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

March 28, 2025

[redacted]
EAGLEVIEW LANDING LP
[redacted]

RE: EAGLEVIEW LANDING
650 STOCKTON DRIVE
EXTON, PA, 19341
LICENSE/COC#: 14698

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2025, 01/17/2025, 01/22/2025, 01/24/2025 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: *EAGLEVIEW LANDING* **License #**: *14698* **License Expiration**: *09/13/2025*

Address: *650 STOCKTON DRIVE, EXTON, PA 19341*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *EAGLEVIEW LANDING LP*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *03/27/2019* **Issued By**: *Uwchlan Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *88* **Waking Staff**: *66*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *01/13/2025*

Inspection Dates and Department Representative

01/13/2025 - On-Site: [redacted]
01/17/2025 - Off-Site: [redacted]
01/22/2025 - Off-Site: [redacted]
01/24/2025 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *121* **Residents Served**: *65*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Along the Journey* **Capacity**: *45* **Residents Served**: *23*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *65*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *23* **Have Physical Disability**: *0*

Inspections / Reviews

01/13/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/24/2025*

Inspections / Reviews *(continued)*

03/03/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/21/2025*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *03/08/2025*

03/06/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/21/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/21/2025*

03/28/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/21/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 7:30 am, staff person A, was assisting resident[redacted] with care when the resident became combative and pulled the staff person's hair. The staff person yelled at the resident stating "I will[redacted] you up, get off my hair." This incident was observed by staff person B . This incident was reported to staff person C, on [redacted] at 3:30 pm at which time this incident was reported to the department

Repeat violation:[redacted] et al

Plan of Correction ***Directed [redacted] - 03/06/2025)***

Action:
The incident was reported to DHS and AAA immediately upon Staff person C's awareness on[redacted]. The director of nursing completed the reporting on this incident on 1/1/25.
Training and Education:
The director of nursing will educate all current staff on 16c by 3-20-25 with documentation kept.
Monitoring and Follow-Up:
Effective 3/4/25 Executive director or manager on duty will monitor daily to ensure all incidents are reported timely for 3 months. All incidents and state reportables are to be reviewed at monthly Quality assurance meeting starting in March 2025 with documentation kept.

Proposed Overall Completion Date: 03/28/2025

Directed Plan of Correction: *Only the overall completion date is directed to 3/20/25. By this date the home should be able to demonstrate significant compliance with the plan of correction.*

Directed Completion Date: *03/20/2025*

Implemented [redacted] - 03/28/2025)

17 - Record Confidentiality

2. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], at 1:13pm in the room of resident [redacted], there was a sign taped on the wall displaying medications names [redacted] " and [redacted] " with notations that state "twice a day"

Repeated Violation:[redacted]

17 Record Confidentiality *(continued)*

Plan of Correction ***Directed [redacted] - 03/06/2025)***

Action:
Sign from resident [redacted] with medication on it was removed by the family before the family meeting on 1/31/25.
The resident's family, who was responsible for posting personal information on resident's wall, was educated about no confidential information is to be posted where others can view at a family care meeting on 1/31/2025 by Executive Director and Director of Nursing.
Staff Training and Education:
All staff members will be educated on Regulation 17 Confidentiality and the proper handling of medical information by the Director of Nursing and Executive Director: completion by 3 20 25 with documentation kept.
Monitoring:
Executive Director or a member of Leadership will walk the community daily to ensure residents confidentiality is maintained starting the week of 2 24 25 for 3 months and randomly thereafter.

Proposed Overall Completion Date: 03/28/2025

***Directed Plan of Correction**: Only the overall completion date is directed to 3/20/25. By this date the home should be able to demonstrate significant compliance with the plan of correction.*

Directed Completion Date: *03/20/2025*

Implemented [redacted] - 03/28/2025)

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted], at 7:30 am, staff person A, was assisting resident [redacted] with care when the resident became combative and pulled the staff person's hair. The staff person yelled at the resident stating "I will [redacted] you up, get off my hair." This incident was observed by staff person B .

Repeat violation: [redacted] et al.

Plan of Correction ***Accept [redacted] - 03/03/2025)***

Action
On 1/1/25 Staff person A was immediately removed from duty pending an investigation. On 1/1/25 the Director of nursing assessed Resident [redacted] was assessed for any physical or emotional harm.
The Director of Nursing started an internal investigation to gather all relevant details about the incident.
Statements were taken from staff persons A and B and submitted to DHS.
The incident was reported to the Department's personal care home regional office as required by regulations as soon as the DON was notified on 1/1/25.
Staff Training and Education:
All staff members will be re educated on Regulation 42c Dignity and respected by the Director of Nursing and or Executive Director by 3 20 25 with documentation kept.
All staff will have retraining on management of difficulty behaviors by a Regional Director of Memory care who is a certified dementia practitioner by 3 20 25 with documentation kept.

42c - Treatment of Residents (continued)

Monitoring and Follow-Up:
Starting the week of 2-24-25, the Executive Director or a member of the leadership team will monitor daily for compliance that all residents are treated with respect and dignity. The Executive Director will interview 3 residents a week for 4 weeks then 3 residents monthly for 2 months to ensure compliance with dignity and respect with documentation kept.

Licensee's Proposed Overall Completion Date: *03/20/2025*

Implemented [redacted] 03/28/2025)

62 - Contact List

4. Requirements

2600.
62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person E was not on the staff list provided by the administrator. The current list did not include all staff and substitute staff working in the home.

Plan of Correction ***Accept ([redacted] - 03/03/2025)***

Action
The staff list was immediately updated on 1-13-25 to include Staff person E and any other missing staff and substitute personnel by the Executive Director.
A review/audit will be conducted by the Executive Director and Administrative Assistant to ensure staff Roster is current with all staff, including substitute personnel, and volunteers are accurately listed by 3-20-25.
Staff Training and Education:
The administrator will educate all members of leadership on regulation 62 by 3-20-25 with documentation kept.
Monitoring and Follow-Up:
Executive Director or a Member Leadership will monitor staff Roster on a weekly basis beginning the week of 2-24-25 to ensure it is current.

Licensee's Proposed Overall Completion Date: *03/20/2025*

Implemented [redacted] - 03/28/2025)

63b - Current First Aid Training

5. Requirements

2600.
63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff person E was trained by Life Line Training Resources. Staff persons G, H, I , and J were trained by Health Safety Institute. These training sources are not certified as a trainer by a hospital or other recognized health care organization.

63b Current First Aid Training *(continued)*

Plan of Correction ***Accept [redacted] - 03/03/2025)***

Action:
Staff E ,G,H,I and J will be trained by a certified CPR instructed by 3 31 25. An Audit of all current direct care staff will be completed by the Director of nursing Administrative assistance by 3 20 2 to ensure all are trained by a certified instructor.
Staff Training and Education:
The Executive Director will educate all clinical leadership team on Regulation 63b and to obtain a copy of all CPR instructors credential by 3 20 25 with documentation kept.
Monitoring and Follow Up:
CPR training and instructor Credentials will be reviewed on a monthly basis at the Quality Assurance meeting starting in March of 2025 by the Executive Director and or Administrative Assistant.

Licensee's Proposed Overall Completion Date: *03/20/2025*

Implemented [redacted] - 03/28/2025)

185a - Implement Storage Procedures

6. 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] as needed. On [redacted], this medication was not available in the home.

Repeated Violation: [redacted]

Plan of Correction ***Accept [redacted] - 03/03/2025)***

Action:
Resident [redacted] missing medication was refill order was requested by the director of nursing and received on 1/16/25 to ensure Resident [redacted] had access to it if needed.
The medication inventory and ordering procedures were reviewed with nurses and Medication technicians by the Director of nursing on 1/16/25 and documentation kept.
An audit of all current residents' medication will be completed by the Director and Assistant Director of Nursing to ensure all prescribed medications are available by 3 30 25.
Staff Training and Education:
All Nurses and Certified Medication Technicians will be re educated on community process of reordering medication timely and on regulation 185a by the Director of nursing by 3 20 25.
Monitoring and Follow Up:
Director of Nursing or assistant director of nursing will do weekly audit starting the week of 3 3 25 with documentation kept ensuring prescribed med are available and audit will be reviewed at monthly quality assurance meeting starting with March of 2025.

Licensee's Proposed Overall Completion Date: *03/20/2025*

Implemented [redacted] - 03/28/2025)

185a Implement Storage Procedures *(continued)*

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed to wear [redacted] elasticated tubular support bandages "apply to bilateral lower extremities once daily in the morning and remove every night at bedtime". On [redacted] at 1:12pm resident [redacted] was observed without this treatment.

Repeat violation: [redacted] et al.

Plan of Correction ***Directed ([redacted] - 03/03/2025)***

Action:
On [redacted] The prescribed [redacted] was immediately offered to resident by the med tech on duty.
Resident [redacted] was assessed for any adverse effects due to the missed treatment. No adverse effects found by executive director during skin assessment of lower extremities on 1/13/25.
Staff Training and Education:
All Nurses and Medication Technicians will be re educated on regulation 187d following prescriber orders and how to document resident refusals by the Director of Nursing by 3 20 25
Monitoring and Follow Up:
Director of Nursing and or Assistant Director of nursing will conduct weekly medication audits starting the week of 3 3 25 with documentation kept and audit will be reviewed on monthly basis starting in March of 2025 at the quality assurance meeting

Directed Completion Date: *03/20/2025*

Implemented [redacted] - 03/28/2025)

202 - Prohibitions

8. Requirements

2600.
202. The following procedures are prohibited:
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

On [redacted] at 8:00pm, resident [redacted] was being assisted by staff person D. As the staff person pulled the resident backwards in the wheelchair through the threshold of the bathroom door, resident [redacted] braced extended both arms outward to avoid entering the bathroom. Staff person D reached around the resident from behind, crossed the resident's arms against the resident's chest, and pulled the resident's wheelchair through the doorway.

Plan of Correction ***Accept [redacted] - 03/03/2025)***

Action:
[redacted] Staff person D was immediately removed from duty pending an investigation by the Executive Director.
Resident [redacted] was assessed for any physical or emotional harm and provided with appropriate support and care by the med tech on duty.

202 - Prohibitions (continued)

An internal investigation was conducted to gather all relevant details about the incident.
The executive director took statements from staff person D and other staff on duty at the time of the incident.
The incident was reported to the AAA and Department's personal care home regional office as required by regulations by the director of nursing on 1/9/25.
Staff Training and Education:
All staff members will be educated on regulation 202 on the prohibition of manual restraints and on appropriate techniques for assisting residents with difficult behaviors during transport by the Director of Nursing and Executive Director by 3-30-25 with documentation kept.
Monitoring and Follow-Up:
Executive Director and or a member of leadership will monitor daily to ensure no form of restraints are being used in the community starting the week of 2-24-25. The Executive Director will interview 3 residents a week for 3 weeks then monthly for 3 months to ensure compliance of no restraints and documentation kept and reviewed at monthly quality assurance meeting starting in March of 2025.

Licensee's Proposed Overall Completion Date: *03/20/2025*

Implemented (- 03/28/2025)

227d - Support Plan Medical/Dental

9. 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 , dated , indicates the resident has a need for hearing and vision. The resident's support plan, does not document how this need will be met.

Plan of Correction ***Directed (03/06/2025)***

Action:
The Director of nursing to update the support plan for resident to include the necessary hearing and vision services by 3/20/25. Resident will be notified of any corrections made.
An audit of all current residents RASP/Support plan will be done by the Director of nursing and the assistant director of nursing to ensure all sensory and mental health needs are address by 3-20-25.
Staff Training and Education:
Clinical nursing team members will be re-educated by Executive Director on regulation 227d by 3-20-25.
.
Monitoring and Follow-Up:
Beginning week of 2-24-25 Executive Director and Director of nursing will review all new RASP/Support plans to ensure all sensory and mental health needs are addressed and will be reviewed at monthly Quality assurance meeting starting in March of 2025. Rasps will be reviewed quarterly to ensure accuracy and compliance.

Proposed Overall Completion Date: 03/28/2025

227d - Support Plan Medical/Dental (continued)

Directed Plan of Correction: *Only the overall completion date is directed to 3/20/25. By this date the home should be able to demonstrate significant compliance with the plan of correction.*

Directed Completion Date: *03/20/2025*

Implemented (- 03/28/2025)

227h - Support Plan Refuse Sign

10. Requirements

2600.
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident participated in the development of support plan on . The resident declined to sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

Plan of Correction ***Accept - 03/06/2025)***

Action:
The support plan for Resident was immediately updated to include a notation regarding the resident's refusal to sign by the director of nursing.
Resident and their designated person were informed of the updated support plan and the notation added.
Staff Training and Education:
The Executive Director will reeducate all clinical staff on Regulation 227 by 3/3/25 and documentation kept.
Monitoring and Follow-Up:
An initial audit of all resident rasps to be completed by the director of nursing or designee by 3/20/25 to get into compliance. On going quarterly audits of support plan documentation to begin June 2025 to ensure compliance with documentation requirements by director of nursing or designee.

Proposed Overall Completion Date: 03/04/2025

Licensee's Proposed Overall Completion Date: *03/04/2025*

Implemented (- 03/28/2025)

251b - Record Entries Legible

11. 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 narcotic control record for resident tablet was not legible as there was a write-over in the quantity of medication on hand on at 2pm, and the entry for was crossed out without proper notation.

Plan of Correction ***Directed - 03/06/2025)***

Action:
The narcotic control record was immediately reviewed and corrected to ensure accuracy and legibility by the director of nursing.

251b - Record Entries Legible (continued)

Resident [redacted]s medication administration was verified to ensure no discrepancies or errors occurred due to the illegible record.
Staff Training and Education:
All staff members will be reeducated on Regulation 251 by 3/20/25.
Monitoring and Follow-Up:
Effective 3/7/25 the Executive Director will conduct biweekly audits of resident records and narcotic records for eight weeks to ensure compliance. Following this period, audits will be conducted monthly to maintain ongoing oversight and adherence to regulatory standards.

Proposed Overall Completion Date: 03/28/2025

Directed Plan of Correction: *Only the overall completion date is directed to 3/20/25. By this date the home should be able to demonstrate significant compliance with the plan of correction.*

Directed Completion Date: *03/20/2025*

Implemented [redacted] - 03/28/2025)