

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

June 1, 2026

[REDACTED], ADMINISTRATOR  
DUNWOODY VILLAGE INC  
3500 WEST CHESTER PIKE  
ATTN:PERSONAL CARE SERVICES  
NEWTOWN SQUARE, PA, 19073

RE: DUNWOODY VILLAGE  
3500 WEST CHESTER PIKE  
NEWTOWN SQUARE, PA, 19073  
LICENSE/COC#: 14525

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2026, 04/21/2026 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:** DUNWOODY VILLAGE **License #:** 14525 **License Expiration:** 12/22/2026  
**Address:** 3500 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073  
**County:** DELAWARE **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** DUNWOODY VILLAGE INC  
**Address:** 3500 WEST CHESTER PIKE, ATTN:PERSONAL CARE SERVICES, NEWTOWN SQUARE, PA, 19073  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 02/21/2002 **Issued By:** CWOPA L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 105 **Waking Staff:** 79

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Incident **Exit Conference Date:** 04/21/2026

**Inspection Dates and Department Representative**

04/20/2026 - On-Site: [REDACTED]  
04/21/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

|  |  |                     |                             |
|--|--|---------------------|-----------------------------|
| <b>General Information</b>                     |  |                     |                             |
| <b>License Capacity:</b> 81                    | <b>Residents Served:</b> 78                      |                     |                             |
| <b>Secured Dementia Care Unit</b>              |  |                     |                             |
| <b>In Home:</b> Yes                            | <b>Area:</b> Cedars West                         | <b>Capacity:</b> 20 | <b>Residents Served:</b> 20 |
| <b>Hospice</b>                                 |  |                     |                             |
| <b>Current Residents:</b> 5                    |  |                     |                             |
| <b>Number of Residents Who:</b>                |  |                     |                             |
| <b>Receive Supplemental Security Income:</b> 0 | <b>Are 60 Years of Age or Older:</b> 77          |                     |                             |
| <b>Diagnosed with Mental Illness:</b> 1        | <b>Diagnosed with Intellectual Disability:</b> 1 |                     |                             |
| <b>Have Mobility Need:</b> 27                  | <b>Have Physical Disability:</b> 0               |                     |                             |

**Inspections / Reviews**

04/20/2026 Full  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/22/2026

05/26/2026 - POC Submission  
**Submitted By:** [REDACTED] **Date Submitted:** 06/01/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/01/2026

Inspections / Reviews *(continued)*

06/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

132g - Fire Drills Days/Times

1. 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 at the end of each month as evidenced by the following drills 3/30/2026 at 3:00 am, 2/25/2026 at 8:30 pm, 1/31/2026 at 10:30 am, 12/29/2025 at 2:00 am, 11/29/2025 at 4:30 pm, 10/30/2025 at 1:00 pm, 09/28/2025 at 1:00 am, 8/26/2025 at 6:30 pm, 7/30/2025 at 11:30 am, 6/23/2025 at 11:00 pm, 5/23/2025 at 3:30 pm, 4/24/2025 at 2:00 pm, 3/20/2025 at 12:00 am.

Plan of Correction

Accept (█) - 05/26/2026

Dunwoody Village contracts with the Croker Fire Safety Corporation to perform monthly fire drills. Training will be provided to Croker Fire Safety Corporation regarding regulation 132g by 5/30/2026. Dunwoody's Safety & Security Supervisor or designee will engage Croker Fire Safety Corporation to conduct fire drills on specified varied days throughout the month during the upcoming year. The Safety & Security Supervisor or designee will present the fire drill schedule to Croker Fire Safety Corporation by 5/30/2026.

Compliance to the fire drill schedule will be monitored monthly by the Personal Care Administrator or designee and reviewed during the quarterly QAPI process.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented (█) - 06/01/2026

183e - Storing Medications

2. 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 4/20/2026 Systane Artificial Tears, belonging to Resident 1 was in the home. This medication expired in 2/2023.

Plan of Correction

Accept (█) - 05/26/2026

Usage of the Systane Artificial Tears were reviewed; the eye drops had not been used for over 30 days. Order was requested to be discontinued due to non-usage; received order to discontinue eye drops on 4/20/2026.

Education was provided to nurses on 4/23/2026 & 4/24/2026. Education included reviewing expiration dates of medications and cart audits.

Weekly cart audits with specific dates & shifts will begin on 5/26/2026 and will be performed by the nurse assigned to the cart. Personal Care Nurse Manager or designee will confirm the weekly cart audits are completed and review the audit results with follow-up as appropriate. The Personal Care Nurse Manager or designee will perform cart audits monthly for 6 months then quarterly ongoing.

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented ( ) - 06/01/2026

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident 2's Voltaren Arthritis Pain Gel 1% does not include the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

Plan of Correction

Accept ( ) - 05/26/2026

A new tube of the Voltaren Pain Gel was requested to Pharmacy and was delivered and placed in medication cart on 4/22/2026.

Education was provided to nurses on 4/23/2026 & 4/24/2026. Education included ensuring the wording for the order on the eMAR exactly matches the pharmacy label and the appropriate labeling required for all medications. Training was also provided regarding cart audits.

Weekly cart audits with specific dates & shifts will begin on 5/26/2026 and will be performed by the nurse assigned to the cart. Personal Care Nurse Manager or designee will confirm the weekly cart audits are completed and review the audit results with follow-up as appropriate. The Personal Care Nurse Manager or designee will perform cart audits monthly for 6 months then quarterly ongoing.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented ( ) - 06/01/2026

187a - Medication Record

4. Requirements

2600.

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

Description of Violation

Resident 3 is prescribed Lidocaine Pain Relief Patch. However, resident's 3 medication administration record does not indicate duration of therapy, if applicable.

Plan of Correction

Accept ( ) - 05/26/2026

The order for the Lidocaine Pain Relief Patch was reviewed and updated to match the pharmacy label per doctor's order on 4/23/2026 with the appropriate removal schedule.

Education was provided to nurses on 4/23/2026 & 4/24/2026. Education included ensuring the wording for the

**187a Medication Record (continued)**

*order on the eMAR exactly matches the pharmacy label. Training was also provided regarding cart audits. Weekly cart audits with specific dates & shifts will begin on 5/26/2026 and will be performed by the nurse assigned to the cart. Personal Care Nurse Manager or designee will confirm the weekly cart audits are completed and review the audit results with follow up as appropriate. The Personal Care Nurse Manager or designee will perform cart audits monthly for 6 months then quarterly ongoing.*

**Licensee's Proposed Overall Completion Date: 05/30/2026**

**Implemented (█ - 06/01/2026)**