

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

April 11, 2025

[REDACTED]
EAGLEVIEW LANDING LP

[REDACTED]
STE 400
[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 02/19/2025 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: Total Daily Staff: *99* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/19/2025*

Inspection Dates and Department Representative

02/19/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *121* Residents Served: *70*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Life Stories* Capacity: *45* Residents Served: *25*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

02/19/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2025*

03/18/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/11/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/13/2025*

Inspections / Reviews *(continued)*

04/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] RASP, dated [REDACTED], indicates resident has a need for standby assistance when ambulating to the toilet and from one place to another, and when transferring in/out of bed/chair. Also indicated on the RASP is resident [REDACTED] need for bladder management and bowel management requiring physical assistance getting to the bathroom to prevent incontinence. Resident [REDACTED] reports waiting long periods of time, sometimes over an hour, for assistance when [REDACTED] call bell is pressed for assistance to use the bathroom. Several times waiting has resulted in [REDACTED] having episodes of bladder and bowel incontinence while lying in bed, resulting in resident [REDACTED] laying in [REDACTED] own urine and feces until assistance arrived to help [REDACTED] clean up and get changed. A review of call bell reports for resident [REDACTED] indicates the following call bell durations:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/18/2025)

- ED created and implemented a sign-in-sheet 1/31/25 for all check-in visits to be documented at the door upon entry of resident [REDACTED] room.
- Resident [REDACTED] was placed on frequent room monitoring and offering toileting during each visit by care staff.
- The resident was provided with the front desk phone number in [REDACTED] cell phone to call if necessary.
- Education was provided to this resident on proper use of call bell by the ED and signs were placed in [REDACTED] room to ring pendant 1 time to ensure [REDACTED] does not turn it off on [REDACTED] own by the ED on 1/31/25.
- 3 Residents will be interviewed weekly by ED or DON for 3 weeks and randomly thereafter to ensure needs are met per service plan beginning the week of 3/24/25.
- Education will be provided to the direct care staff in personal care on regulation 23a. by the DON to be completed by 4/5/25.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented ([REDACTED]) - 04/11/2025)

65d - Initial Direct Care Training

3. 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:

65d Initial Direct Care Training (continued)

- 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.
- 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 C, hired on [REDACTED] provides unsupervised ADL services to residents. However, the staff person did not complete and pass the Department approved direct care training course or pass the competency test.

Plan of Correction

Accept [REDACTED] - 03/18/2025)

- Employee C was removed from the schedule on [REDACTED] and on [REDACTED]. Employee C completed the proper recognized training through Temple University. See attached.
- All Direct Care staff will be required to complete the recognized training prior to starting on the floor training.
- The AA and or ED will review all new hire documents to ensure all paperwork including direct care staff training is complete. Beginning 3/17/25 and ongoing with every new hire.
- An audit will be performed by the AA to check all direct care staff files to ensure there is a direct care certificate on file from an approved training source by 3/31/25.
- On 3/17/25 the Executive Director provided education to the administrative assistant on approved training source temple university to be the process we use moving forward.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [REDACTED] - 04/11/2025)

65e - 12 Hours Annual Training

4. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

- 1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
- 2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff persons A, B and D received 0 hours of annual training in training year 2024.

65e - 12 Hours Annual Training (continued)

Plan of Correction

Accept [REDACTED] - 03/18/2025)

- Direct Care staff A and B will complete annual training by 4/15/25 or they will be released from duties at Eagleview Landing.
 - Attached is staff person D 2024 annual training.
 - The Executive Director will audit current employee training records to ensure that all staff are compliant with regulation 65 e. by 4/1/25.
 - On 3/17/25 the Executive Director began education with the Leadership team on regulation 65 e. and the importance of the mandatory training that our employees need to complete. See attached.
 - ED or AA will monitor Monthly for compliance of 65 e. and will be reviewed at monthly QA beginning 4/1/25 with documentation kept.
- See attached.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [REDACTED] - 04/11/2025)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons A, B and D did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques ,or, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2024.

Plan of Correction

Accept [REDACTED] - 03/18/2025)

- Employee A and B will be removed from the schedule until training is obtained.
 - Employee D 2024 training hours are attached.
 - ED or AA will monitor Monthly for compliance of 65 f. and will be reviewed at monthly QA beginning 3/17/25 with documentation kept.
 - On 3/17/25 the Executive Director began education with the Leadership team on regulation 65 e. and the importance of the mandatory training that our employees need to complete.
- See attached.

65f - Training Topics (continued)

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented () - 04/11/2025

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons A, B and D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, or, new population groups that are being served at the home that were not previously served, if applicable during training year 2024.

Plan of Correction

Accept () - 03/18/2025

- Monthly fire drills are conducted by Fire and life safety solutions with an education session after each drill to discuss the performance of the staff on duty.
 - The Executive Director is working with the Fire Safety Expert to schedule training for 2025 in April.
 - The Executive Director will maintain the documentation for fire safety training and
 - Executive Director educated the leadership team on 3/17/25 of regulation 65g. Education was also provided to the leadership team as to where to find it in my absence.
 - ED or designee will monitor for compliance during QA meeting monthly beginning 3/17/25.
- See attached.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented () - 04/11/2025

185a - Implement Storage Procedures

7. 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 () at 3:04 pm, the following as needed (PRN) medications prescribed to resident () were not available in the home:

- () place 1 tablet under the tongue and allow to dissolve as needed, may repeat every

185a - Implement Storage Procedures (continued)

5 minutes x3 doses

- [redacted] take [redacted] by mouth every 4 hours as needed

Plan of Correction

Accepted [redacted] - 03/18/2025)

- The [redacted] was found in the cart on the day of inspection [redacted].
- [redacted] order was discontinued on [redacted].
- Cart audits started on 3/1/2025 on medication carts by DON, Resident Care Coordinator and ADON to ensure that all medications are available for residents. The Carts will continue to be audited on a weekly basis and discussed during QA meeting monthly. see attached
- Education was provided to the nursing leadership team by the Executive Director on regulation 185a. on 3/17/25.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [redacted] - 04/11/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident [redacted] was not administered the following prescribed medications on the following dates and times:

- [redacted] use 1 vial in [redacted] 3 times a day, was not administered on [redacted] and [redacted] at 7 am and 11 am.
- [redacted], take one tablet by mouth twice daily, was not administered on [redacted] at 7 am.
- [redacted] tablet, take one tablet by mouth once daily for allergies, was not administered on [redacted] at 7 am.
- [redacted] tablet, take one tablet by mouth twice daily, was not administered on [redacted] at 7 am.

Repeat violation: [redacted]

Plan of Correction

Accepted [redacted] 03/18/2025)

- The DON will audit the MAR for following prescribers orders by 4/5/25.
- Beginning the week of 3/24/25 two medication observations with random med techs will be conducted by the DON or med tech train the trainer weekly for 4 weeks and then on schedule for medication technician compliance quarterly evaluations as required by DHS.
- The DON or member of clinical leadership will conduct training with Medication Technicians and LPNS to ensure understanding of regulation 187d by 4/5/25.
- Twice weekly Medication record review to be conducted by the DON or other clinical leader to ensure that prescribers orders are being followed and will be reviewed at monthly QA beginning 3/17/25.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [redacted] - 04/11/2025)

231e - No Objection Statement

9. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the [redacted] (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept [redacted] - 03/18/2025)

- Resident [redacted] was asked to sign the PLC memory care addendum on [redacted] and [redacted] tried but was unable to provide a legible signature. See attached.
- All memory care resident files to be audited by the AA or ED to ensure the appropriate paperwork is signed. This will be completed by 4/5/25.
- A file audit will be conducted moving forward by the ED and Administrative assistant on the day of admission prior to filing away to ensure compliance.
- On 3/17/25 the Executive Director provided training to administrative assistant and Marketing Director who assist with agreement signings on the required documentation for memory care admission. See attached.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [redacted] 04/11/2025)

236 - Staff Training

10. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the [redacted] (SDCU) had 0 hours of training in dementia care during the 2024 training year.

Plan of Correction

Accept [redacted] - 03/18/2025)

- Staff person A will no longer be assigned to Memory Care until the 6 hours of dementia training is obtained.
- An Audit of current employees will be conducted by the ED or AA to ensure all employees working in the memory care unit have the 6 additional hours of training required by 4/5/25.
- The Executive Director will monitor training courses on a monthly basis to ensure compliance of regulation 236. And this will be discussed during monthly QA, documentation to be kept beginning 3/17/25.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [redacted] - 04/11/2025)