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

August 4, 2026

[redacted], ADMINISTRATOR
KENDAL-CROSSLANDS COMMUNITIES, INC.
1109 EAST BALTIMORE PIKE
KENNETT SQUARE, PA, 19348

RE: KENDAL AT LONGWOOD
1109 EAST BALTIMORE PIKE
KENNETT SQUARE, PA, 19348
LICENSE/COC#: 18573

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/01/2026, 06/02/2026 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: *KENDAL AT LONGWOOD* **License #**: *18573* **License Expiration**: *10/01/2026*

Address: *1109 EAST BALTIMORE PIKE, KENNETT SQUARE, PA 19348*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *KENDAL-CROSSLANDS COMMUNITIES, INC.*

Address: *1109 EAST BALTIMORE PIKE, KENNETT SQUARE, PA, 19348*

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *07/09/2025* **Issued By**: *Kennett Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *62* **Waking Staff**: *47*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/02/2026*

Inspection Dates and Department Representative

06/01/2026 - On-Site: [redacted]

06/02/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78* **Residents Served**: *56*

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**: *56*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *6* **Have Physical Disability**: *0*

Inspections / Reviews

06/01/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/03/2026*

07/06/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/29/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/11/2026*

Inspections / Reviews *(continued)*

07/09/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/29/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/02/2026*

08/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/29/2026*

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

89b - Hot Water Temperature

2. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 6/1/2026 at 10:30 am, the hot water temperature at the bathroom in room 509 measured 136.9 degrees Fahrenheit.

On 6/1/2026 at 10:40 am, the hot water temperature at the bathroom in room 518 measured 142 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

On 6/1/2026, maintenance investigated what the issue was with the water temperatures. They found that the mixing valve needed to be replaced. They adjusted the water temp daily until the pump was replaced. New water temperature log put in place for Mon-Friday. This Started on June 2nd and will be continuous. [redacted] the maintenance supervisor will be completing audits to make sure this is being completed weekly. This will be continuous.
Education will be completed by July 31st for all Personal care staff and maintenance staff.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/04/2026)

181f - Record of Medication

3. 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 his medication.

Description of Violation

On 6/1/2026, resident 1 record did not include a current list of medications. The list in the resident's record includes Chlorhexidine Gluconate .12% this was not available for the resident.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

Medication was discontinued per physician. Education provided to resident about when [redacted] medication is running low [redacted] needs to communicate with the nursing staff so they can order [redacted] medication for [redacted] Medication will be reviewed to ensure that all residents that self-administer have their medication on hand. Monthly audits will be completed by personal care administrator or nurse supervisor. The first audit will be completed by July 31st and will be completed thereafter for all residents that self-administer their mediations.
Education for Personal care staff will be completed by July 31st, 2026.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/04/2026)

183b - Meds and Syringes Locked

4. Requirements

2600.

183b Meds and Syringes Locked *(continued)*

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident 1 self administers medications but resides in a shared room with a resident who is not capable of self administering their own medications. On 6/1/2026 at 10:30 am, Acetaminophen 500mg, Pravastatin 20mg tablet, zolpidem 10 mg tablet, Amlodipine 2.5 mg, Omeprazole 20 mg, Propranolol ER 80mg, Warfarin 3 mg were all unlocked, unattended, and accessible in this shared room.

Plan of Correction ***Accept (- 07/06/2026)***

PCHA discussed with resident about this violation. PCHA educated this resident on policy of residents that self administer mediations. started using the lock immediately again.
All residents that self administered were educated by PCHA on the policy for self administration.
New point of care placed for all self administered residents to have medication checked twice a day to ensure medications are locked. This will be a continuous practice.
PCHA ordered new locks for residents whose tackle boxes did not have the original lock and distributed to the residents who needed one. This was completed by June 10th, 2026.
Education will be completed by July 31st, 2026

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented (- 08/04/2026)

183d - Prescription Current

5. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 6/1/2026, Lisinopril 5mg prescribed for Resident 2, was in the home's medication cart; however, the medication was not included on the current medication administration record.

Plan of Correction ***Accept (- 07/08/2026)***

Medication was immediately removed from cart. New physician form list was created and is now in practice to check off each section of the form. One section is removing medication from cart after the medication was discontinued. This practice started by June 9th.
This will be continuous practice. The nurse that places the order will do the first initial check to ensure medications were removed from cart. The night shift supervisor will then verify on their nightly chart checks that the medication was removed from the cart.
Education will be completed by July 31st on this new practice by PCHA.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented (- 08/04/2026)

183e - Storing Medications

6. Requirements

2600.

183e - Storing Medications *(continued)*

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 6/1/2026 at 10:54am Diltiazepan tab 120mg belonging to Resident 2, was punctured on Spot 2.

On 6/1/2026 at 10:58am Lmethylfola tab 7.5mg belonging to Resident 2, was punctured on Spot 6.

On 6/1/2026 at 11:00am Senna kot-s mg belonging to Resident 2, was punctured on Spot 2, 6, 14 and 17.

On 6/1/2026 at 11:00am Acetamin Tab 500 mg belonging to Resident 2, was punctured on Spot 4.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

Pharmacy will be putting an extra film on blister packs to ensure that blister packs cannot puncture easily.
The med techs and nurses will be educated on making sure they notify the pharmacy if a blister pack is damaged in anyway. The nurse that completes the med audit when we have our cycle exchange will ensure that the extra film/coating is on all blister packs. This practice will begin on July 21st when our next cycle exchange occurs. This will be a continuous practice. Education will be completed by July 31st.

see attachment

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/04/2026)

184a - Resident's Meds Labeled

7. 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 3's Tramadol HCL Tab 50mg does not include the prescribed dosage and instructions for administration.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

Direction change label was placed on medication and narcotic paper. When an order is changed and we can still use the medication because the order has changed in direction vs dosage a direction label will be placed on the medication and if it is a controlled or narcotic sheet that you sign. On the physician order sheet there is a place that the nurse taking the order will check to ensure that this practice has been completed. The night shift supervisor will ensure that this practice was completed when they complete their nightly chart checks. This practice began on June 9th and will be a continuous practice.
Education provided to nurses about this new practice. Med techs educated on this as well so that if they notice a change in the MAR and label does not match the nurses are aware and this is corrected immediately.

184a - Resident's Meds Labeled (continued)

Education will be completed July 31st, 2026.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/04/2026)

184b - Labeling OTC/CAM

8. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 6/1/2026 at 10:09 am, a package of Milk of Magnesia belonging to resident 3 was in the Medication cart and was not labeled with the resident's name.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

Pharmacy will be providing individual dosage of MOM for the med carts. This practice started on June 24th. The nurses that are checking in the medication from the pharmacy will ensure that the MOM is a individual dose pack. Education provided by PCHA to all nurses and med tech who administrator the medication that this the new practice moving forward. Education will be completed by July 31st, 2026.

see attachment

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/04/2026)

185a - Implement Storage Procedures

9. 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 4 is prescribed Acetaminophen as needed. On 6/1/2026 this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 07/09/2026)***

This order was discontinued immediately. PCHA or designee will now do audits every month for 6 months then go to every 3months. The audits will include reviewing as needed medication and it has not been used in more than 90 days request a discontinue order from PCP and to match the orders with medication in the carts to ensure that medications are available. The first audit will be completed by July 31st.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/04/2026)

187b - Date/Time of Medication Admin.

10. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

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

Description of Violation

Resident 3 is prescribed Eliquis 5mg. Resident 3's May 2026 medication administration record does not include the initials of the staff person who administered Eliquis 5mg on 5/29/2026 at 9:00 am.

Resident 3 is prescribed Magnesium 400 mg. Resident 3's May 2026 medication administration record does not include the initials of the staff person who administered Magnesium 400 mg on 5/29/2026 at 9:00 am.

Resident 3 is prescribed Fluoro methalone opthalmic. Resident 3's May 2026 medication administration record does not include the initials of the staff person who administered Fluoro methalone opthalmic on 5/29/2026 at 9:00 am.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

Staff member that administered the medication was educated on the proper medication administration policy the next scheduled day [redacted] worked. Education and review of proper procedure of administer mediation will be completed by PCHA to all personal care staff. Power point is being presented for proper medication administration. Daily audits at the end of shift will be completed by Nurse supervisor to ensure all medications have been signed out properly and if not it will be corrected on the spot.
Education will be completed by July 31st, 2026.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/04/2026)

187d - Follow Prescriber's Orders

11. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed Eliquis 5mg at 9:00 am. However, Resident 2 was administered Eliquis 5mg on 5/14 at 10:44 am, 5/22 at 10:30 am, 5/23 at 10:58 am.

Resident 2 is prescribed Lorazepam 5mg tab at 9:00 am. However, Resident 2 was administered Lorazepam 5mg on 5/14 at 10:44 am, 5/22 at 10:29 am, and 5/23 at 10:59 am

Resident 3 is prescribed Losartan at 9:00 am. However, Resident 3 was administered Losartan on 5/2/2026 at 6:49am, 5/4 at 7:33am, 5/5 at 7:35am, 5/20 at 7:35am, and 5/26 at 7:29 am.

Resident 4 is prescribed Eliquis 2.5 mg tablet at 5 pm. However Resident 4 was administered Eliquis 2.5 mg on 5/10 at 3:52 pm, 5/14 at 3:52pm, and 5/16 at 6:26 pm.

Resident 4 is prescribed Acetaminophen 325mg at 5 pm. However Resident 4 was administered Acetaminophen 325mg on 5/10 at 3:52 pm, 5/14 at 3:52pm, and 5/16 at 6:26 pm.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

Education and review of proper procedure of administering mediation will be completed by PCHA . Highlights on

187d - Follow Prescriber's Orders (continued)

the 5 rights.
Right resident
Right medication
Right dose
Right route
****Right time*****
Power point will be presented to the personal care staff.

Daily Audits will be completed at end of shift to ensure that medications were signed out. Personal Care administrator will complete audits every 2 weeks to ensure that proper administration times have been completed for 6 months then monthly. The monthly audits will be a continuous practice.

This education was completed by July 31st, 2026.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/04/2026)