

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

May 15, 2026

[REDACTED]
EAGLEVIEW LANDING LP
[REDACTED]
[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 04/16/2026 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: *09/13/2026*
 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

Type: *I-2* Date: *03/27/2019* Issued By: *Uwchlan Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *04/16/2026*

Inspection Dates and Department Representative

04/16/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *121* Residents Served: *69*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *27* Residents Served: *16*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

04/16/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2026*

05/11/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/14/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2026*

Inspections / Reviews *(continued)*

05/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

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

Three bottles of [REDACTED], with a manufacture's label indicating "In case of accidental ingestion, get medical help or contact a Poison Control Center right away.", was unlocked, unattended, and accessible to Resident [REDACTED]. Not all the residents of the home, including Resident [REDACTED], have been assessed capable of recognizing and using poisons safely.

One tube of Paradontax, with a manufacture's label indicating "In case of accidental ingestion, get medical help or contact a Poison Control Center right away.", was unlocked, unattended, and accessible to Resident [REDACTED]. Not all the residents of the home, including Resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

One bottle of Listerine, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact Poison Control Center right away.", was unlocked, unattended, and accessible to Resident [REDACTED]. Not all the residents of the home, including Resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

One tube of Colgate Sensitive toothpaste, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away.", was unlocked, unattended, and accessible to Resident [REDACTED]. Not all the residents of the home, including Resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

One bottle of Medline Remedy Essential Zinc Oxide Skin Protectant, with a manufacture's label indicating "In case of accidental ingestion, get medical help or contact a Poison Control Center right away.", was unlocked, unattended, and accessible to Resident [REDACTED]. Not all the residents of the home, including Resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Repeat violation: [REDACTED] and [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 05/11/2026)

On 4/17/26, all identified poisonous materials were immediately removed from unsecured areas. The Memory Care Coordinator did room checks to ensure all toiletries were locked cabinet/storage. On 4/17/26, the Housekeeping Supervisor completed room audits to ensure every memory care residents' cabinet was in good repair and the locks worked.

On 4/18/2026 the Executive Director provided education to Memory Care Coordinator on regulation 2600.82c, poisonous materials. On 5/14/2026, the Executive Director will educate all staff on regulation 2600.82c, poisonous materials, and safe storage practices. New hires will receive this training during orientation.

Beginning 4/20/26, the Memory Care Coordinator and/or Housekeeping Supervisor will conduct a daily audit x 2 weeks, weekly x 4 weeks, and monthly x 3 months. Any non-compliance will result in immediate corrective action and additional staff re-education. The findings will be kept and reviewed monthly at the Quality Assurance meeting beginning 05/13/2026, to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/08/2026

82c - Locking Poisonous Materials (continued)

Implemented [redacted] - 05/15/2026)

185a - Implement Storage Procedures

2. 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

Resident [redacted] is prescribed [redacted] Take 2 tablets [redacted] by mouth every 6 hours as needed.

Resident [redacted] is also prescribed [redacted], Apply topically to head of patient's penis as needed. On [redacted] these medications were not available in the home.

Resident [redacted] is prescribed [redacted], instill 1 spray in the nostril as needed. On [redacted] this medication was not available in the home.

Resident [redacted] is prescribed [redacted], take 1 tablet by mouth every 6 hours as needed. On [redacted] this medication was not available in the home.

Repeat violation: [redacted]

Plan of Correction

Accepted [redacted] 05/11/2026)

On 4/18/26, the medications were obtained from pharmacy. On 4/24/2026, a medication cart audit was completed to ensure all medications available for residents as prescribed.

On 5/1/2026, a new medication cart was obtained to ensure adequate space for all medications. Educated all nurses and med techs on proper medication storage requirements per regulation 2600.185a. New hires will also receive this training during onboarding.

On 5/6/26, the Regional Director of Clinical Service, LPN, re-educated the Assistant Director of Nursing and the Memory Care Coordinator on the storage and reordering of medications, including PRNs.

Beginning 4/24/2026, the Assistant Director of Nursing or designated med tech will conduct weekly medication cart audits x 4 weeks, then monthly x 6 months to ensure compliance. Beginning 05/13/2026, the findings will be kept and reviewed at the monthly Quality Assurance meeting . Any discrepancies will result in immediate corrective action.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [redacted] - 05/15/2026)

187b - Date/Time of Medication Admin.

3. 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]. Resident [redacted]'s March 2026 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 9:30pm.

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

Resident [redacted] is prescribed [redacted]. Resident [redacted] March 2026 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 9:30pm.

Resident [redacted] is prescribed [redacted]. Resident [redacted] March 2026 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 8:00pm.

Repeat violation: [redacted] et al

Plan of Correction

Accept [redacted] 05/11/2026)

On 4/18/26, The Executive Director reviewed all MARs with missing documentation to determine the accuracy of the medications administered and ensured no medications were missed.

On 4/21/2026 the Clinical Trainer educated the Assistant Director of Nursing on medication administration record reports to ensure compliance.

On 5/6/2026, the Regional Director of Clinical Services educated the Assistant Director of Nursing and the Memory Care Coordinator on medication administration documentation requirements.

On 5/7/26, The Regional Director of Clinical Services re educated med techs on medication administration documentation.

Beginning 05/11/2026 the Assistant Director of Nursing and/or Memory Care Coordinator will complete daily medication administration record audits x 2 weeks, weekly x 4 weekly, then monthly x 3 months. These findings will be kept and reviewed at the monthly Quality Assurance meeting beginning 5/13/26 and monitored for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [redacted] - 05/15/2026)

227g -Support Plan Signatures

4. 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] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 05/11/2026)

On 4/20/26, the missing signatures were obtained. On 4/20/2026 and 4/21/2026, the Executive Director completed an audit of all RASPs to ensure all RASPs were in compliance.

On 5/6/2026, the Executive Director educated the Assistant Director of Nursing and Memory Care Coordinator on regulation 2600.227g, support plan signatures.

Beginning 5/4/26, the Executive Director will conduct a weekly audit of all new admission and annual resident

227g -Support Plan Signatures (continued)

RASPs x 4 weeks, then monthly x 6 months to ensure compliance with regulation 2600.227g. Beginning 05/13/2026, all findings will be kept and reviewed monthly at the Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [redacted] - 05/15/2026)

234e - Involvement/Participation

5. Requirements

2600.

234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

Description of Violation

Resident [redacted] support plan was revised on [redacted] Neither the resident nor the resident's designated person were involved in the revision.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 05/11/2026)

On 4/20/26, the RASP was reviewed and the missing signature were obtained. On 4/20/2026 and 4/21/2026, the Executive Director completed an audit of all RASPs to ensure all RASPs were in compliance.

On 5/6/2026, the Executive Director educated the Assistant Director of Nursing and Memory Care Coordinator on RASP procedures.

Beginning 5/4/26, the Executive Director will conduct a weekly audit of all new admission and annual resident RASPs x 4 weeks, then monthly x 6 months to ensure compliance with care plans being held and designated persons participating in the RASP process. Beginning 05/13/2026, all findings will be kept and reviewed monthly at the Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [redacted] - 05/15/2026)