

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

November 19, 2025

[REDACTED]  
BERWYN REAL ESTATE LP  
[REDACTED]  
[REDACTED]

RE: DAYLESFORD CROSSING  
1450 EAST LANCASTER AVENUE  
PAOLI, PA, 19301  
LICENSE/COC#: 14154

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2025, 09/25/2025 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: DAYLESFORD CROSSING License #: 14154 License Expiration: 09/05/2026  
 Address: 1450 EAST LANCASTER AVENUE, PAOLI, PA 19301  
 County: CHESTER Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: BERWYN REAL ESTATE LP  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1 Date: 08/05/2015 Issued By: Tredyffrin Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 09/25/2025

**Inspection Dates and Department Representative**

09/24/2025 - On-Site: [REDACTED]  
 09/25/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 100 Residents Served: 72

**Secured Dementia Care Unit**  
 In Home: Yes Area: Connections Capacity: 24 Residents Served: 14

**Hospice**  
 Current Residents: 5

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 23 Have Physical Disability: 0

**Inspections / Reviews**

09/24/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/30/2025

10/22/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/05/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/27/2025

Inspections / Reviews (*continued*)

## 10/24/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/05/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 11/12/2025

## 11/19/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 11/05/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

17 Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] around 09:50 AM, a binder with the shower schedule for the home's Secured Dementia Care Unit (SDCU) residents was unlocked, unattended, and accessible on the desk in the back office.

Plan of Correction

Accept [REDACTED] - 10/24/2025)

The Shower Schedule binder in the SDCU was immediately removed from the desk in the back office by the Memory Care Director and locked in the Memory Care Directors office on 9/24/25.

The Memory Care Director was inserviced by the Health & Wellness Director (HWD) on 9/26/25 regarding record confidentiality and keeping all Resident records locked.

The HWD or designee will audit the SDCU neighborhood and back office daily x2 weeks and then weekly x2 months to ensure all resident records are locked and not accessible to the public.

Memory Care Director and HWD are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/11/2025

Implemented [REDACTED] 11/19/2025)

65g Annual Training Content

2. Requirements

2600.

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

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A, hired [REDACTED], did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2024.

Plan of Correction

Accept [REDACTED] 10/24/2025)

Staff person A resigned on 9/30/25, prior to completing fire safety training.

65g Annual Training Content (continued)

Business Office Manager was inserviced on Annual Training Content by the Regional Director of Health & Wellness on 9/26/25.

All Associate Training records related to fire safety, completed by a fire safety expert or staff person trained by a fire safety expert during training year 2024, will be audited by the Business Office Manager or designee by 10/31/25 for compliance.

Any missing training will be completed with the Associate, by the Business Office Manager and/or direct supervisor by 11/11/2025.

10% of Associate files will be audited by the Business Office Manager or designee monthly x3 months to assure ongoing compliance beginning 10/31/2025.

Business Office Manager is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/11/2025

Implemented [redacted] - 11/19/2025)

132g - Fire Drills Days/Times

3. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills towards the end of the month as evidenced by the drills held on [redacted] and [redacted]. As of [redacted], a drill for the month of September had not been performed.

The home has not held any fire drills during the weekends on any drill performed in 2025. Typically, the home's staffing levels are reduced during weekend days.

Plan of Correction

Accepted [redacted] - 10/24/2025)

Building Engineer was inserviced by the Executive Director on 9/27/2025 regarding Fire Drills Days/Times to include weekends and fire drills throughout the month; not just at the end of the month.

Fire Drill documentation will be audited by the Building Engineer monthly x6 months beginning 10/1/2025 to ensure weekend drills are being held and that drills are being completed throughout the month on all shifts.

Building Engineer and Executive Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/11/2025

Implemented [redacted] - 11/19/2025)

181f - Record of Medication

4. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering medication.

Description of Violation

On [redacted], resident [redacted] record did not include a current list of medications. The list in the resident's record did not include Robitussin, Florastor, and Neosporin, which were present in the resident's bathroom cabinet.

Repeat Violation: [redacted]

Plan of Correction

Accept ([redacted] 10/24/2025)

Resident [redacted] record was faxed to the PCP on 9/26/2025, by the HWD, to obtain an order for Robitussin, Florastor and Neosporin per regulation. It was obtained and added to the current list of medications on the MAR.

HWD was inserviced by the Regional Director Health & Wellness on 9/27/2025 regarding all self-medicating Residents record including a current list of prescription, CAM and OTC medications. Residents who self-medicate will also be reminded to report all new medications both prescribed and OTC to the HWD for inclusion on the MAR.

HWD will audit 100% of self-medicating Resident's medications on-hand against the medication profile to assure compliance with proper recording of medication in the MAR by 11/11/2025.

HWD will then audit 10% of self-medicating Residents monthly x3 months to assure ongoing compliance beginning 11/11/2025.

HWD responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/11/2025

Implemented [redacted] - 11/19/2025)

182b - Prescription Medication

5. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident # [redacted] is prescribed [redacted] unit/ml injection once a week for [redacted]. Staff Person B administered this injection on [redacted] and [redacted]; staff person C administered this injection on [redacted] and [redacted]. These staff persons are not qualified to administer non-insulin injections.

182b Prescription Medication (continued)

Plan of Correction

Accept [REDACTED] - 10/24/2025)

On 9/25/2025, Resident [REDACTED] Retacrit injection was immediately changed to "Only Nurse To Give", in the MAR, by the HWD.

HWD to audit 100% of Resident Medication profiles who are receiving non insulin injections, to assure all non insulin medication injections are scheduled as "Only Nurse To Give" by 10/31/2025.

HWD will then audit all Residents receiving non insulin injections monthly x3 months beginning 11/1/2025.

HWD inserviced all Nurses and Med Techs on 9/27/2025 to ensure any non insulin injections are to be given by the nurse on duty, only.

HWD responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/11/2025

Implemented [REDACTED] - 11/19/2025)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], an unopened box of [REDACTED] prescribed for resident [REDACTED] was in the home's 3rd floor medication cart. According to the manufacturer's instructions, the eye drop should be kept in the refrigerator until it is opened.

[REDACTED] prescribed for resident [REDACTED] with an expiration date of [REDACTED] was still in the home's 1st floor medication cart.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 10/24/2025)

On 9/25/2025 the unopened box of [REDACTED] was immediately placed in the medication refrigerator and the expired [REDACTED] for Resident [REDACTED] was destroyed, per regulation and protocol.

HWD inserviced all Nurses and Med Techs on 10/1/2025 regarding the proper storage of medication and the regulation to remove all expired medications on the date of expiration.

HWD will audit all med carts for proper storage of medications and expired medications by 10/31/2025. HWD to then audit 1 med cart weekly x8 weeks beginning 11/7/2025 for ongoing compliance.

HWD responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/11/2025

183e - Storing Medications (continued)

Implemented [redacted] - 11/19/2025)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted] resident # [redacted] glucometer was not calibrated to correct date. It displayed "[redacted]"

Plan of Correction

Accept [redacted] - 10/24/2025)

Resident [redacted] glucometer was recycled and replaced with a new glucometer, reflecting the correct and current date, on 9/25/2025, by the HWD.

The med-techs and Nurses were inserviced on 9/28/2025 to ensure knowledge of the recalibration process and to ensure all glucometer's are calibrated to the correct date, by the HWD.

All glucometers will be checked by the HWD for calibration for the accurate date by 10/31/2025, then monthly x3 months.

HWD responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/11/2025

Implemented ([redacted] - 11/19/2025)

187a - Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted] suppository (brand name Compro). However, the resident's

**187a - Medication Record (continued)**

medication administration record does not indicate the correct dosing instructions. The Medication Administration Record indicates that this medication is prescribed every 4 hours as needed, per order dated 07/06/2022. The pharmacy label, dated as prescribed on 08/08/2024 for this medication, reads "every 6 hours as needed". The home was unable to provide the current written order for this medication.

**Plan of Correction****Accept** [REDACTED] **10/24/2025)**

On 10/17/2025, Resident [REDACTED] prescribed PRN medication, scheduled for every 4 hours was discontinued and a clarification order was received to administer PRN, every 6 hours, per PCP order. HWD coordinated clarification of medication.

HWD inserviced all Nurses and Med Techs on 10/1/2025 on the 5-Rights of Medication to make sure the pharmacy label matches the Physician order in the MAR.

HWD will audit all med carts for proper labeling of medications by 10/31/2025. HWD to then audit 1 med cart weekly x8 weeks beginning 11/7/2025 for compliance.

HWD responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/11/2025

**Implemented** [REDACTED] **- 11/19/2025)****187d - Follow Prescriber's Orders****9. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] with a special instruction of 'hold if SBP is less than 100' and [REDACTED] mg with a special instruction of 'hold if SBP is less than 100 and/or heart rate is less than 60'. However, the resident's blood pressure and heart rate were not measured/documented before these medications were administered.

Resident [REDACTED] is prescribed [REDACTED] every 12 hours. However, the resident was not administered this medication on [REDACTED] at 06:00 PM, which was evidenced by the controlled medication log of this medication. It was not signed out on [REDACTED] at 06:00 PM and there was no discrepancy in the counts. The same resident is prescribed [REDACTED] once a day with a special instruction of 'hold if SBP is less than 115'. However, there is no record of the resident's blood pressure check and it cannot be determined if this medication was administered within the prescribed parameters.

**Plan of Correction****Accept** [REDACTED] **- 10/24/2025)**

On 9/26/2025, HWD immediately added parameters for Resident [REDACTED] and Resident [REDACTED] on the MAR, per PCP orders.

HWD inserviced all nurses and Med Techs on the regulation relating to Following Prescriber's orders as well as the

**187d Follow Prescriber's Orders (continued)**

5 Rights of Medication Administration on 9/28/2025. [REDACTED] also reviewed with the Nurses the process to make sure all ordered blood pressure and pulse parameters are entered into the MAR per PCP order on 9/28/2025.

HWD to audit all Resident's receiving medications requiring corresponding blood pressure and pulse parameters for accuracy and placement on the MAR by 10/31/2025.

HWD to review 10% of Resident MARs weekly x8 weeks to ensure compliance beginning 10/20/2025.

Health & Wellness Director responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/11/2025

Implemented [REDACTED] - 11/19/2025)