

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

September 19, 2025

[REDACTED], EXECUTIVE DIRECTOR  
SIMPSON MEADOWS  
101 PLAZA DRIVE  
DOWNINGTOWN, PA, 19335

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2025 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: *101 PLAZA DRIVE, DOWNINGTOWN, PA, 19335*  
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: *62* Waking Staff: *47*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/04/2025*

**Inspection Dates and Department Representative**

08/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *81* Residents Served: *39*

**Special Care Unit**

In Home: *Yes* Area: *McKendree Gardens* Capacity: *18* Residents Served: *17*

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *23* Have Physical Disability: *0*

**Inspections / Reviews**

**08/04/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/30/2025*

**09/05/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *09/15/2025*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/15/2025*

Inspections / Reviews (*continued*)

09/19/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a Direct care staff quals

1. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (████) - 09/05/2025)

On 8/11/25 the Executive Director in-serviced the Human Resources Generalist on regulation 54a.

The Human Resource Generalist has located staff member A high school transcript.

The Human Resource Generalist has audited all the communities Direct Care Staff qualifications with no further instances found.

Starting 9/1/25, The Human Resource Generalist will audit all new direct care staff new employee's qualifications, 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: 09/30/2025

Implemented (████) - 09/19/2025)

65a Fire Safety-1st day

2. Requirements

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff Person A, whose first day of work was █████ did not receive orientation on the following topics:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

65a Fire Safety-1st day (continued)

Plan of Correction

Accept (████) - 09/05/2025

On 8/11/25 the Executive Director in- serviced the Human Resources Generalist on regulation 65a. The Human Resource Generalist has located staff member A first day of training paper. The Human Resource Generalist has audited all the communities first day of work trainings. All identified staff members with missing items will be in-serviced/trained by 9/30/25. Starting 9/1/25, The Human Resource Generalist will audit all new direct care staff new employee's qualifications, 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: 09/30/2025

Implemented (████) - 09/19/2025

65e Rights/Abuse 40 Hours

3. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.
5. Safe management techniques.
6. Core competency training that includes the following:
  - i. Person-centered care.
  - ii. Communication, problem solving and relationship skills.
  - iii. Nutritional support according to resident preference.

Description of Violation

Staff Person A completed █████ 40th scheduled work hour on █████ However, this staff person did not complete training in the following topics:

- .1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.
5. Safe management techniques.
6. Core competency training that includes the following:
  - i. Person-centered care.
  - ii. Communication, problem solving and relationship skills.
  - iii. Nutritional support according to resident preference.

Plan of Correction

Accept (████) - 09/05/2025

On 8/11/25 the Executive Director in-serviced the Human Resources Generalist on regulation 65e.

65e Rights/Abuse 40 Hours (continued)

The Human Resource Generalist has audited the community's staff orientation paperwork to ensure that all necessary items have been included.

All identified staff members with missing items will be in-serviced/trained by 9/30/25.

A new General Orientation, within 40 hours training sheet has been implemented for all new hires.

Starting 9/1/25, The Human Resource Generalist will audit all new employee's orientations, 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: 09/30/2025

Implemented (█) - 09/19/2025)

65j Annual training content

4. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

3. Resident rights.

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).

Description of Violation

Staff Person B did not receive training in resident rights and the Older Adult Protective Services Act during training year January 1, 2024 to December 31, 2024.

Plan of Correction

Accept (█) - 09/05/2025)

On 8/11/25 the Executive Director in-serviced the Human Resources Generalist on regulation 65j.

The Human Resource Generalist has audited the community's training schedule to include necessary items for all Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

3. Resident rights.

4. The Older Adult Protective Services Act

Any identified staff members with missing items will be in-serviced/trained by 9/30/25.

Starting 9/1/25, The Human Resource Generalist will audit all new employee's trainings, 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: 09/30/2025

Implemented (█) - 09/19/2025)

66b Content of training plan

5. Requirements

2800.

66.b. The plan must include training aimed at improving the knowledge and skills of the residence's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

66b Content of training plan (continued)

3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The residence's staff training plan for training year January 1, 2025 to December 31, 2025 does not include dates, times, and the locations of training.

Plan of Correction

Accept (█ - 09/05/2025)

On 8/11/25 the Executive Director in-serviced the Human Resources Generalist on regulation 66b. The communities training plan has been updated to include dates, times, and the location of the training. Starting 9/1/25, The Human Resource Generalist will audit all new employee's trainings, 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: 09/30/2025

Implemented (█ - 09/19/2025)

82c Locked poisons

6. 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

Peri Guard Skin Protectant, with a manufacture's label indicating "in case of accidental ingestion contact a physician or Poison Control right away", was unlocked, unattended, and accessible to residents in the resident bedroom █ in the special care unit. Not all the residents of the residence, including Resident # 1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 09/05/2025)

On 8/4/25 the Executive Director removed the peri guard skin protectant. All other areas were checked in the unit, and no further instances were found. By 9/12/25, the Administrator will provide an in-service on the requirements of regulation 81c to nursing staff. A daily environment rounding tool will be done daily by the dementia care coordinator or designee to ensure compliance until 9/30/25. Starting 9/1/25, the Administrator or Executive Director 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: 09/30/2025

Implemented (█ - 09/19/2025)

141a Medical evaluation

7. Requirements

2800.

141a Medical evaluation (continued)

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

**Description of Violation**

The medical evaluation for Resident # 2, dated [REDACTED] does not include tb skin test or chest x-ray date. This area of the form is labeled not applicable.

The medical evaluation for Resident # 3, dated [REDACTED] does not include tb skin test or chest x-ray date. This area of the form is labeled as not needing a new tb skin test or chest x ray. Resident # 3 last received a tb skin test [REDACTED]

Repeat Violation: 9/4/25

**Plan of Correction**

Directed ([REDACTED] - 09/05/2025)

On 9/8/25 the Infection Prevention/Staff development coordinator will in-service the Administrator and nurse manager.

By 9/15/25 the Assisted Living Coordinator will audit all residents ADME for tb compliance. Any resident that is missing a tb shot will be given a 2 step PPD by 9/30/25.

Starting 9/1/25, The Administrator or Executive Director will audit all new residents 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.

Directed Plan of Correction (slw 9/5/25):

In addition to the steps noted in the Plan of Correction the ED will ensure residents #2 and #3 have updated DME's and all required elements completed within the next 30 days. Documentation of the correction will be maintained.

Proposed Overall Completion Date: 09/30/2025

Directed Completion Date: 09/30/2025

Implemented ([REDACTED] - 09/19/2025)

141b1 Annual medical evaluation

**8. Requirements**

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

**Description of Violation**

Resident # 4's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation

**141b1 Annual medical evaluation (continued)**

was completed on [REDACTED]

**Plan of Correction****Accept ([REDACTED] - 09/05/2025)**

*On 9/8/25 the Infection Prevention/Staff development coordinator will in-service the Administrator and Nurse Manager on regulation 141b*

*The Assisted living coordinator audited all medical evaluations with a tracking system in place to ensure compliance. Starting 9/1/25, the Administrator or Executive Director 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: 09/30/2025**

**Implemented ([REDACTED] - 09/19/2025)**