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

September 2, 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 07/02/2025 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

## Staffing Hours

**Resident Support Staff**: **Total Daily Staff**: *88* **Waking Staff**: *66*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Complaint, Incident* **Exit Conference Date**: *07/02/2025*

## Inspection Dates and Department Representative

*07/02/2025 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *121* **Residents Served**: *63*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Memory Care* **Capacity**: *45* **Residents Served**: *22*

### Hospice

**Current Residents**: *7*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *63*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *25* **Have Physical Disability**: *0*

# Inspections / Reviews

### 07/02/2025 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/07/2025*

### 08/11/2025 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *08/30/2025*

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/01/2025*

## Inspections / Reviews *(continued)*

**09/02/2025 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *08/30/2025*

**Reviewer:** [redacted] **Follow Up Type:** *Not Required*

## 82c - Locking Poisonous Materials

**1. Requirements**

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**Description of Violation**

*On [redacted] around 10:05 AM, the lockbox for resident' personal hygiene items kept in the bathroom under sink cabinet was open and accessible to residents:*
*- in resident room [redacted] with boxes of Charmin bathroom wipes with a manufacturer's label indicating "To avoid danger of suffocation, keep this box away from babies and children"*
*- in resident room [redacted] with Crest tooth paste with a manufacturer's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away."*
*Not all the residents of the home, including resident #[redacted] and #[redacted], have been assessed capable of recognizing and using poisons safely.*

*Repeat Violation: [redacted] et al.*

**Plan of Correction** ***Accept[redacted] - 08/11/2025)***

*Action: Items were locked in the lockbox by Assistant Director of Nursing following inspection on 7/2/25 and on 7/3 the Executive Director audited all rooms in memory care for poisons.*
*Training: Memory Care Staff will be educated by the Director of Nursing on regulation 2600.82c by 8/30/25. Training record will be kept in accordance with regulation 2600.65i.*
*Ongoing: Starting 7/15/2025 the Assistant Director of Nursing or Director of Nursing or Manager on Duty completes walking rounds daily in memory care to check for unlocked poisons. Audits will be documented and reviewed at monthly Quality Assurance meetings starting on 9/25/2025. Quality Assurance meetings will be documented.*

**Licensee's Proposed Overall Completion Date:** *08/30/2025*

***Implemented ([redacted] - 09/02/2025)***

## 187b - Date/Time of Medication Admin.

**2. 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] three times a day. The resident's June medication administration record (MAR) does not include the initials of the staff who signed it out and administered it to the resident on [redacted] at 08:00 PM and [redacted] at 02:00 PM.*

*Repeat Violation: [redacted] et al.*

**Plan of Correction** ***Accept[redacted] - 08/11/2025)***

*Action: On 7/3/2025 the staff persons were identified who missed documenting their initials and made aware of this finding on 7/3/2025 by the Director of Nursing. On 7/3/2025 the narcotic count was verified for accuracy and the medication was signed out in the book but missed documentation in the medication administration record.*
*Training: On 7/15/2025 the Director of Nursing and Assistant Director of Nursing trained Medication Technicians on the five rights of administering medications which includes documentation after the medication is administered*

## 187b Date/Time of Medication Admin. (continued)

*and on regulation 227b. Training records will be kept in accordance with Regulation 2600.65i.*
*Ongoing: Beginning 8/3/2025 the Director of Nursing and/or Assistant Director of Nursing will complete an audit daily for 2 weeks, then 3 times a week to ensure all medications are recorded after administering. If any medication documentation finding does not include the date and time of administration the staff person assigned to give medication will be notified to confirm the medication was given and document as required. Audits will be documented and kept. Regulation 187b will be reviewed at the monthly Quality Assurance meetings beginning 8/25/2025. Quality Assurance meeting documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *08/30/2025*

***Implemented [redacted] - 09/02/2025)***

## 187d - Follow Prescriber's Orders

**3. Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident [redacted] was prescribed [redacted] twice a day at 09:00 AM and 09:00 PM. However, the resident was not administered this medication from [redacted] till [redacted] The order for the resident's [redacted] changed from twice a day to three times a day on [redacted] scheduled at 09:00 AM, 02:00 PM, and 09:00 PM. However, the resident's twice a day order was not discontinued by the pharmacy until [redacted] and the resident was administered [redacted] four times on [redacted], and [redacted].*

*Repeat Violation: [redacted] et al., [redacted], [redacted] et al., [redacted]*

**Plan of Correction** ***Accept ([redacted] - 08/11/2025)***

*Action: 7/2/2025 the Executive Director submitted a state reportable to the Department for the medication errors. On 7/15/25 the Director of Nursing and Assistant Director of Nursing audited the Medication Administration Records to ensure that medication is being given as prescribed and any duplicate orders were removed.*
*Training: The Executive Director will educate the Director of Nursing, Assistant Director of Nursing and the Medication Technicians on regulation 187 d. by 8/30/25. Training will also include reviewing the order approval process to ensure prescribers orders are followed. Training records will be kept in accordance with regulation 65i.*
*Ongoing: The Director of Nursing, Assistant Director of Nursing and the Medication Technicians will follow order approval procedures to prevent further duplication errors. This area will be discussed at monthly Quality Assurance meetings starting on 9/25/25. Quality Assurance meeting documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *08/30/2025*

***Implemented ([redacted] 09/02/2025)***

## 225c - Additional Assessment

**4. Requirements**

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

*Resident [redacted]s most recent assessment was completed on [redacted]. The resident was transferred to the home's*

## *225c - Additional Assessment (continued)*

*Secured Dementia Care Unit on [redacted]. However, the home did not complete a new assessment of the resident.*

**Plan of Correction** ***Accept [redacted] - 08/11/2025)***

*Action: The Director of Nursing completed an audit on the resident assessments and support plans on 6/14/25 following the inspection to determine assessment dates and documentation kept.*
*Training: The Executive Director will educate the Director of Nursing and Assistant Director of Nursing on regulation 225c by 8/30/25. Training record documentation will be kept in accordance with regulation 65i.*
*Ongoing: The Director of Nursing or Assistant Director of Nursing will audit each resident medical record on a monthly basis to ensure updates are made for significant changes and annually beginning 8/18/25. Audits will be documented. The audit findings will be reviewed monthly by the Executive Director and discussed at Quality Assurance meetings beginning 9/25/25. Quality Assurance meeting documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *08/30/2025*

***Implemented [redacted] - 09/02/2025)***

## 227g -Support Plan Signatures

**5. Requirements**

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*Resident [redacted] assessment and support plan (RASP) dated [redacted] was not signed by the assessor.*

**Plan of Correction** ***Accept [redacted] - 08/11/2025)***

*Action: On 7/3/2025 the Executive Director reviewed and signed the assessment and support pan signature page to comply with Regulation 227g. The Director of Nursing and Assistant Director of Nursing will complete an audit on the signature pages beginning on 8/1/25-8/15/25. Any missing documentation will be corrected by 8/30/25. Family Care meetings are being initiated with the Director of nursing and the assistant director of nursing beginning 8/5/25 with documentation kept.*
*Training: The Executive Director will educate the Director of Nursing and Assistant Director of Nursing on regulation 227g by 8/30/25. Training records will be kept in accordance with regulation 65i.*
*Ongoing: The assessor will sign the Support Plans according to regulation 227g. Beginning 9/1/25 signature page audits will be done by the Director of Nursing and the Assistant Director of Nursing monthly to ensure compliance. Audit documentation will be kept. Beginning 9/25/25 the Executive Director will monitor compliance with regulation 227g. This area will be discussed at the monthly Quality Assurance Meetings starting 9/25/25. Quality Assurance meeting documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *08/30/2025*

***Implemented [redacted] - 09/02/2025)***

## 234a - Admission Support Plan

**6. Requirements**

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

## 234a - Admission Support Plan *(continued)*

**Description of Violation**

*Resident [redacted] was admitted to the Secured Dementia Care Unit (SDCU) on [redacted] However, the resident's initial support plan was not completed.*

**Plan of Correction** ***Accept [redacted] - 08/11/2025)***

*Action: The Director of Nursing completed an audit on all the resident assessments and support plans on 6/14/25 following the inspection to determine assessment dates with documentation kept. Resident [redacted] is no longer a resident in the home.*
*Training: The Executive Director will educate the Director of Nursing and Assistant Director of Nursing on regulation 234a by 8/30/25. Training records will be kept in accordance with regulation 65i.*
*Ongoing: Starting 8/1/25 the Director of Nursing or Assistant Director of Nursing will complete assessments within 72 hours prior to the resident's admission to Secured Memory Care Unit. Starting 9/25/25 the Executive Director will audit and monitor the admission support plans monthly to ensure compliance with regulation 234a. Documentation of audit will be kept. This area will be reviewed at monthly Quality Assurance meetings beginning 9/25/25. Quality Assurance meeting documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *08/30/2025*

***Implemented ([redacted] - 09/02/2025)***

## 251b - Record Entries Legible

**7. Requirements**

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

**Description of Violation**

*On the descending inventory log page [redacted] of resident [redacted], the 2nd entry is entirely crossed out without proper notation. On page [redacted] several entries including date and time were written over.*

*Repeat Violation: [redacted] et al.*

**Plan of Correction** ***Accept [redacted] - 08/11/2025)***

*Action: On 7/2/25 upon surveyor's findings the Director of Nursing reviewed the narcotic log for improper documentation and notated where necessary after verifying accuracy.*
*Training: Training was provided by the Director of Nursing to all medication staff on regulation 251.b on 7/15/2025 with documentation kept. The Director of Nursing will train the Assistant Director of Nursing and Medication Technicians on the new electronic inventory management for controlled drugs by 8/30/25. Training records will be kept in accordance with regulation 65i.*
*Ongoing: By 8/30/25 the Director of Nursing will initiate an electronic inventory management system for controlled drugs that will be counted between shifts by two Medication Technicians and/or the Director of Nursing and/or the Assistant Director of Nursing. This will ensure compliance with regulation 251b. If any issues with the electronic count are experienced between shifts the Director of Nursing or the Assistant Director of Nursing will be notified to investigate and resolve. This area will be discussed at monthly Quality Assurance meetings beginning 9/25/25. Quality Assurance meeting documentation will be kept.*

**Licensee's Proposed Overall Completion Date:** *08/30/2025*

***Implemented [redacted] - 09/02/2025)***