

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

January 14, 2025

[REDACTED]
CHESTER SPRINGS SENIOR LIVING PARTNERS, LLC
[REDACTED]
[REDACTED]

RE: FIELDSTONE AT CHESTER SPRINGS
145 BYERS ROAD
CHESTER SPRINGS, PA, 19425
LICENSE/COC#: 15181

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/04/2024 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: FIELDSTONE AT CHESTER SPRINGS License #: 15181 License Expiration: 03/09/2025
 Address: 145 BYERS ROAD, CHESTER SPRINGS, PA 19425
 County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: CHESTER SPRINGS SENIOR LIVING PARTNERS, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 08/19/2024 Issued By: Upper Uwchlan Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Provisional Exit Conference Date: 12/04/2024

Inspection Dates and Department Representative

12/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 132 Residents Served: 38

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Unit Capacity: 22 Residents Served: 14

Hospice
 Current Residents: 3

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

12/04/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/25/2024

12/31/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/13/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/15/2025

Inspections / Reviews *(continued)*

01/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2025

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 [redacted] the home's current LIS, dated [redacted] was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 12/31/2024)

1. On 12.04.24 the home's current LIS was immediately placed into the "public binder" in the front lobby area. It had inadvertently been taken out during the audit process and not replaced.
2. ED to be responsible for ensuring that the current LIS is always posted and available for public view in the licensure binder. ED to check during routine community walkthroughs and complete a monthly audit.
3. Audit results are to be reported at QA meetings to ensure compliance with Regulation 2600.3.c
4. The community's QA mtg is scheduled in January to recap the end of 2024. Two months of the audit will be submitted and continue throughout the year.

Proposed Overall Completion Date: 01/13/2025

Licensee's Proposed Overall Completion Date: 01/13/2025

Implemented ([redacted] - 01/14/2025)

103g Storing Food

3. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were in a stand-out freezer opened and unsealed bags of French fries, chicken wings, carrots, chicken nuggets, bread, and crispy chicken pieces.

Plan of Correction

Accept [redacted] - 12/31/2024)

1. The food was immediately discarded with the Inspector present during the survey.
2. All items were replenished and stored in a resealable dated bag.
3. Culinary Director/designee to educate cooks on the proper procedure as outlined in Serv-Safe.
4. Weekly audits will be conducted to ensure compliance x2 months.
5. Periodic audits to be conducted thereafter by the Culinary Director/ designee and Regional Culinary Director and reported and reviewed at the Quarterly QA mtg.

103g - Storing Food (continued)

Proposed Overall Completion Date: 01/15/2025

Licensee's Proposed Overall Completion Date: 01/30/2025

Implemented [redacted] 01/14/2025)

103i - Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were two unlabeled, undated trays of chicken in the main kitchen walk-in refrigerator. There were also in a stand-out freezer unlabeled, undated bags of French fries, chicken wings, carrots, chicken nuggets, bread, and crispy chicken pieces.

Plan of Correction

Accept [redacted] - 12/31/2024)

- 1. The unlabeled chicken was properly dated as it was just prepared that day.
- 2. The remaining food was immediately discarded with the Inspector present during the survey.
- 3. Culinary Director/designee to educate cooks on the proper procedure as

outlined in Serv-Safe.

- 4. Weekly audits will be conducted to ensure compliance x2 months.
- 5. Periodic audits to be conducted thereafter by the Culinary Director/ designee and Regional Culinary Director and reported and reviewed at the Quarterly QA mtg.

Proposed Overall Completion Date: 01/15/2025

Licensee's Proposed Overall Completion Date: 01/30/2025

Implemented [redacted] 01/14/2025)

185a - Implement Storage Procedures

6. Requirements

2600.

185a Implement Storage Procedures (continued)

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 [redacted] is prescribed two orders of [redacted]; take two tablets by mouth every 4 hours as needed for pain and temperature greater than 100°F. On 12/04/2024 the medication(s) were not available in the home.

Plan of Correction

Accept [redacted] - 12/31/2024)

1. The resident self administers [redacted] medication, and the medications are properly stored by the resident. While the surveyor was still present in the apartment, the DON called the [redacted] and explained the need to have [redacted] available for the resident in [redacted] apt. [redacted] complied and 325mg tabs of acetaminophen were brought to the resident same day.
2. DON reviewed the current medication list on file and educated the resident on the need to have all medications including PRNs available in her apartment.
3. DON/designee to audit all self medicating residents to ensure compliance and accuracy by 12/31/24.
4. DON/designee to audit all self med residents monthly. Any discrepancies will be addressed immediately.
5. Results of self medication audits to be reviewed at Quarterly QA mtg.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([redacted] - 01/14/2025)

202 - Prohibitions

7. 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.
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.

202 - Prohibitions (continued)

- 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] for anxiety or agitation. According to the resident medication administration record, [REDACTED] mg was administered to resident [REDACTED] to control behaviors on [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/31/2024)

- 1. The nurse immediately notified the resident's primary physician and hospice of the need to provide an accurate diagnosis for medications.
- 2. The order was received on 12/05/24 and updated in the resident's record.
- 3. DON/designee to educate nurses on Regulation 2600.202 by 12/31/24.
- 4. DON/designee will audit all prn medications for accurate diagnosis weekly X 4 weeks. Any non-compliant diagnosis will be addressed immediately upon discovery.
- 5. Audits to be reviewed at quarterly QA meetings.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/14/2025)

225a - Assessment 15 Days

8. Requirements

- 2600.
- 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/31/2024)

- 1. DON immediately corrected the dates on the initial RASP, as the dating had been mistakenly changed in the computer to accommodate the significant change in RASP.
- 2. DON will educate nurses on regulation 2600.225(a) by 12/31/24.
- 3. DON/designee will audit 10% of resident charts monthly for accurate dating if resident's RASP.
- 4. Audits to be reviewed at quarterly QA meetings.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/14/2025)

227a Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident's initial support plan was not completed until [redacted].

Plan of Correction

Accepted [redacted] - 12/31/2024)

1. The resident's updated support plan was dated incorrectly.
2. Resident charts were audited, and no further discrepancies were found.
3. DON/designee to audit for compliance monthly as part of Nursing's internal auditing of Support plans.
4. Results of the auditing will be presented at Quarterly QA meetings.

Licensee's Proposed Overall Completion Date: 01/13/2025

Implemented [redacted] 01/14/2025)