten on █. Going forward, all medications received from the pharmacy will be checked by the licensed nurse to assure accuracy of labeling before medications are placed in the resident's rooms. Pharmacy was alerted of the error on █ and asked to please contact the licensed nurse if any future orders do not match or need to be changed before they send the medication out for delivery to facility.

Proposed Overall Completion Date: 10/28/2024

Licensee's Proposed Overall Completion Date: 10/28/2024

Implemented (█ - 11/15/2024)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 1. Resident's name.
- 2. Drug allergies.
- 3. Name of medication.
- 4. Strength.

187a - Medication Record (*continued*)

5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

According to resident 1 who self-administers, [REDACTED], was discontinued last year. However, the medication is still listed on the residents' medication administration record.

**Plan of Correction**

Accept [REDACTED] - 10/28/2024)

A monthly checklist has been developed for any resident who self-administers their medications. See Attachment (b). The licensed nurse will do monthly checks of resident's locked med boxes to assure accuracy.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented ([REDACTED] - 11/15/2024)

## 252 - Record Content

**7. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.

252 - Record Content (continued)

- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

**Description of Violation**

*Residents 2 and 3, records do not include a photograph of the resident that is no more than 2 years old.*

**Plan of Correction**

**Accept** [redacted] - 10/28/2024)

*Our medical records are electronic, and each electronic record has a photo of the resident which is updated every 2 years.*

*The charts we keep for DHS inspections that were provided to the licensing agents during inspection are not accessed by any other agency. All resident photos/face sheets are available to be pulled up 24/7 on their electronic record. In the even of a power outage/emergency we have all resident charts on a flash drive that can be accessed via computer on our off campus. Going forward, nursing staff will inform DHS licensing representatives of our resident photos in the electronic medical record at the time of the entrance conference portion of the inspection.*

*Proposed Overall Completion Date: 10/28/2024*

**Licensee's Proposed Overall Completion Date: 10/28/2024**

**Implemented** ([redacted] - 11/15/2024)