

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

March 18, 2025

[REDACTED]
SNH PENN TENANT LLC

[REDACTED]
C/O INTEGRACARE CORP
[REDACTED]

RE: EXTON SENIOR LIVING
600 NORTH POTTSTOWN PIKE
EXTON, PA, 19341
LICENSE/COC#: 14510

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/27/2025 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: *EXTON SENIOR LIVING* License #: *14510* License Expiration: *01/01/2026*
 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: *05/03/2000* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/27/2025*

Inspection Dates and Department Representative

01/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *53*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Life Stories* Capacity: *22* Residents Served: *16*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

01/27/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/20/2025*

03/05/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/14/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/15/2025*

Inspections / Reviews *(continued)*

03/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141a 1 10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] medical evaluation dated [REDACTED] did not include the medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident. The physician, physician’s assistant, or certified registered nurse practitioner who completed the form did not date the form.

Plan of Correction

Accept [REDACTED] - 03/05/2025)

Violation of 2600.141.a

Violation Description

Code Definition: A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: Medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident.

Details: Resident [REDACTED] medical evaluation dated [REDACTED] did not include the medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident. The physician, physician’s assistant, or certified registered nurse practitioner who completed the form did not date the form.

Short Term Actions

1. Review and Complete Medical Evaluations

1.1 Goals: Ensure all resident medical evaluations are complete and compliant with 2600.141.a

1.2 Steps:

- Identify and review all residents' medical evaluations completed within the past 90 days.
- Contact the responsible healthcare professional to complete missing information in any incomplete evaluations.
- Ensure the correct documentation of medical information pertinent to diagnosis and treatment in emergencies, special health or dietary needs.
- Obtain the date and signature from the physician, physician’s assistant, or nurse practitioner.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: February 28, 2025

2. Staff Training on Documentation

2.1 Goals: Educate staff on the correct procedure for completing medical forms compliant with regulations

141a 1 10 Medical Evaluation Information (continued)

2.2 Steps:

- Schedule a training session with all relevant staff on the importance and procedure for complete medical evaluations.
- Review common errors and omissions such as undated forms and incomplete health information.
- Provide staff with updated guidelines and a checklist to ensure compliance with every resident evaluation.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: March 15, 2025

Long Term Actions

1. Implement Ongoing Monitoring System

1.1 Goals: Regularly monitor and ensure compliance in resident medical evaluations

1.2 Steps:

- Develop a checklist based on 2600.141.a requirements for use during evaluations.
- Assign nursing staff to perform monthly audits on a random sample of resident files to check compliance.
- Schedule quarterly review meetings to discuss findings, improvements, and provide additional training as needed.
- Maintain a record of all audit findings and follow up actions for reference and continuous improvement.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: May 20, 2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [redacted] - 03/18/2025)

227c - Support Plan Revision

2. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] assessment was completed on [redacted]; however, the resident support plan does not include a no added sodium diet as specified in the resident's medical evaluation dated [redacted]

Plan of Correction

Accept [redacted] - 03/05/2025)

Violation of 2600.227.c

Violation Description

Code Definition: The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Details: Resident [redacted] assessment was completed on [redacted]; however, the resident support plan does not include a no added sodium diet as specified in the resident's medical evaluation dated [redacted]

Short Term Actions

1. Immediate Support Plan Revision

227c - Support Plan Revision (continued)

1.1 Goals: To update Resident [REDACTED] support plan to include the no-added sodium diet requirement.

1.2 Steps:

- Identify and review Resident [REDACTED]'s most recent medical evaluation and assessment documents to ensure accurate details are captured.
- Amend the support plan to include dietary restrictions based on the medical evaluation dated 12/16/2024.
- Communicate changes made to the support plan to relevant staff and ensure understanding and compliance.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Immediately

2. Staff Training on Support Plan Updates

2.1 Goals: Ensure that staff are trained on timely and accurate updates of support plans following assessments.

2.2 Steps:

- Conduct a training session for all staff involved in resident care planning on the importance of updating support plans promptly after assessment.
- Include specific instructions on documenting dietary and other healthcare needs as part of resident support plans.
- Emphasize accountability and roles in updating support plans during training.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: March 15, 2025

Long Term Actions

1. Quarterly Review of Support Plans

1.1 Goals: Implement a quality assurance process to ensure that support plans are consistently updated and reflect current assessments.

1.2 Steps:

- Establish a quarterly review schedule for all resident support plans to ensure alignment with current assessments.
- Assign a dedicated team to conduct reviews and report findings to management.
- Address identified gaps immediately and update the support plans as needed.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: May 20, 2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [REDACTED] - 03/18/2025)