



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
March 20, 2025

[REDACTED]  
Administrator  
SNH Penn Tenant, LLC  
% Integracare Corp.  
[REDACTED]  
[REDACTED]

RE: Exton Senior Living  
600 North Pottstown Pike  
Exton, Pennsylvania 19341  
License #: 14510

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on December 26, 2024, February 21, 2025, and March 20, 2025 of the above facility, we have determined that your submitted plan of correction for the October 23 and 24, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *EXTON SENIOR LIVING* License #: *14510* License Expiration: *01/01/2025*  
Address: *600 NORTH POTTSTOWN PIKE, EXTON, PA 19341*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *SNH PENN TENANT LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/30/2000* Issued By: *Commonwealth of PA, L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *10/24/2024*

**Inspection Dates and Department Representative**

10/23/2024 - On-Site: [REDACTED]  
10/24/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *59*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Life Stories* Capacity: *22* Residents Served: *16*

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *19* Have Physical Disability: *0*

**Inspections / Reviews**

**10/23/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/25/2024*

12/11/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/31/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/18/2024

12/27/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/31/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/31/2024

03/20/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/31/2024  
Reviewer: [REDACTED] Follow-Up Type: Exception

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 was not signed by the resident.

The resident-home contract, dated [REDACTED], for resident #2 was not signed by the resident.

Repeat Violation: 09/21/23

Plan of Correction

Accept ( [REDACTED] ) - 12/26/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2024 by the ASD in regard to both resident's. Both resident's are unable to sign and contracts have been noted. Both were signed by the responsible party and resident's rights were reviewed at the time of signing.

To enhance the currently compliant operations, on 11/16/2024 the Administrator held an in-service training with the ASD and CRD covering 2600.25.b, 2600.41.e, 2600.191 and 2600.28.e, Administrator will review each contract for completeness upon admission of new resident.

Effective 12/18/2024 the Administrator will perform weekly audits through 02/28/2025 to maintain ongoing compliance. Administrator will audit contracts weekly as they occur to ensure "having contract 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.". Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/18/2024

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented ( [REDACTED] ) - 02/21/2025)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #3 passed away on [REDACTED] Resident #3's personal belongings were removed from the resident's room on [REDACTED] however, a refund of previously paid charges was not processed until [REDACTED]

## 28e - Death of a Resident (continued)

**Plan of Correction**

Accept (█ - 12/26/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the ASD to refund was processed on █ Effective immediately ASD will send follow up reminders to corporate office financial team if payment not received in the next company check run when a refund is coming due. Check runs are every two weeks.*

*To enhance the currently compliant operations, on 11/16/2024 the Administrator held an in-service training with the ASD and CRD covering 2600.25.b, 2600.41.e, 2600.191 and 2600.28.e, with a completion date of 11/16/2024.*

*Effective 11/16/2024 the Administrator will perform weekly reviews through 02/28/2025 to maintain ongoing compliance with The Administrator will check compliance weekly in the event of any death of a resident to ensure refunding the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property, and in the event of a death of a resident under 60 years of age. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107), and keeping documentation of refunds in each resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 12/17/2024*

**Licensee's Proposed Overall Completion Date: 12/17/2024**

Implemented (█ - 02/21/2025)

## 41e - Signed Statement

**3. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

*Resident #1's and #2's records do not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.*

**Plan of Correction**

Accept (█ - 12/26/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2024 by the ASD in regard to both resident's. Both resident's are unable to sign and contracts have been noted. Both were signed by the responsible party and resident's rights were reviewed at the time of signing.*

*To enhance the currently compliant operations, on 11/16/2024 the Administrator held an in-service training with the ASD and CRD covering 2600.25.b, 2600.41.e, 2600.191 and 2600.28.e, Administrator will review each contract for completeness upon admission of new resident.*

41e - Signed Statement (continued)

Effective 12/18/2024 the Administrator will perform weekly audits through 02/28/2025 to maintain ongoing compliance. Administrator will audit contracts weekly as they occur to ensure "having contract 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.". Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/17/2024

Licensee's Proposed Overall Completion Date: 12/17/2024

Implemented ( ) - 02/21/2025)

54a - Direct Care Staff

4. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed ( ) - 12/26/2024)

Direct care staff A graduated from nursing school See attached. As well as high school diploma See attached, which was not needed with nursing credentials

Directed

Immediately: The administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation will be kept in the staff records and made available upon request of the Department. Only those staff persons who meet the direct care staff qualifications will provide direct care services.

Directed Completion Date: 12/30/2024

Implemented ( ) - 02/21/2025)

63a - First Aid/CPR Training

5. Requirements

2600.

### 63a - First Aid/CPR Training *(continued)*

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

#### Description of Violation

*On the overnight shift, 11:00 PM to 7:00 AM, on 10/14/24 and 10/19/24, 59 residents were present in the home. During this time only one staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.*

#### Plan of Correction

Accept (█) - 12/27/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2024 by the RWD to Reviewed all current staffing for verification of certified in first aid, obstructed airway techniques and Class held on CPR to ensure scheduling meets compliance.*

*To enhance the currently compliant operations, on 12/01/2024 the RWD will CPR classes are now scheduled Quarterly with a requirement that all staff be certified within their first 90 days of employment, with a completion date of 03/31/2025. Class held on 12.9.2024. Next class scheduled for 1.3.2025*

*Effective 12/01/2024 the ASD and RWD will perform monthly audits through 03/31/2025 to maintain ongoing compliance with ASD will track compliance of all staff being certified within their first 90 days of employment beginning with December 2024 new hires. RWD will ensure scheduling complies with at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 12/18/2024**

### 65d - Initial Direct Care Training

#### 6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.

65d - Initial Direct Care Training (continued)

- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services in [REDACTED]. However, this staff person has not completed and passed the Department-approved direct care training course and competency test.

**Plan of Correction**

Directed ([REDACTED] - 12/27/2024)

Direct care staff A graduated from nursing school See attached.  
Direct care staff A has been a Med Tec for over 9 years

**Directed**

Immediately: The administrator or designee shall review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.65(d) and the documentation is in the staff records. If direct care staff qualifications are not met, staff will be assigned a position which does not include providing direct care services. Only those staff persons whom meet the direct care staff qualifications will provide direct care services. Staff person A will not be permitted to provide unsupervised direct care services until the training requirements of 2600.65d have been met. Documentation of training shall be kept. The documentation provided is not sufficient. Provide a current license for staff person A. [REDACTED]

Directed Completion Date: 12/30/2024

Implemented ([REDACTED] - 02/21/2025)

81b - Resident Personal Equipment

**7. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

Resident #2 has a bedside mobility device that is not attached to the bed frame but slides under the resident's mattress.

Resident #4 has a bedside mobility device that is not attached to the bed frame but slides under the resident's mattress.

Bedside mobility devices that slide under the mattress and are not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstance.

**Plan of Correction**

Accept ([REDACTED] - 12/27/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2024 by the RWD to: Resident #2 – Assistive Device was removed from residents bed and picked up by family. Resident #4 – Assistive Device has been secured to the bed frame to ensure safety.

81b - Resident Personal Equipment (continued)

To enhance the currently compliant operations, on 12/17/2024 the RWD will educate Resident families on the dangers involved with bed mobility devices and strongly encouraged to remove these devices or they will be removed by staff, future admissions will be prohibited from applying these devices to beds to ensure ongoing safety, with a completion date of 12/17/2024.

Effective 10/28/2024 the RWD will perform monthly audits through 01/31/2025 to maintain ongoing compliance with Current enabler/bed mobility devices have been checked by RWD and maintenance for stability and proper installation.

Staff training to check the stability of these devices daily to ensure stability and proper installation. Resident Wellness Director will perform monthly audits on any bed mobility devices in the building and report issues to maintenance for repair/removal. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/17/2024

89b - Hot Water Temperature

8. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 10/24/24, at 12:10 PM, the hot water temperature at the bathroom sink in resident #1's room measured 127 degrees Fahrenheit and at 4:32 PM it was 126 degrees Fahrenheit.

On 10/24/24, at 12:23 PM, the hot water temperature at the bathroom sink in resident #2's room measured 125 degrees Fahrenheit and at 4:32 PM it was 123 degrees Fahrenheit.

Plan of Correction

Accept (█) - 12/27/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the Maintenance Director to Maintenance Director manually bypassed the mixing valve to reduce the temperatures.

To enhance the currently compliant operations, on 10/28/2024 the Maintenance Director will Temperature will be checked daily through December 31st then will return to the weekly temperature check as included in TELS reporting system, with a completion date of 12/31/2024.

Effective 10/28/2024 the Maintenance Director will perform daily checks through 12/31/2024 to maintain ongoing compliance with Maintenance Director will monitor water temperature, checked daily through December 31st then will return to the weekly temperature check as included in TELS reporting system, ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/18/2024

96a - First Aid Kit

9. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the Life Stories Unit has antiseptic that expired on 05/31/2022. No other antiseptic was in the first aid kit.

Repeat Violation: 09/21/23

Plan of Correction

Accept (█ - 12/27/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the Maintenance Director to Immediate action was taken to removed expired Antiseptic was and replaced with Antiseptic with an Expiration date of 04/2026.

To enhance the currently compliant operations, on 10/25/2024 the Maintenance Director will The Maintenance Director added the inventorying for first aide kits and their contents and dating to █ TELS system software for scheduled reminders and tracking of compliance. Completed 10/28/2024, with a completion date of 10/28/2024.

Effective 10/28/2024 the Maintenance Director will perform monthly audits through 02/28/2025 to maintain ongoing compliance with Maintenance Director will follow █ compliance alerts in TELS to ensure monthly audits of first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.having a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. With nothing exceeding expiration dates. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/17/2024

Licensee's Proposed Overall Completion Date: 12/17/2024

Implemented (█ - 03/20/2025)

101j7 - Lighting/Operable Lamp

10. 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 #5 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 09/21/23.

Plan of Correction

Directed (█ - 12/27/2024)

I disagree with this violation. Resident #5 had a bedside table with a lamp on it and did during the inspection. There was a box of crackers that the resident keeps bedside and was located on the bedside of the lamp. The inspector

101j7 - Lighting/Operable Lamp (continued)

was claiming this made the lamp inaccessible which is not correct. See attached

**Directed**

Immediately: All staff persons shall be educated on the importance of operable bedside lighting and that each resident shall have an operable lamp or other source of lighting that can be turned on/off from bedside. Documentation of education shall be kept. A designated staff person shall check the home weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside.

Directed Completion Date: 12/30/2024

107a - Emergency Preparedness

11. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

Staff person the administrator, is not familiar with the emergency preparedness plan for the local municipality.

Plan of Correction

Accept - 12/27/2024

Township and county Emergency plans are in the possession of the administrator. Given to inspector same day.

Administrator will exchange plans on the same date (October 24th) Annually with Uwchlan Township Fire Marshall and Chester County Dept. Emergency Services

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 12/17/2024

Implemented - 03/20/2025

132g - Fire Drills Days/Times

12. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's fire drills completed on 09/25/23, 10/30/23, and 11/06/23 were all completed on a Monday.

Plan of Correction

Accept - 12/27/2024

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/28/2024 by the Maintenance Director to added days of the week on the personal care home fire log.

To enhance the currently compliant operations, on 10/25/2024 the Maintenance Director will use a calendar and TELS. Days were not repeated in 2024, with a completion date of 02/28/2025.

132g - Fire Drills Days/Times (continued)

Effective 10/25/2024 the Administrator will perform monthly reviews through 02/28/2025 to maintain ongoing compliance with Coordination with Maintenance Director to review prior week days used ensuring fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/18/2024

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented ( ) - 03/20/2025

144c1 - Smoking Area Guidelines

13. Requirements

2600.

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 pillows on the bench and chair which are not labeled as fire resistant.

Plan of Correction

Accept ( ) - 12/27/2024

The pillows are/were fire resistant but the tags were removed. The pillows were immediately discarded and in the spring we will be replaced with fire resistant pillows with the tags intact. The Administrator will make sure any future pillows in the smoking area are fire resistant

Proposed Overall Completion Date: 11/25/2024

Licensee's Proposed Overall Completion Date: 12/17/2024

Implemented ( ) - 03/20/2025

171b4 - Staff Training

14. 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

On 10/24/24, an interview was held with staff person C. During the interview staff person C stated the transportation of residents is completed by staff person C alone. However, staff person C has not completed the initial new hire direct care staff person training.

171b4 - Staff Training (continued)

**Plan of Correction**

Accept (█ - 12/27/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/27/2024 by the Maintenance Director to Maintenance Director was removed from transportation until completing Direct Care Staff Training on 10/26/2024.*

*To enhance the currently compliant operations, on 12/17/2024 the ASD will During on-boarding or during any change in roles that require transportation duties, staff person will have to complete Direct Care Staff Training prior to being approved as a driver with our corporate office. This will be managed/monitored by the ASD, with a completion date of 12/17/2024.*

*Effective 10/26/2024 the ASD will perform monthly checks through 01/31/2025 to maintain ongoing compliance with Any staff member driving our transportation must complete direct care staff person training prior to even being considered as a driver and and prior to being submitted to our corporate office. This will ensure compliance that at least one staff member transporting or accompanying the residents has completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation) ASD will monitor and check compliance with any and all potential drivers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 12/17/2024**

**Implemented (█ - 03/20/2025)**

183d - Prescription Current

**15. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*On 10/24/24, Vanicream Skin Cream belonging to resident #5, was in the home's medication cart. This is not an active prescription. There was no physician order due to the family providing the cream.*

**Plan of Correction**

**Directed (█ - 12/27/2024)**

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the RWD to remove and discard the medications.*

*To enhance the currently compliant operations, beginning the week of 11/17/2024 weekly cart audits will be performed by Med Tec to ensure all medications are current with prescription and dates of use clearly labeled. Any medications with expiration will be removed from the medication cart and a new supply will be ordered from the pharmacy. Medication Technicians will check dates of opened medications/treatments weekly. Staff training to verify medications have a clearly marked open date and will be discarded on expiration. Medication Technician on the overnight shift will perform weekly cart audits to ensure all medications are current and within use dates*

*Effective 11/17/2024 the RWD will perform weekly audits through 12/31/2024 to maintain ongoing compliance with Certified Medication Technicians to perform weekly audits on the overnight shift beginning week 11/17/2024 continuing through Jan 31, 2025. RWD will verify completion and accuracy of audits. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Effective the week of 11/17/24. the*

183d - Prescription Current (continued)

RWD will perform weekly checks through 1/31/2025 to maintain ongoing compliance with the removal and replacement of any non-compliant medications. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement. for further review and continuous improvement.

Proposed Overall Completion Date: 12/18/2024

**Directed**

In addition to the above plan of correction:

Immediately: The administrator or designee will educate residents and their families that all medications and medical equipment must have a prescription. [REDACTED]

Directed Completion Date: 12/18/2024

Implemented ([REDACTED] - 03/20/2025)

183e - Storing Medications

16. 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 10/24/24, two boxes of Triamcinolone Acetonide Cream prescribed to resident #5, were in the home's medication cart. These medications were marked with "Date Opened 5/27/24, Date Expired 7/24".

**Plan of Correction**

Accept ([REDACTED] - 12/27/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the RWD to remove and discard the expired medications. New medications were ordered from the pharmacy.

To enhance the currently compliant operations, beginning the week of 11/17/2024 weekly cart audits will be performed by Med Tec to ensure all medications are current and dates of use clearly labeled. Any medications with expiration will be removed from the medication cart and a new supply will be ordered from the pharmacy. Medication Technicians will check dates of opened medications/treatments weekly. Staff training to verify medications have a clearly marked open date and will be discarded on expiration. Medication Technician on the overnight shift will perform weekly cart audits to ensure all medications are current and within use dates.

Effective 11/17/2024 the RWD will perform weekly audits through 12/31/2024 to maintain ongoing compliance with Certified Medication Technicians to perform weekly audits on the overnight shift beginning week 11/17/2024 continuing through Jan 31, 2025. RWD will verify completion and accuracy of audits. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Effective the week of 11/17/24. the

183e - Storing Medications (continued)

RWD will perform weekly checks through 1/31/2025 to maintain ongoing compliance with the removal and replacement of expiring medications. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement. for further review and continuous improvement.

Proposed Overall Completion Date: 12/17/2024

Licensee's Proposed Overall Completion Date: 12/17/2024

Implemented (█) - 03/20/2025)

184a - Resident's Meds Labeled

17. 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

The pharmacy label for resident #5's Triamcinolone 0.01% Cream indicates: Apply cream to B/L Axilla back topically twice daily for rash. However, resident #5's October 2024 Medication Administration Record (MAR) indicates; Apply topically under arms twice daily as needed until resolved.

Plan of Correction

Accept (█) - 12/27/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the RWD to Change of direction sticker placed on label of prescription to identify a change in the current order.

To enhance the currently compliant operations, on 11/17/2024 the Med Tec will Weekly cart audits will be performed to ensure all medications are labeled clearly with instructions of administration, if a change in the order is made, a "change of direction" sticker will be placed for staff to identify the change in the order prior to administration. Medication Technicians will check orders for accuracy during administration daily.

Staff training to verify medications have a clearly marked label with current instructions for administration. Medication Technician on the overnight shift will perform weekly cart audits to ensure all medications are labeled correctly and have proper stickers applied for change in direction, with RWD auditing through 01/31/2025.

Effective 11/17/2024 the Med Tec will perform weekly audits through 01/31/2025 to maintain ongoing compliance with Certified Medication Technicians to perform weekly audits on the overnight shift beginning week of 11/17/2024 ensuring the original container for prescription medications will be labeled with a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber and any needed "change of direction sticker". Any deficiencies will be corrected immediately, and findings will be documented and reported to the RWD.

**184a - Resident's Meds Labeled (continued)**

*RWD will perform weekly checks through 1/31/2025 to maintain ongoing compliance with all medications are labeled clearly with instructions of administration, if a change in the order is made, a "change of direction" sticker will be placed for staff to identify the change in the order prior to administration.*

*Proposed Overall Completion Date: 12/18/2024*

**Licensee's Proposed Overall Completion Date: 12/18/2024**

**185a - Implement Storage Procedures****18. 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**

*Resident #5 is prescribed Guaifenesin Tab 600 MG ER - Give 1 tablet by mouth daily as needed. On 10/24/24 this medication was not available in the home.*

**Plan of Correction**

**Accept (█ - 12/27/2024)**

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the RWD to Prescription was refilled on 10/24/24. Medication is available to resident.*

*To enhance the currently compliant operations, beginning the week of 11/17/2024 the Med Tec will do Weekly Cart audits, including verifying that all PRN medications are in cart and available Medication Technicians will audit cart weekly to review meds/orders for accuracy. Staff notified of policy. Medication Technician on the overnight shift will perform weekly cart audits for accuracy, with a continuation through 01/31/2025.*

*Effective week of 11/17/2024 the RWD will perform weekly audits through 01/31/2025 to maintain ongoing compliance. Certified Medication Technicians to perform weekly audits on the overnight shift beginning week 11/17/2024 continuing through Jan 31, 2025. RWD will verify completion and accuracy of audits. Any deficiencies will be corrected immediately, and findings will be documented and reported ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 12/18/2024*

**Licensee's Proposed Overall Completion Date: 12/18/2024**

**19. 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 10/24/24, the home was not able to provide a log of resident #5's glucose readings for the month of October.*

## 185a - Implement Storage Procedures (continued)

**Plan of Correction**

Accept (█ - 12/27/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the RWD to Prescription was refilled on 10/24/24. Medication is available to resident.*

*To enhance the currently compliant operations, beginning the week of 11/17/2024 the Med Tec will do Weekly Cart audits, including verifying that all PRN medications are in cart and available Medication Technicians will audit cart weekly to review meds/orders for accuracy. Staff notified of policy. Medication Technician on the overnight shift will perform weekly cart audits for accuracy, with a continuation through 01/31/2025.*

*Effective week of 11/17/2024 the RWD will perform weekly audits through 01/31/2025 to maintain ongoing compliance. Certified Medication Technicians to perform weekly audits on the overnight shift beginning week 11/17/2024 continuing through Jan 31, 2025. RWD will verify completion and accuracy of audits. Any deficiencies will be corrected immediately, and findings will be documented and reported ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 12/18/2024**

## 186a - Authorized Prescriber

**20. Requirements**

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

**Description of Violation**

*The prescription medication Vanicream Skin Cream belonging to resident #5 was not prescribed by an authorized prescriber. According to staff person D, the medication was obtained by the resident's family.*

*On 10/24/24 resident #5 was wearing a Dexcom G7 Sensor. The sensor was not prescribed by an authorized prescriber. According to staff person D, the sensor was obtained by the resident's family.*

**Plan of Correction**

Directed (█ - 12/27/2024)

*When we asked the inspector █ said this Dexcom is a problem and DHS had not come to a clear direction on how to resolve the issue, We keep a log but this accepted device does not that █ family wants. Need further communication from DHS to understand compliance.*

**Proposed Overall Completion Date: 11/30/2024**

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate*

186a - Authorized Prescriber (continued)

action was taken on 10/24/2024 by the RWD to Prescription was refilled on 10/24/24. Medication is available to resident.

To enhance the currently compliant operations, beginning the week of 11/17/2024 the Med Tec will do Weekly Cart audits, including verifying that all PRN medications are in cart and available Medication Technicians will audit cart weekly to review meds/orders for accuracy. Staff notified of policy. Medication Technician on the overnight shift will perform weekly cart audits for accuracy, with a continuation through 01/31/2025.

Effective week of 11/17/2024 the RWD will perform weekly audits through 01/31/2025 to maintain ongoing compliance. Certified Medication Technicians to perform weekly audits on the overnight shift beginning week 11/17/2024 continuing through Jan 31, 2025. RWD will verify completion and accuracy of audits. Any deficiencies will be corrected immediately, and findings will be documented and reported ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/18/2024

**Directed**

In addition to the above plan of correction:

Immediately: The administrator or designee will educate residents and their families that all medications and medical equipment must have a prescription. [REDACTED]

Directed Completion Date: 12/18/2024

Implemented [REDACTED] - 03/20/2025)

187a - Medication Record

21. 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.
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.

## 187a - Medication Record (continued)

**Description of Violation**

Resident #5 is prescribed a Freestyle Libre Kit 2 Sensor according to resident #5's October 2024 MAR. However, on 10/24/24 resident was wearing a Dexcom G7 Sensor and neither the home nor the resident had access to data history for this device.

**Plan of Correction**

Accept (█ - 12/27/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2024 by the RWD to Order for Libre Discontinued, Copy of physicians order for Dexcom obtained from resident PCP and placed in █ chart/MAR. Unable to see history on device, awaiting confirmation of protocol for this device to be set forth from the Department Human Services. Inspector said this was an issue without any clear direction.

To enhance the currently compliant operations, on 10/28/2024 the RWD notified Resident family member of policy to obtain copies of prescriptions if picking up medications for resident. Staff will remind family member of policy should █ arrive with new medication. Medication Technicians will audit cart weekly to review meds/orders for accuracy. Staff notified of policy. Medication Technician on the overnight shift will perform weekly cart audits for accuracy beginning week of 11/17/24, with a audit completion date of 01/31/2025.

Effective week of 11/17/2024 the RWD will perform weekly audits through 01/31/2025 to maintain ongoing compliance. Certified Medication Technicians to perform weekly audits on the overnight shift beginning week 11/17/2024 continuing through Jan 31, 2025. RWD will verify completion and accuracy of audits. Any deficiencies will be corrected immediately, and findings will be documented and reported ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/17/2024

## 191 - Resident Right to Refuse

**22. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #1, admitted █ and resident #2, admitted █ have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction**

Accept (█ - 12/27/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2024 by the ASD in regard to both resident's. Both resident's are unable to sign and contracts have been noted. Both were signed by the responsible party and resident's rights were reviewed at the time of signing.

To enhance the currently compliant operations, on 11/16/2024 the Administrator held an in-service training with the ASD and CRD covering 2600.25.b, 2600.41.e, 2600.191 and 2600.28.e, Administrator will review each contract for completeness upon admission of new resident.

## 191 - Resident Right to Refuse (continued)

Effective 12/18/2024 the Administrator will perform weekly audits through 02/28/2025 to maintain ongoing compliance. Administrator will audit contracts weekly as they occur to ensure "having contract 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.". Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/17/2024

Implemented (█) - 03/20/2025)

## 227d - Support Plan Medical/Dental

## 23. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

## Description of Violation

The assessment for resident #2, dated █ indicates B (Partial Assistance) under the Personal Care Need and Degree column for Transfer bed/chair with "...Care Team involvement is limited to standby for safety, cueing and coaxing." as part of the Description of Service Needed. Turning and positioning in bed/chair is assessed as A (Independent).

The assessment for resident #6, dated █ lists Transfer bed/chair twice under Personal Care Need. Neither has a Degree assessed. Under the Description of Service Needed column, the first states, in part, "Resident can bear partial weight and needs the assist of 2". The second states "Resident can bear full weight (I)". Under Turning and positioning in bed/chair, the resident is assessed as A (Independent).

Both residents utilize a bedside mobility device but this is not reflected on their Resident Assessment and Support Plan (RASP). When such devices are in use, the resident's support plan must reflect:

- The specific need for the device,
- The intended Use,
- Any risks associated with the device,
- The resident's ability to use the device safely for the intended purpose,
- Identification of the specific device to be used,
- If a cover is required to meet FDA guidelines.

## Plan of Correction

Accept (█) - 12/27/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2024 by the RWD to Resident #2 – Bedside mobility device has been removed from resident bed – This device was placed without the knowledge of Wellness Director and the device placed is not the recommended safety device for our community. Family has taken the device home. Resident #6 – Bed Mobility Device has been added to █ RASP.

**227d - Support Plan Medical/Dental (continued)**

*To enhance the currently compliant operations, on 12/17/2024 the RWD will Resident wellness director will ensure moving forward that additional supports put in place are added to residents care plan. Newly ordered devices will be given to RWD for completion of RASP addendum prior to being placed in resident room Staff notified of policy. RWD will monitor all devices being brought into residents rooms ongoing, with a completion date of 01/31/2025.*

*Effective 10/28/2024 the RWD will perform monthly inspections through 01/31/2025 to maintain ongoing compliance. RWD is responsible for documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 12/18/2024*

**Licensee's Proposed Overall Completion Date: 12/18/2024**