

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

August 25, 2025

[REDACTED]
SIMPSON MEADOWS
[REDACTED]
[REDACTED]

RE: SIMPSON MEADOWS
101 PLAZA DRIVE
DOWNINGTOWN, PA, 19335
LICENSE/COC#: 14118

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2025 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: SIMPSON MEADOWS License #: 14118 License Expiration: 03/01/2026
 Address: 101 PLAZA DRIVE, DOWNINGTOWN, PA 19335
 County: CHESTER Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: SIMPSON MEADOWS
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/11/1998 Issued By: COPA L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 64 Waking Staff: 48

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 07/09/2025

Inspection Dates and Department Representative

07/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 81 Residents Served: 40

Special Care Unit
 In Home: Yes Area: McKendree Gardens Capacity: 18 Residents Served: 18

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 24 Have Physical Disability: 0

Inspections / Reviews

07/09/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/28/2025

07/28/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/22/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/22/2025

Inspections / Reviews *(continued)*

08/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Staff Member A was physically rough and verbally aggressive towards Resident [REDACTED]. The residence did not report this incident to the Department until [REDACTED].

Plan of Correction

Accept [REDACTED] 07/28/2025)

On 7/16/25 an agent of the Department educated the communities' Administrator on regulation 16c.

On 7/24/25 the Executive Director in-serviced the Administrator on regulation 16c.

The Administrator or Executive Director will immediately report incidents to DHS.

By 7/28/25, The Executive Director will audit the communities' reportable incidents to identify any additional instances from the past 90days.

Starting 7/28/25, The Executive Director or administrator will audit the communities' reportable incidents, weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to validate sustained compliance.

Results of the audit will be discussed during quarterly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 08/12/2025

Implemented [REDACTED] - 08/25/2025)

22a1 Medical Eval - time frames

2. Requirements

2800.

22.a. Documentation. The following admission documents shall be completed for each resident:

- 1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies
 - i. The resident is being admitted directly to the residence from an acute care hospital.
 - ii. The resident is being admitted to escape from an abusive situation
 - iii. The resident has no alternative living arrangement.

Description of Violation

Resident # [REDACTED] was admitted on [REDACTED]. The resident's medical evaluation was completed [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/28/2025)

On 7/29/25 the Nurse Manager will in-service the sales team on regulation 22a.

On 7/14/25, the Assisted Living coordinator audited all ADME have been audited for compliance.

Starting 7/28/25 the Administrator will audit all the communities' new move in DME's for compliance, weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to validate sustained compliance.

Results of the audit will be discussed during quarterly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 08/12/2025

Implemented [REDACTED] - 08/25/2025)

42b Abuse/Neglect

3. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 6:30 P.M. Resident [redacted] call bell was utilized for staff assistance in repositioning in their bed. Staff Member A responded by entering into Resident [redacted]'s living unit and yelled in an angry tone "what do you need? I was just in here five minutes ago." Resident [redacted]'s spouse reported that Staff Member A appeared visibly frustrated at having to return to the living unit after having just been there. The spouse reported that Staff Member A appeared to have difficulty transferring the resident and handled Resident [redacted] roughly by the resident's arms, grabbing the arms to attempt to reposition. On [redacted] Resident [redacted] was seen by Staff Member B with two bruises on each forearm below the elbow, the bruises were 3-4 cm in diameter. Staff member B reported that this bruising was not present on the residents arms the day prior. Staff Member B was told by Resident [redacted]'s spouse that the bruises were from the night before when Staff Member A grabbed Resident # [redacted] during a transfer. Resident [redacted] reported that they did experience pain when Staff Member A grabbed their arms. Staff Member B described the busing as lining up bilaterally and looking like an injury from someone grabbing Resident # [redacted] on their forearms. Resident # [redacted]'s assessment and support plan dated [redacted] details Resident [redacted] has a need for assistance of one with transfers and with turning and positioning in their bed or chair.

Plan of Correction

Accepted [redacted] - 07/28/2025)

On 5/21/25, staff member A was removed from the building upon arriving to work and was placed on suspension.

On 6/05/25, staff member A was terminated.

By 8/8/25, The Administrator will in-service nursing staff on regulation 42b.

Starting 7/28/25, The Administrator or designee will interview 3 residents weekly for compliance, weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to validate sustained compliance.

Results of the audit will be discussed during quarterly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 08/12/2025

Implemented [redacted] - 08/25/2025)

82c Locked poisons

4. Requirements

2800.

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

Description of Violation

Two containers of Swiffer WetJet, with a manufacture's label indicating "in case of eye contact, flush with water to reduce irritation. If irritation persists, contact a physician ", were unlocked, unattended, and accessible to residents. Not all the residents of the residence, including all of the residents in McKendree Gardens the special care unit, have been assessed as capable of recognizing and using poisons safely.

Repeat Violation: [redacted] et al

82c Locked poisons (continued)

Plan of Correction

Accept () - 07/28/2025

On 7/9/25, the Dementia care coordinator locked the closet where the items were located. All other areas were checked in the unit, and no further items were found.

By 8/8/25, the Administrator will provide an in-service on the requirements of regulation 82c to nursing and housekeeping staff.

Starting 7/28/25, the Dementia care coordinator or designee will audit, weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to validate sustained compliance.

Results of the audit will be discussed during quarterly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 08/12/2025

Implemented () - 08/25/2025

121a Unobstructed egress

5. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On () at 2:15 P.M., a stack of 6 blue chairs blocked egress from the residence's private dining room emergency exit door. The chairs were stacked on the exterior of the door and prevented the door from being opened from the inside.

Plan of Correction

Accept () - 07/28/2025

On 7/9/25, the Executive Director removed the six blue chairs from the residence's private dining room emergency exit door. All other routes of egress were checked for obstruction, and no further obstruction was found.

On 7/23/25, the Executive Director in-serviced the communities' maintenance and housekeeping professionals on regulation 121a.

Starting 7/28/25, the Executive Director or designee will audit the communities' egress routes for obstruction weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to validate sustained compliance.

Results of the audit will be discussed during quarterly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 08/12/2025

Implemented () - 08/25/2025

224a2 30 days prior to admission

6. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident # () was admitted on ()

224a2 30 days prior to admission (continued)

. The resident's initial assessment was not completed. Resident # [REDACTED] has a need for medication administration.

Repeat Violation: [REDACTED]

Plan of Correction**Accept ([REDACTED] - 07/28/2025)**

On 7/29/25 the Nurse Manager will in-service the Administrator on regulation 224a2.

By 7/29/25, the Administrator will audit all residents to confirm that they have a support plan in place.

Starting 7/28/25, the Administrator or Nurse Manager will audit weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to validate sustained compliance.

Results of the audit will be discussed during quarterly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 08/12/2025

Implemented ([REDACTED] - 08/25/2025)