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

July 8, 2026

[redacted]
CSW ARBOUR SQUARE V HUNTINGDON VALLEY, L.P.
[redacted]

RE: CRESCENT FIELDS AT
HUNTINGDON VALLEY
2507 PHILMONT AVE
HUNTINGDON VALLEY, PA, 19006
LICENSE/COC#: 15005

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2026 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: *CRESCENT FIELDS AT HUNTINGDON VALLEY* **License #**: *15005* **License Expiration**: *06/28/2026*

Address: *2507 PHILMONT AVE, HUNTINGDON VALLEY, PA 19006*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *CSW ARBOUR SQUARE V HUNTINGDON VALLEY, L.P.*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *119* **Waking Staff**: *89*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *05/07/2026*

Inspection Dates and Department Representative

05/07/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *149* **Residents Served**: *89*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *first floor* **Capacity**: *19* **Residents Served**: *15*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *89*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *30* **Have Physical Disability**: *0*

Inspections / Reviews

05/07/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/14/2026*

06/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/01/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/21/2026*

Inspections / Reviews *(continued)*

06/23/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/01/2026*

07/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

23a Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan dated [redacted], for resident [redacted] indicates the resident requires assistance with ambulation while using rolling walker and wheelchair. On [redacted] the resident did not receive this assistance as required.

Plan of Correction ***Accept[redacted] 06/23/2026)***

Staff member A was terminated immediately after management was made aware of incident, on [redacted]

By 6/20/2026, current staff will be retrained on 2600.23a, following resident assessment and support plans, in order to provide the appropriate care to each resident. This training will be conducted by the Residence Director or designee. Documentation will be maintained.

Beginning 6/15/2026, the Health Care Director or Designee will review 5 RASP's weekly and compare the care being given with what is captured on the current RASP. This will be completed weekly for 4 weeks. Documentation shall be maintained.

On 6/24/2026, the Residence Director or designee, will review the above findings for 2600.23a during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented[redacted] - 07/08/2026)

42c Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted], staff observed Staff member A denied assistance to Resident [redacted]. Resident [redacted] had just finished lunch and needed to use the rest room and asked to be escorted to their room. Staff member A received the call for assistance and was with another staff member, the other staff member escorted a resident to their room. When Resident[redacted] asked if Staff member A was going to assist then, Staff member A replied, "I'm good" and walked away without assisting the resident.

Plan of Correction ***Accept[redacted] - 06/23/2026)***

Staff member A was terminated immediately after management was made aware of incident, on [redacted]

By 6/20/2026, current staff will be retrained on 2600.42c, resident rights and sensitivity. The training will be conducted by the Residence Director or designee. Documentation will be maintained.

Beginning 6/15/2026, the Residence Director or Designee will interview five residents weekly for 4 weeks, to ensure compliance with this regulation. Documentation shall me maintained.

42c - Treatment of Residents (continued)

On 6/24/2026, the Residence Director or designee, will review the above findings for 2600.42c during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] - 07/08/2026)

101j7 - Lighting/Operable Lamp

3. 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 [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept [redacted] - 06/23/2026)***

The Maintenance Director immediately supplied the resident with a bedside lamp before inspector left.

By 6/18/2026, the Residence Director or designee will train the Maintenance Director and housekeeping team on 2600.101j7. Documentation shall be maintained.

By 6/19/2026, the Maintenance Director or designee will complete an audit of all resident units to ensure residents have bedside lighting. Documentation will be maintained.

By 6/22/2026, the Maintenance Director will create a task in TELS to do biweekly room checks for 3 months. Any resident found to be without operable lighting source will be given one at that time.

On 6/24/2026, the Residence Director or designee, will review the above findings for 2600.101j7 during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] 07/08/2026)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [redacted] there was an approximate 1-inch accumulation of lint in the lint trap of the third-floor dryer. There were no clothes in the dryer at the time.

On [redacted], there was an approximate 1.5 inches accumulation of lint in the lint trap of the second-floor dyer 1. There

105g Lint Removal and Duct Cleaning (continued)

were no clothes in the dryer at the time.

On [redacted], there was an approximate half inch accumulation of lint in the lint trap of the second floor dyer 2. There were no clothes in the dryer at the time.

On [redacted], there was an approximate half inch accumulation of lint in the lint trap of the first floor memory care dryer. There were no clothes in the dryer at the time.

Plan of Correction ***Accept [redacted] - 06/23/2026)***

Lint was removed from all dryers at the time of inspection.

On 5/8/2026, signs were created to remind staff to remove the lint from laundry room dryers after each use. The signs were placed on the dryers and on the back of the doors in the laundry rooms by Residence Director.

By 6/20/2026, current staff will be retrained on 2600.105g, by the Residence Director or designee. This will include why it is important to check the dryer vents frequently.

Starting 6/15/2026, the Maintenance Director or designee will check the dryer vents daily for one week and then 3 times a week for 2 weeks. Documentation shall be maintained.

On 6/24/2026, the Residence Director or designee, will review the above findings for 2600.105g during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] - 07/08/2026)