

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

August 5, 2025

[REDACTED]
CHESTER SPRINGS SENIOR LIVING PARTNERS, LLC
[REDACTED]
[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 06/25/2025 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: Total Daily Staff: 73 Waking Staff: 55

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 06/25/2025

Inspection Dates and Department Representative

06/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 132 Residents Served: 56
 Secured Dementia Care Unit
 In Home: Yes Area: Compass Capacity: 50 Residents Served: 16
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 2

Inspections / Reviews

06/25/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/20/2025

07/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/04/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/10/2025

Inspections / Reviews *(continued)*

08/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187b Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] cap, take 1 tablet by mouth three times daily. Resident [redacted] May,2025 medication administration record does not include the initials of the staff person who administered [redacted] cap on [redacted] at 2:00 PM.

Resident [redacted] is prescribed [redacted] tablet, take 1 tablet by mouth daily with dinner. Resident [redacted] May,2025 medication administration record does not include the initials of the staff person who administered [redacted] tablet on [redacted] at 5:00 PM.

Plan of Correction

Accepted [redacted] - 07/21/2025)

1. The Assistant DON promptly reviewed the MAR and identified the med-tech(s) who did not follow the procedure correctly.
2. The Director of Nursing provided educational training to the staff member responsible for reviewing Regulation 187(b) and the associated policy related to this regulation, with a completion deadline of July 11, 2025.
3. The current nursing staff and certified medication technicians will undergo training conducted by a representative from IPPC Pharmacy. This training will focus on proper documentation practices and the relevant regulations pertaining to medication administration. The in-service training is scheduled for completion by July 17, 2025.
4. The Director of Nursing or designee will conduct daily audits of medication administration for a period of six weeks to identify any missing signatures. Documentation of these audits shall be maintained on file. This audit is scheduled to conclude on August 8, 2025.
5. The Director of Nursing or designee will conduct a weekly audit of MAR signatures for the remainder of the year. This documentation will be retained on file and reviewed during the Quarterly Quality Assurance meeting to assess the frequency of audits for the subsequent year.

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented [redacted] - 08/05/2025)