

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

May 12, 2025

[REDACTED]  
CHESTER SPRINGS SENIOR LIVING PARTNERS, LLC  
[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 03/06/2025 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: FIELDSTONE AT CHESTER SPRINGS License #: 15181 License Expiration: 03/07/2026  
 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: 68 Waking Staff: 51

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 03/06/2025

**Inspection Dates and Department Representative**

03/06/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 132 Residents Served: 49

**Secured Dementia Care Unit**  
 In Home: Yes Area: Compass Capacity: 50 Residents Served: 18

**Hospice**  
 Current Residents: 4

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 19 Have Physical Disability: 0

**Inspections / Reviews**

03/06/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/07/2025

04/09/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/28/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/14/2025

Inspections / Reviews *(continued)*

## 04/17/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/01/2025

## 05/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42c - Treatment of Residents

## 1. Requirements

2600.

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

## Description of Violation

On [REDACTED] at approximately 3:00 P.M. Staff Member A and Staff Member B were providing incontinence care to Resident [REDACTED] in the bathroom while Staff Member C was in the resident's bedroom gathering clothing. Resident [REDACTED] was resistant to care and repeatedly hit Staff Member A. Staff Member B and Staff Member C were laughing at Staff Member A being hit. The resident was not aware who Staff Member B and Staff Member C were laughing at. Resident [REDACTED] was still upset after the care and requested all three staff members leave.

## Plan of Correction

Accept [REDACTED] - 04/17/2025)

1. All staff will continue to receive training on Resident Rights during their orientation and annually thereafter. Documentation of this training will be maintained in each employee's file. The Executive Director (ED) and/or Director of Nursing (DON) will review residents' rights as part of the new hire orientation. Please refer to the new hire schedule for specific dates. (Ongoing)
2. Direct care staff will undergo retraining on Resident Rights and will also receive sensitivity training regarding their behavior and actions when interacting with residents or providing care to them. This training will be conducted by the DON and/ or the SCDU Program Director by April 28, 2025.
3. Human Resources (HR) will audit training compliance and report the findings at Quality Assurance (QA) meetings. An audit of all direct care staff new hires for the first quarter of 2025 will be reported at the Quarterly QA meeting scheduled for April 30, 2025. This audit will be completed by April 18, 2025. The audits for the subsequent three months of new hires and annual training (April through June) will be reported in the QA meeting scheduled for July 2025. This audit system is in place through the four quarters of 2025 for new hires and annuals, so it will remain ongoing.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/12/2025)

## 201 - Positive Interventions

## 2. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

## Description of Violation

Resident [REDACTED], can be resistive to care. The home has not implemented positive interventions to modify or eliminate this behavior. On [REDACTED], Staff Member A provided incontinence care to Resident [REDACTED] with Staff Members B and C. Resident [REDACTED] repeatedly hit Staff Member A who yelled for Staff Member B to grab the resident's hands. Staff Member B held this resident's hands palms facing up allowing Resident [REDACTED] to remove their hands at anytime. Staff Member C was outside of the bathroom gathering clothing for this resident. Staff Members B and C laughed at Staff Member A being hit. Staff Member A stated [REDACTED] did not walk away "because [REDACTED] did not want this resident to fall and get injured." Resident [REDACTED] was still upset after being changed and redressed and asked the staff to leave. All three staff

201 Positive Interventions (continued)

members left the resident's room. According to the [REDACTED] Resident Assessment and Support Plan (RASP) Resident [REDACTED] needs only one staff member using soft calm voices to provide care. Resident [REDACTED] also needs invitations to participate in care.

Plan of Correction

Directed ([REDACTED] - 04/17/2025)

1. All staff will continue to receive training on Safe Management Techniques during their orientation and annually thereafter. Documentation of this training will be maintained in each employee's file. The Director of Nursing (DON) / designee will review safe management techniques as part of the new hire orientation. Please refer to the new hire schedule for specific dates. (Ongoing)

2. Direct care staff will undergo retraining on safe management techniques, positive interactions, and review of the Resident's RASP as a guide for care. This training will be conducted by the DON and/or the SCUDU Program Director by April 28, 2025.

3. Human Resources (HR) will audit the above training compliance and report the findings at Quality Assurance (QA) meetings. An audit of all direct care staff new hires for the first quarter of 2025 will be reported at the Quarterly QA meeting scheduled for April 30, 2025. This audit will be completed by April 18, 2025. The audits for the subsequent three months of new hires and annual training (April through June) will be reported in the QA meeting scheduled for July 2025. This audit system is in place through the four quarters of 2025 for new hires and annuals, so it will remain ongoing.

Proposed Overall Completion Date: 04/28/2025

Directed Plan of Correction:

Immediately, the administrator or designee shall observe staff to resident interactions for residents whom require mental health or behavioral care and services for at least two residents a week for three months and biannually thereafter to ensure the residents are receiving the care and services indicated in the resident's support plans and the use of positive interventions is implemented. Documentation of monitoring shall be kept.

Directed Completion Date: 04/28/2025

Implemented ([REDACTED] - 05/12/2025)

202 - Prohibitions

3. Requirements

2600.  
202. The following procedures are prohibited:

Description of Violation

On [REDACTED] at approximately 3:00 P.M., Resident [REDACTED] was resistant to incontinence care being provided by Staff Members A and B. Staff Member A was being hit by Resident [REDACTED] and yelled out for Staff Member B to grab the resident's hands. Staff Member B reported to holding Resident [REDACTED] hands and then Resident [REDACTED] would break away and hit Staff Member A again.

Plan of Correction

Directed ([REDACTED] 04/17/2025)

1. All staff will continue to receive training regarding restraints and other means of prohibition during their

202 Prohibitions (continued)

initial orientation and annually thereafter. Documentation of this training will be maintained in each employee's file. The Director of Nursing (DON)/designee will review prohibitions and restraints as part of the new hire orientation. Please refer to the new hire schedule for specific dates. (Ongoing)

1. All direct caregivers will be retrained on regulations 2600.202, what is prohibited, and considered restraints. Documentation of this training will be maintained in each employee's file. This training will be conducted by the DON and/or the SCDU Program by 4/28/25

2. Each direct care staff person working in a secured dementia care unit will continue to 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. Human Resources (HR) will audit the above training compliance and report the findings at Quality Assurance (QA) meetings. An audit of all direct care staff new hires for the first quarter of 2025 will be reported at the Quarterly QA meeting scheduled for April 30, 2025. This audit will be completed by April 18, 2025. The audits for the subsequent three months of new hires and annual training (April through June) will be reported in the QA meeting scheduled for July 2025. This audit system is in place through the four quarters of 2025 for new hires and annuals, so it will remain ongoing.

Proposed Overall Completion Date: 04/28/2025

Directed Plan of Correction:

Immediately, the administrator or designee shall observe staff to resident interactions for residents whom require mental health or behavioral care and services for at least two residents a week for three months and biannually thereafter to ensure the residents are receiving the care and services indicated in the resident's support plans and the use of positive interventions is implemented. Documentation of monitoring shall be kept.

Directed Completion Date: 04/28/2025

Implemented [redacted] - 05/12/2025)