

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

February 13, 2025

[REDACTED]
LCB CHADDS FORD LLC
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT CHADDS FORD
1778 WILMINGTON PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14536

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2024, 12/11/2024, 12/12/2024, 12/13/2024, 12/16/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE RESIDENCE AT CHADDS FORD* License #: 14536 License Expiration: 12/06/2025
 Address: 1778 WILMINGTON PIKE, GLEN MILLS, PA 19342
 County: DELAWARE Region: SOUTHEAST

Administrator

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

Legal Entity

Name: LCB CHADDS FORD LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 112 Waking Staff: 84

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: 12/16/2024

Inspection Dates and Department Representative

12/09/2024 - Off-Site: [REDACTED]
 12/11/2024 - Off-Site: [REDACTED]
 12/12/2024 - Off-Site: [REDACTED]
 12/13/2024 - Off-Site: [REDACTED]
 12/16/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 108 Residents Served: 79

Secured Dementia Care Unit
 In Home: Yes Area: *Reflections* Capacity: 24 Residents Served: 23

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 33 Have Physical Disability: 2

Inspections / Reviews

12/09/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 01/10/2025

Inspections / Reviews (*continued*)

01/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/20/2025

02/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/10/2025

02/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation, completed on [redacted], does not include (3) medical information pertinent to diagnoses and treatment, and (5) Immunization History.

Plan of Correction

Accept [redacted] - 02/04/2025)

*A medical evaluation was completed on 12/17/2024 by the PCP, which included (3) medical information pertinent to the diagnosis and treatment, and (5) immunization history.

*All current resident files have been reviewed for full completion of the DME, the PCP was contacted for corrections as indicated. This was completed by 1/13/2025.

*The Care Team will be educated on the purpose and completion of the DME by the RCD/ED by 1/31/2025.

* All DMEs will be reviewed by the RCD/ED, daily at the time of receipt for full completion beginning 1/2/2025 and ongoing.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 02/13/2025)

185a Implement Storage Procedures

2. 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 [redacted] is prescribed [redacted]. The narcotic control record for this medication shows the following entries in this order:

- [redacted]

An error was made and not corrected in the entry dated [redacted] between the [redacted] 10am and the [redacted] 8:16pm sign outs.

Repeated Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 01/15/2025)

* The individual who made the error was educated individually on 1/3/2025 by the RCD/ED on proper documentation and the proper way to correct an error and the correction was made.

*A new Individual Resident Controlled Substance Record which has larger spaces for documentation resulting in greater legibility, will be utilized for all controlled substances beginning 1/13/2025 and on going.

* All Med Techs and Nurses will be educated by the RDC/ED by 1/31/2025 on proper documentation and the proper way to correct an error.

185a Implement Storage Procedures (continued)

* The RCD/Designee will audit the Narcotic logs for proper, complete documentation and proper correction of any errors every Monday, Wednesday and Friday starting 1/13/2025 through 1/31/2025. If any errors are found they will be properly corrected and the Med Tech or nurse responsible for the error will be re educated on the proper procedure.

* Weekly audits of Narcotic records will be completed by the RCD/Designee starting 2/3/2025 and will be ongoing.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented () - 02/13/2025

187a - Medication Record

3. Requirements

2600.

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

9. Administration times.

Description of Violation

Resident () November and December's MAR reflects pre printed ranges of times for the following medications and does not document the actual administration time:

- () tablets Morning 7am 12pm
- () tablets daily in the morning and at bedtime Morning 7am 12pm and Bedtime 8pm 12am

Resident () November Medication Administration Record (MAR) reflects pre printed ranges of times for the following medications and does not document the actual administration time:

- () Morning 7am 12pm
- () Bedtime 8pm 12am
- () Morning 7am 12pm
- () Morning 7am 12pm
- () Bedtime 8pm 12am
- () Morning 7am 12pm
- () Morning 7am 12pm
- () Morning 7am 12pm
- () Morning 7am 12pm

Plan of Correction

Directed () - 01/15/2025

* The administration times for Resident () and Resident () have been changed to no longer reflect a range of times.

* All Med Techs and Nurses will be educated by the RCD/ED on this change and the regulation behind the change on by 1/31/2025.

* The RCD/RSS will change the medication administration times on the MARs for all other residents to no longer reflect a range of time. All changes will be completed by 1/13/2025.

* The RCD/RSS or designee will monitor continued med time compliance with weekly audits of the MARs beginning on 1/13/2025 and will be ongoing. .

Directed Completion Date: 01/31/2025

Implemented () - 02/13/2025

187d - Follow Prescriber's Orders

4. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] Units: Take 1 capsule by mouth with each snack. The resident's Medication Administration Record (MAR) showed no documented administrations of this medication from 11/12/24 through 12/9/24. Staff interviews indicate that this resident is not receiving this medication with snacks as prescribed.

Resident [redacted] is prescribed [redacted] and [redacted] units: take with meals. These medications were not administered as prescribed on 11/23/24 at 8am

Plan of Correction

Accept [redacted] 02/04/2025)

* The resident receives routine snacks mid-morning and mid-afternoon. On 12/27/2024 the resident's MAR had been updated to administer the medication referenced at 10am and 3pm with the routine snacks.

*The resident did receive her medications on 11/23/2024, as indicated in the progress note written on 11/23/2024, because the Med Tech was not able to sign.

* All Med Techs and nurses will be educated on the medication Creon, and the importance of getting this medication with all meals and snacks on by 1/31/2025 by the RCD/Designee.

*Resident #1's medications are reviewed weekly with the audit of the MAR and med cart, to ensure proper directions are followed beginning on 1/13/2025 and ongoing.

*The RCD/Designee will review all new orders for special instructions, and educate the Med Techs and nurses on those instructions as needed beginning 1/3/2025 and ongoing.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 02/13/2025)

251b - Record Entries Legible

5. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The narcotics control log for Resident [redacted] "Take 1 capsule by mouth 3 times a day" showed multiple cross outs and writeovers as follows:

- cross out of the administration time on [redacted] at 7:54pm
- write over of the administration time the morning of [redacted] (time illegible)
- write over of the date of administration on [redacted] at 2:39pm
- write over of the date of administration on [redacted] at 8:11pm

Plan of Correction

Accept [redacted] - 01/15/2025)

*On 1/3/2025 the narcotics control logs were properly corrected by the Med Tech or nurse that was responsible for the error.

251b - Record Entries Legible (continued)

**A new Individual Resident Controlled Substance Record which has larger spaces for documentation resulting in greater legibility, will be utilized for all controlled substances beginning 1/13/2025 and on going.*

** All Med Techs and Nurses will be educated by the RDC/ED by 1/31/2025 on proper documentation and the proper way to correct an error.*

** The RCD/Designee will audit the Narcotic logs for proper, complete documentation and proper correction of any errors every Monday, Wednesday and Friday starting 1/13/2025 through 1/31/2025. If any errors are found they will be properly corrected and the Med Tech or nurse responsible for the error will re-educated on the proper procedure.*

** Weekly audits of Narcotic records will be completed by the RCD/Designee starting 2/3/2025 and will be ongoing.*

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented ([REDACTED] 02/13/2025)