

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

September 3, 2026

[REDACTED], ADMINISTRATOR
LCB CHADDS FORD LLC
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT CHADDS FORD
1778 WILMINGTON PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14536

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/30/2026, 07/01/2026 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: THE RESIDENCE AT CHADDS FORD

License #: 14536

License Expiration: 12/06/2026

Address: 1778 WILMINGTON PIKE, GLEN MILLS, PA 19342

County: DELAWARE

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: LCB CHADDS FORD LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 04/24/2018

Issued By: Chadds Ford Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 102

Waking Staff: 77

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 07/01/2026

Inspection Dates and Department Representative

06/30/2026 - On-Site: [REDACTED]

07/01/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 108

Residents Served: 72

Secured Dementia Care Unit

In Home: Yes

Area: Reflections

Capacity: 24

Residents Served: 23

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 72

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 30

Have Physical Disability: 0

Inspections / Reviews

06/30/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/02/2026

08/07/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/02/2026

Inspections / Reviews (*continued*)

09/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year January 1, 2025- December 31, 2025.

Direct care staff person B did not receive training in care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year January 1, 2025 - December 31, 2025.

Plan of Correction

Accept () - 08/07/2026)

In response to the violation on 06/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 7/8/2026 by the Executive Director to add the learning module titled, "About Mental Health: Common Conditions and Disorders to the 2026 training plan to be completed by all direct care workers by 8/31/2026.

To enhance the currently compliant operations, on 7/8/2026 the Executive Director will include the learning module, "About Mental Health: Common Conditions and Disorders" to all annual training plans going forward, with a completion date of 8/1/2026.

Effective 08/01/2026 the Executive Director will perform an annual review of the annual training plan for the inclusion of required training topics, to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons includes the care of residents with mental illness or an intellectual disability, or both, if the population is served in the home. Compliance monitoring activities will be implemented under the supervision of the Executive Director. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Quality Assurance Committee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/03/2026)

82c - Locking Poisonous Materials

2. 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.

82c - Locking Poisonous Materials (*continued*)**Description of Violation**

Colgate Total Toothpaste, with a manufacture's label indicating "contact poison control", was unlocked, unattended, and accessible to resident 1. Not all the residents of the home, including 1, have been assessed capable of recognizing and using poisons safely.

Repeat violation: 5/7/2025 et al

Plan of Correction

Accept () - 08/07/2026)

In response to the violation on 06/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/30/2026 by the Reflections Director to secure the toothpaste in the resident's lock box with other toiletries.

To enhance the currently compliant operations:

- 1. on 07/02/2026 the Reflections Director/Leader on Duty will complete safe haven rounds each day after AM care, with random room checks to ensure all hazardous items are secure and not accessible by the residents for the next 30 days. Any items or concerns found will be addressed immediately.*
- 2. The Safe Haven protocol will be reviewed by all direct care associates by 8/31/2026, under the supervision of the Reflections Director.*
- 3. on 07/02/2026 the Reflections Director and Executive Director reviewed the Safe Haven protocol with the family, who had provided the resident with the toothpaste and did not give it to the associates to safely store.*

Implementation of preventive actions will be overseen by the Reflections Director, with an overall completion date of 08/31/2026.

Effective 07/02/2026 the Reflections Director/Leader on Duty will perform daily random room inspections to ensure all hazardous items are secured, and to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents residing in Reflections. Compliance monitoring activities will be implemented under the supervision of the Executive Director. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Quality Assurance Committee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/03/2026)

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 Sertraline 100 mg

184a - Resident's Meds Labeled (continued)

had for resident 2 to take a 1/2 tab once daily, However the medication administration record states for resident 2 to take 1 tablet daily.

Resident 3 has two prescriptions for .5-mg Lorazepam: a standing order for one tablet twice daily, and an as needed order for an additional one tablet every four hours as needed. The pharmacy label has instructions for one tablet every four hours as needed.

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

In response to the violation on 06/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 07/01/2026 by the Resident Care Director to verify the correct order for resident #2's Sertraline, the medication administration record was correct, and a change of direction label was placed on the medication packaging.
2. on 07/01/2026 by the Resident Care Director to verify the correct order for resident #3's Lorazepam, both the twice daily and every four hours as needed are current orders and administered out of the same packaging. A change of direction sticker was placed on the packaging.

To enhance the currently compliant operations, the Medication Administration TTT will re-educate the Medication Technicians on the regulation that the entry on the Medication Administration Record (MAR) must match the pharmacy label. If the MAR and the label do not match, they must report it to the nurse, and have the order verified. If the MAR is correct a change of label sticker will be applied to the packaging by the nurse/Med Tech, with a completion date of 08/31/2026.

Effective 08/03/2026 through 8/31/2026 the Resident Care Director/Resident Services Supervisor will perform random weekly MAR and Medication reviews for 10 residents, to maintain ongoing compliance with ensuring prescription labels and the entries on the medication administration record match. Compliance monitoring activities will be implemented under the supervision of the Resident Care Director/Resident Services Supervisor. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Quality Assurance Committee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/03/2026)**185a - Implement Storage Procedures****4. 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 325mg as needed. On 6/30/2026 this medication was not available in the home.

Resident 4 is prescribed Promethazine DM 6.25-15ml as needed. On 6/30/2026 this medication was not available in

185a - Implement Storage Procedures (continued)

the home.

Resident 4 is prescribed Tramadol HCL 50mg as needed. On 6/30/2026 this medication was not available in the home.

On 6/9/2026 at 11:36 pm the glucometer belonging to Resident 5 has a reading of 173 but was documented on the medication administration record as 174.

On 6/13/2026 at 4:20 pm the glucometer belonging to Resident 5 had a reading of 174 but was documented on the medication administration record as 172.

On 6/19/2026 at 11:56 am the glucometer belonging to Resident 5 had a reading of 219 but was documented on the medication administration record as 217.

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

In response to the violation on 06/30/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 06/30/2026 the Wellness Nurse verified that the as needed medications for resident #4 had been discarded by the Med Tech because they were expired. The orders were verified; the orders were still current and were refilled by the pharmacy and available on 7/1/2026.
2. on 07/01/2026 the Resident Services Supervisor assisted the Med Tech(s) who made the entry errors, to correct the glucometer reading entries on the resident record for resident #5.

To enhance the currently compliant operations:

1. the Medication Administration TTT will re-educate the Medication Technicians on the regulation that all as needed medications must be available for administration at all times. If a medication expires, or the supply has been depleted it must be reordered and replaced by the pharmacy immediately, with a completion date of 08/31/2026.
2. the Medication Administration TTT will re-educate and provide 1:1 coaching to the Medication Technician(s) who made the entry errors, on the rights of medication administration, which includes, "the right documentation.", with a completion date of 08/31/2026.

The overall completion date is 08/31/2026.

Effective 08/03/2026 through 8/31/2026 the Resident Care Director/Resident Services Supervisor will perform random weekly MAR and Medication reviews for 10 residents, and weekly random reviews of glucometer readings and documentation for 2 residents, to maintain ongoing compliance with ensuring all prescribed medications are available, and all rights of medication administration, including the "right documentation" are in compliance. Compliance monitoring activities will be implemented under the supervision of the Resident Care Director/Resident Services Supervisor. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Quality Assurance Committee for further review and continuous improvement. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/03/2026)