

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

December 4, 2024

[REDACTED], DIRECTOR OF OPERATIONS
BERWYN REAL ESTATE LP
[REDACTED]
[REDACTED]

RE: DAYLESFORD CROSSING
1450 EAST LANCASTER AVENUE
PAOLI, PA, 19301
LICENSE/COC#: 14154

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2024, 10/08/2024 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: DAYLESFORD CROSSING License #: 14154 License Expiration: 09/05/2025
Address: 1450 EAST LANCASTER AVENUE, PAOLI, PA 19301
County: CHESTER Region: SOUTHEAST

Administrator

Name: [Redacted]

Legal Entity

Name: BERWYN REAL ESTATE LP
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-1 Date: 08/05/2015 Issued By: Tredyffrin Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 109 Waking Staff: 82

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Incident Exit Conference Date: 10/08/2024

Inspection Dates and Department Representative

10/07/2024 - On-Site: [Redacted]
10/08/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 100 Residents Served: 75
Secured Dementia Care Unit
In Home: Yes Area: Connections Capacity: 24 Residents Served: 15
Hospice
Current Residents: 8
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 34 Have Physical Disability: 0

Inspections / Reviews

10/07/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/02/2024
10/31/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 11/20/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/05/2024

Inspections / Reviews *(continued)*

11/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/29/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 10/7/24 the home's 2600 regulations book and current license inspection summary, dated 12/28/23, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 10/31/2024)

The Daylesford regulations book has historically been located inside the lobby display case. At the time of the survey the regulations book was moved to a display counter in front of the case for free access.

The location move was announced by the Executive Director at Town Hall on October 17. All staff inservices regarding new location, intent of regulation, and what to do if the regulation book is removed will be completed by 11.2.24

Weekly audits are conducted by the Executive Director or Designee starting 10/8/24 for four weeks.

ED/HWD/Building Engineer required for ongoing compliance

Proposed Overall Completion Date: 11/02/2024

Licensee's Proposed Overall Completion Date: 11/02/2024

Implemented (█ - 12/04/2024)

42s - Privacy

2. 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

On 10/7/24, a sign was present indicating that there is video monitoring in the home. However, the cameras record and retain footage for 3 to 4 weeks.

Plan of Correction

Accept (█ - 10/31/2024)

Daylesford Crossing opened with a sign in the parking lot alerting visitors that the area was under video surveillance. The system automatically deletes surveillance video after 30 days. New signs indicating surveillance and recording were ordered on 10/7/24 and installed by the Building Engineer on Wednesday October 16 2024.

Installation of the new signage was discussed by the Executive Director at Town Hall on Thursday October 17, 2024.

ED/HWD/Building Engineer required for ongoing compliance

Proposed Overall Completion Date: 11/02/2024

Licensee's Proposed Overall Completion Date: 11/02/2024

Implemented (█ - 12/04/2024)

42s - Privacy (continued)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Lysol Disinfectant Spray, with a manufacture's label indicating "if swallowed immediately call a poison control center or doctor", was unlocked, unattended, and accessible to residents in the secured dementia care unit. All of the residents in the secured dementia care unit are unable to safely use and avoid poisons.

Plan of Correction

Accept (████) - 10/31/2024)

The Lysol Disinfectant Spray can was removed from the SDCU at the time of the survey.

The poisonous materials procedure reviewed by the Executive Director at Town Hall on October 17. All staff inservices regarding poisonous materials procedure and the intent of the regulation will be completed by 11.2.24

Weekly audits are conducted by the Executive Director or Designee starting 10/8/24 for four weeks.

ED/HWD/Building Engineer required for ongoing compliance

Proposed Overall Completion Date: 11/02/2024

Licensee's Proposed Overall Completion Date: 11/02/2024

Implemented (████) - 12/04/2024)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident in bedroom 112 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (████) - 10/31/2024)

The light bulb in the bedside lamp was replaced at the time of survey. The resident is able to verbalize the procedure for accessing new light bulbs.

The requirement to have a working lamp and bedside was reviewed by the Executive Director at Town Hall on October 17. All staff inservices regarding the requirement for a working lamp and the intent of the regulation will be completed by 11.2.24

Operable Bedside Lights are included in the Room Safety Audits monitored monthly through the Safety Committee beginning November 2024 under the direction of the Executive Director or designee.

101j7 Lighting/Operable Lamp (continued)

ED/HWD/Building Engineer required for ongoing compliance

Proposed Overall Completion Date: 11/02/2024

Licensee's Proposed Overall Completion Date: 11/02/2024

Implemented () - 12/04/2024

102i - Soap Dispenser

5. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The secured dementia care unit's bathrooms located in the resident bedrooms do not have a soap dispenser.

Plan of Correction

Accept () - 10/31/2024

The process for resident provided soap dispensers in memory care has been changed, and the community now provides non toxic soap dispensers which are filled during weekly housekeeping visits and as needed. There are now community provided soap dispensers in every memory care apartment.

ED/HWD/Building Engineer required for ongoing compliance

The process for providing hand soap and the intent of the regulation was reviewed by the Executive Director at Town Hall on October 17 with continued training through 11/2/24.

Weekly audits are conducted by the Executive Director or Designee starting 10/8/24 for four weeks.

Proposed Overall Completion Date: 11/02/2024

Licensee's Proposed Overall Completion Date: 11/02/2024

Implemented () - 12/04/2024

123b - Emergency Procedures Posted

6. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 10/31/2024

The Emergency Procedures Manual has historically been located inside the lobby display case. At the time of the survey the Emergency Manual was moved to a display counter in front of the case for free access.

The location move was announced by the Executive Director at Town Hall on October 17. The front desk team

123b Emergency Procedures Posted (continued)

responsible for ensuring the daily presence of the Emergency Procedures log and the administrative team will be inserviced regarding the regulation and its intent by the Executive Director no later than 11/2/24.

Weekly audits are conducted by the Executive Director or Designee starting 10/8/24 for four weeks.

ED/HWD/Building Engineer required for ongoing compliance

Proposed Overall Completion Date: 11/02/2024

Licensee's Proposed Overall Completion Date: 11/02/2024

Implemented [redacted] - 12/04/2024)

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 6/29/23, 7/19/23, 8/1/23, 9/22/23, 10/31/23, 11/28/23, 12/21/23, 1/24/24, 2/16/24, 3/26/24, 4/29/24, 5/24/24, 6/20/24, 7/23/24, 8/1/24, and 9/19/24 does not include the exit routes used for evacuation.

Plan of Correction

Accept [redacted] - 10/31/2024)

Fire Drill records throughout 2023 and 2024 indicate the exit used during the drill. Effective October 2024 the Fire Drill log will outline the exit and path used for each specific zone.

The requirement to include the path to the exit was reviewed by the Executive Director at Town Hall on October 17. The Building Services engineer, maintenance assistant, and administrative team will be inserviced regarding the regulation and required description by the Executive Director by 11/2/24.

Fire Drill compliance will be monitored monthly through the Safety Committee starting November 2024 under the direction of the Building Engineer and the Quality Management Plan by the Executive Director.

ED/HWD/Building Engineer required for ongoing compliance

Proposed Overall Completion Date: 11/02/2024

Licensee's Proposed Overall Completion Date: 11/02/2024

Implemented [redacted] - 12/04/2024)

144c1 - Smoking Area Guidelines

8. Requirements

2600.

144c1 - Smoking Area Guidelines (continued)

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area had cushions present that did not do not indicate they are fire resistant.

Plan of Correction

Accept (████ - 10/31/2024)

Cushions were removed from the smoking area at the time of the inspection.

The cushion removal and intent of the regulation was announced by the Executive Director at Town Hall on October 17. All staff inservices regarding smoking area requirements and intent of regulation will be completed by 11.2.24

Weekly audits are conducted by the Executive Director or Designee starting 10/8/24 for four weeks.

ED/HWD/Building Engineer required for ongoing compliance

Proposed Overall Completion Date: 11/02/2024

Licensee's Proposed Overall Completion Date: 11/02/2024

Implemented (████ - 12/04/2024)

181d -Storing Medication

9. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident # 1 self-administers medications and stores medications in his/her room. On █████ there were several unlocked, unattended medications in Resident # 1's bedroom. The bedroom doors lock automatically when pulled closed. Resident # 1's bedroom door was not pulled closed.

Resident # 2 self-administers medications and stores medications in his/her room. On █████ there were several unlocked, unattended medications to include Vitamin D and Lidocaine in Resident # 2's bedroom. Resident # 2 lives in a shared room. Resident # 3 shares this room and is unable to self-administer his/her medications.

Plan of Correction

Accept (████ - 11/07/2024)

Resident #2 has been presented with a locking storage container to secure their medications at all times when not in immediate use. Resident #2 has also been educated on the need to lock their bedroom door when leaving as the bedroom and bathroom are private to resident #2 with only the kitchenette area shared between the 2 residents. The system for monitoring the safety and compliance of residents who self-administer their medication has been updated to provide monthly reminders of the requirements for self administration and individual appointments with the Health and Wellness Director or designee to review safety requirements regarding storage and usage and record accuracy, starting October 2024.

183b - Meds and Syringes Locked

11. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

On 10/8/24 at 2 bottles of [redacted] spray was unlocked, unattended, and accessible in resident bedroom 112.

Plan of Correction

Accept [redacted] - 10/31/2024)

The system for monitoring the safety and compliance of residents who self-administer their medication has been updated to provide monthly reminders of the requirements for self administration and individual appointments with the Health and Wellness Director or designee to review safety requirements regarding storage and usage and record accuracy,

The monitoring of door locks and the intent of the regulation was announced by the Executive Director at Town Hall on October 17. All staff inservices regarding medication storage requirements and intent of regulation will be completed by 11.2.24

Ongoing compliance is monitored monthly by the Health and Wellness Director or designee and reported through the Quality Management Plan.

Weekly compliance audits are conducted by the Executive Director or Designee starting 10/8/24 for four weeks.

ED/HWD/Building Engineer required for ongoing compliance

Proposed Overall Completion Date: 11/02/2024

Licensee's Proposed Overall Completion Date: 11/02/2024

Implemented [redacted] - 12/04/2024)

183e - Storing Medications

12. 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 [redacted] there four loose pills in Resident # 1's medicine cabinet.

Plan of Correction

Directed [redacted] - 11/07/2024)

The system for monitoring the safety and compliance of residents who self-administer their medication has been updated to provide monthly reminders and monitoring of the requirements for self administration through individual appointments with the Health and Wellness Director or designee to review safety requirements regarding storage and usage and record accuracy starting October 2024.

The requirement of medication storage and the intent of the regulation was announced by the Executive Director at Town Hall on October 17. All staff inservices regarding medication record requirements and intent of regulation will be completed by 11.2.24

Weekly compliance audits are conducted by the Executive Director or Designee starting 11/8/24 for four weeks.

183e Storing Medications (continued)

Ongoing compliance is monitored monthly by the Health and Wellness Director or designee and reported through the Quality Management Plan beginning November 2024.

ED/HWD/Building Engineer required for ongoing compliance

Proposed Overall Completion Date: 11/05/2024

Directed Completion Date: 11/05/2024

Implemented [REDACTED] - 12/04/2024)