

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

May 26, 2026

[REDACTED], ED
KENDAL-CROSSLANDS COMMUNITIES, INC.
[REDACTED]

RE: CROSSLANDS
1660 EAST STREET ROAD
KENNETT SQUARE, PA, 19348
LICENSE/COC#: 10098

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2026 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: CROSSLANDS | License #: 10098 | License Expiration: 08/28/2026 |
| Address: 1660 EAST STREET ROAD, KENNETT SQUARE, PA 19348 | | |
| County: CHESTER | Region: SOUTHEAST | |

| Administrator | | |
|-------------------------|--------------------------|--------------------------|
| Name: [REDACTED] | Phone: [REDACTED] | Email: [REDACTED] |

| Legal Entity | | |
|--|--------------------------|--|
| Name: KENDAL-CROSSLANDS COMMUNITIES, INC. | | |
| Address: [REDACTED] | | |
| Phone: [REDACTED] | Email: [REDACTED] | |

| Certificate(s) of Occupancy | | |
|-----------------------------|-------------------------|-----------------------------|
| Type: Other | Date: 01/19/1978 | Issued By: CWOPA L&I |

| Staffing Hours | | |
|----------------------------------|------------------------------|-------------------------|
| Resident Support Staff: 0 | Total Daily Staff: 35 | Waking Staff: 26 |

| Inspection Information | | |
|------------------------|---|----------------------|
| Type: Full | Notice: Unannounced | BHA Docket #: |
| Reason: Renewal | Exit Conference Date: 04/23/2026 | |

| Inspection Dates and Department Representative | |
|--|--|
| 04/23/2026 - On-Site: [REDACTED] | |

| Resident Demographic Data as of Inspection Dates | | | |
|--|--------------|--|--------------------------|
| General Information | | | |
| License Capacity: 51 | | Residents Served: 35 | |
| Secured Dementia Care Unit | | | |
| In Home: No | Area: | Capacity: | Residents Served: |
| Hospice | | | |
| Current Residents: 0 | | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: 0 | | Are 60 Years of Age or Older: 35 | |
| Diagnosed with Mental Illness: 0 | | Diagnosed with Intellectual Disability: 0 | |
| Have Mobility Need: 0 | | Have Physical Disability: 0 | |

| Inspections / Reviews | | |
|-----------------------------------|---------------------------------------|-----------------------------------|
| 04/23/2026 Full | | |
| Lead Inspector: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 05/22/2026 |
| 05/21/2026 - POC Submission | | |
| Submitted By: [REDACTED] | Date Submitted: 05/26/2026 | |
| Reviewer: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 05/26/2026 |

Inspections / Reviews *(continued)*

05/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

05/26/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65g - Annual Training Content

1. 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 did not receive training in 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, and emergency preparedness procedures and recognition and response to crises and emergency situations during training year 1/1/2025 to 12/31/2025.

Plan of Correction

Accept ([redacted]) - 05/26/2026

Fire safety instructor has enrolled in a train the trainer course occurring on 6/24/26. Staff person A received annual fire training. Please see attached.

The Staff Development and Learning Manager will audit 100% of current personnel records for direct and indirect care staff working in personal care. If compliance is = 95%, audits will decrease to random and outcomes will be reported at quarterly QAPI. Any missed documentation will result in immediate staff re-education. Audits have begun and any necessary re-education will be completed by July 1, 2026.

Licensee's Proposed Overall Completion Date: 05/26/2026

Implemented ([redacted]) - 05/26/2026

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/23/26 at 9:26 AM, there was a pile of loose slivered almonds in the bottom of the lounge refrigerator.

At 9:48 AM the ice machine in the main kitchen had a heavy mildew odor when opened and there were visible spots of black mold and pink scum on the ice making mechanism. According to a maintenance sheet posted on the side of the machine it had not been professionally sanitized since 6/5/2025.

Plan of Correction

Accept ([redacted]) - 05/21/2026

Pile of loose almonds were immediately discarded and refrigerator was thoroughly clean out. Please see attached photos.

Ice machine in kitchen was immediately taken out of service, emptied and thoroughly cleaned and sanitized to remove residue. Ice machine now on a weekly sanitation checklist to be completed every Tuesday. Ice machine scheduled to be professionally sanitized every 6 months. A cleaning log with due dates has been implemented. Staff education done and completed on 5/16/26. This will be continued indefinitely. Please see attached.

85a - Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented () - 05/26/2026

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There was a large brown water stain on the ceiling tile outside of room 547.

Plan of Correction

Accept () - 05/21/2026

Work order was placed, ceiling tile outside of room 547 and 552 has been replaced on 5/8/26.

12a-8a facilities staff will now be doing weekly environmental checks of ceiling tiles in Audland. They will enter a work order for any ceiling tile to be replaced immediately. This will be continued indefinitely.

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented () - 05/26/2026

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside. The resident's lamp did not have a working light bulb.

Plan of Correction

Accept () - 05/21/2026

Resident 1's light bulb was replaced during inspection. Lamp is now working properly. All bedside lamps/lights are now checked to make sure they are working properly weekly on Sundays. Staff education was completed on 5/16/26. Staff signs off lamp/light check on the MAR. This will be continued indefinitely. Please see attached.

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented () - 05/26/2026

103i - Outdated Food

5. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 4/23/2026 there was an unlabeled, undated and unsealed bag of walnuts in the lounge refrigerator and an unlabeled and undated bagel in the lounge freezer.

Plan of Correction

Accept () - 05/21/2026

Lounge refrigerator cleaned out and any unlabeled or outdated food was removed. Nightly checks of the lounge

103i Outdated Food (continued)

refrigerator have been implemented and placed on 11 7 staff's assignment sheet. New signage and sharpie's placed on refrigerator to remind staff and residents that all items must be labeled and dated. Any item not labeled and dated will be discarded that night by 11 7 staff. Education will be completed by the end of this month on 5/31/26. This will be continued indefinitely.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented () - 05/26/2026

123b - Emergency Procedures Posted

6. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's complete emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 05/21/2026

EOP for Pennsbury Township and Chester County are posted at both of the bulletin boards in the hallway. First page of EOP updated to include state and county emergency numbers. As well as displaying KCC Emergency manual is available upon request. This was completed on 4/30/26.

KCC Quick Reference Emergency management Plan Flip chart is displayed clearly at nursing station for anyone to read. State and County Emergency phone numbers also displayed there. Please see attached pictures.

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented () - 05/26/2026

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 9/23/2025 at 5:33 AM. The previous sleeping hours fire drill was conducted on 3/19/2025 at 11:11 PM.

Plan of Correction

Accept () - 05/21/2026

Fire drill in March done at 10:45pm due to most residents being asleep at that time. From now on all "overnight" fire drill will be between 11p 7am. Fire drill done on May 18th 2026 at 11:12pm. Please see attached documents.

Overnight drill will continue to be between 11pm and 7am every six months.

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented () - 05/26/2026