

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

July 31, 2025

[REDACTED], HEALTH SERVICE ADMINISTRATOR  
KENDAL-CROSSLANDS COMMUNITIES, INC.  
P.O. BOX 100  
KENNETT SQUARE, PA, 19348

RE: KENDAL AT LONGWOOD  
P.O. BOX 100, CUMBERLAND  
HOUSE  
KENNETT SQUARE, PA, 19348  
LICENSE/COC#: 18573

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2025, 06/05/2025 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: *KENDAL AT LONGWOOD* License #: *18573* License Expiration: *10/01/2025*  
Address: *P.O. BOX 100, CUMBERLAND HOUSE, KENNETT SQUARE, PA 19348*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *KENDAL-CROSSLANDS COMMUNITIES, INC.*  
Address: *P.O. BOX 100, KENNETT SQUARE, PA, 19348*  
Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/17/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/05/2025*

**Inspection Dates and Department Representative**

06/04/2025 - On-Site: [Redacted]  
06/05/2025 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	<i>54</i>	Residents Served:	<i>43</i>
Secured Dementia Care Unit			
In Home:	<i>No</i>	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	<i>0</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>43</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>1</i>	Have Physical Disability:	<i>0</i>

**Inspections / Reviews**

06/04/2025 - Full  
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2025*

07/01/2025 - POC Submission  
Submitted By: [Redacted] Date Submitted: *07/21/2025*  
Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *07/06/2025*

Inspections / Reviews *(continued)*

07/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/22/2025

07/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 06/05/2025, there was an uncovered tray of corn on the cobs and an uncovered bag of corn dogs stored in the walk-in freezer in the main kitchen.

Plan of Correction

Accept (████ - 07/01/2025)

Uncovered and/or undated food was covered and dated at the time of the inspection. All Main Kitchen staff will receive education about the need to cover and date all items. This education will be completed by the Culinary Production Manager by July 7, 2025. The Executive Chef and Production Manager will verify compliance through daily inspections of the refrigerators and freezers and note compliance on the food storage and thermometer log. Culinary Services will report compliance at our quarterly QAPI meetings for 1 year starting in July 2025.

Licensee's Proposed Overall Completion Date: 07/07/2025

Implemented (████ - 07/31/2025)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 06/05/2025, there was no thermometer in the ice cream freezer in the main kitchen.

Plan of Correction

Accept (████ - 07/01/2025)

It is the policy of Kendal Culinary to ensure the freezers and refrigerators are functioning at the correct temperature. A thermometer was placed in the freezer immediately after realizing it was missing. The Kendal Main Cooking staff will be educated on the policy by 7/7/2025. The Kendal executive Chef and Kendal Culinary Production Manger will verify compliance through daily inspection Kitchen refrigerators and freezers via maintaining the Food storage and thermometer daily monitoring log.

Culinary will report quarterly to QAPI for one year starting in July 2025.

Licensee's Proposed Overall Completion Date: 07/07/2025

Implemented (████ - 07/31/2025)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation dated ██████████ was missing the resident's (9) cognitive functioning.

Plan of Correction

Accept (████ - 07/01/2025)

The day of inspection the DME was updated with the inspector present to show ██████ cognitive state. PCHA and

141b1 - Annual Medical Evaluation (continued)

nurse supervisors are reviewing all DME to make sure they are accurate. Any changes that are made we will have the physician initial for the changes. These reviews will be complete by 7/21/2025. When completing the DME a nurse will complete the form and then a second nurse will review the form to ensure all items are correct and completed on the form prior to the evaluation from the physician and/or nurse practitioner.

This practice will begin 6/9/2025 and will be an ongoing process.

We will report quarterly to QAPI for one year starting in July 2025.

The nurse educator or personal care home administrator will complete this education with the nurses by 7/7/2025.

Licensee's Proposed Overall Completion Date: 07/21/2025

Implemented ( [REDACTED] - 07/31/2025)