

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

October 5, 2026

[REDACTED], EXECUTIVE DIRECTOR
SIMPSON MEADOWS
101 PLAZA DRIVE
DOWNINGTOWN, PA, 19335

RE: SIMPSON MEADOWS
101 PLAZA DRIVE
DOWNINGTOWN, PA, 19335
LICENSE/COC#: 14118

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2026, 08/25/2026 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: SIMPSON MEADOWS

License #: 14118

License Expiration: 03/01/2027

Address: 101 PLAZA DRIVE, DOWNINGTOWN, PA 19335

County: CHESTER

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: SIMPSON MEADOWS

Address: 101 PLAZA DRIVE, DOWNINGTOWN, PA, 19335

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/17/1999

Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 68

Waking Staff: 51

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 08/25/2026

Inspection Dates and Department Representative

08/24/2026 - On-Site: [REDACTED]

08/25/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 81

Residents Served: 44

Special Care Unit

In Residence: Yes

Area: SCDU

Capacity: 18

Residents Served: 15

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 44

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 24

Have Physical Disability: 0

Inspections / Reviews

08/24/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/19/2026

09/18/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/08/2026

Inspections / Reviews *(continued)*

10/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42x Safeguard money/property**1. Requirements**

2800.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

The home does not provide safe storage to their residents. Resident handbook states the same: Handbook states on page 15 the following: "We discourage our residents from keeping large amounts of cash, jewelry, or valuable collectibles in their apartments. Simpson meadows Does not provide a safe for storage of resident personal property."

Plan of Correction

Accept () - 09/18/2026)

On 9/21/26 a letter will be sent to assisted living and memory care explaining that Simpson Meadows will provide a secure storage option for residents who choose to use it for safeguarding money and/or valuable personal belongings.

By 9/25/26 a handbook addendum will be put into place confirming that a process is in place for all residents who see a secure storage option.

Beginning the week of 9/27/26 the Executive Director or designee will ask three residents per week for one month, one resident a week for a month, and one resident every other week for a month to confirm that they are aware of their right to safeguard their money and property. Audit findings will be reviewed with communities QAPI committee.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/05/2026)

89b Hot water temperature**2. Requirements**

2800.

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

Description of Violation

On 8/24/2026, at 10:38 am, the hot water temperature at the sink located in Room 225 measured 122.5 degrees Fahrenheit.

Plan of Correction

Accept () - 09/18/2026)

On 8/24/26 the communities' facilities director adjusted the mixing valve to lower the building's water temperature until the temperature was below 120 degrees Fahrenheit.

On 9/15/26 the Executive Director in-serviced the communities' maintenance team on regulation 89B.

Beginning the week of 9/20 the Facilities Director will check the water temperature in a random apartment 3 times a week for a month, one time a week for a month, and every other week for a month to assure maintained compliance. Audit results will be reviewed with the communities' QAPI committee.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/05/2026)

101j7 Lighting/operable lamp

3. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

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.

Plan of Correction

Accept () - 09/18/2026

On 8/25/26 apartment [REDACTED] was provided with a toggle nightlight that was adhered to the wall within arm's length of the bed.

On 9/15/26 the Executive Director in-serviced the communities maintenance team and dementia care coordinator on regulation 101J70

Beginning the week of 9/20 the Dementia Coordinator or designee will audit 3 random apartments for compliance with regulation 101J7 3 times a week for a month, one time a week for a month, and every other week for a month to verify maintained compliance. Audit findings will be reviewed with the communities' QAPI committee.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/05/2026

103i Outdated food

4. Requirements

2800.

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

Description of Violation

There was an unlabeled, undated 2 bags of frozen rice in the freezer.

Plan of Correction

Accept () - 09/18/2026

On 8/24/26 the two unlabeled and undated bags of rice were removed from the freezer and discarded.

By 9/25/26 the Food Services Director will in-service all cooks and utility cooks on regulation 103.(i).

Beginning on 9/25/26 the Food Services Director or designee will audit the freezer for unlabeled and undated food 3 times a week for one month, weekly for one month and every other week for one month to confirm maintained compliance. Results of the audits will be reported to the communities QAPI.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/05/2026

107a Emergency preparedness

5. Requirements

2800.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the residence is located.

Description of Violation

[REDACTED] the Administrator, does not have a copy of the emergency preparedness plan for the local municipality.

Plan of Correction

Accept () - 09/18/2026

On 8/24/26 a copy of Chester County's Emergency Operations Plan was added to the Simpson Meadows

107a Emergency preparedness (continued)

Emergency Operations Plan. The Facilities Director contacted East Caln Township and requested a copy of the municipalities Emergency Operations Plan. East Caln reported that they do not provide the public with their Emergency Operations Plan and provided Simpson Meadows with a letter stating so. This letter has been added to Simpson Meadows Emergency Operations Plan.

On 9/18/26 The Executive Director in serviced the Administrator and the Facilities Director on regulation 107A. Beginning the week of 9/20/26 the Facilities Director will audit the Emergency Operations Plan for the presence of Chester County's plan and the letter from East Caln Township once a week for three months. Audit findings will be reviewed with the communities QAPI committee.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/05/2026)

183b Medications and syringes locked**6. Requirements**

2800.

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 living unit.

Description of Violation

On 8/24/2026, at 9:50 am, Medication Cart A was left unlocked, unattended, and accessible near room 225. The keys were left in the cart providing access to all controlled medications as well.

On 8/24/2026, at 9:57 am, Zinc Oxide Paste Skin Protectant belonging to Resident 1 was unlocked, unattended, and accessible in room [REDACTED]

Plan of Correction

Accept () - 09/18/2026)

On 8/24/26 Med Cart was locked on site by charge nurse at the time of discovery. Zinc Oxide paste was removed from apartment 225 immediately at the time of discovery.

On 9/3/26 the Nurse Manager in service all nurses, medication technicians, and care associates on regulations 183B and 82C

Beginning the week of 9/20/26 the Nurse Manager will randomly audit medication carts to confirm that they are locked three times weekly for one month, weekly for one month, and every other week for one month to confirm maintained compliance. Beginning the week of 9/20/26 the Dementia Care Coordinator will randomly audit three resident apartments for unlocked OTC, CAM, Syringes, or medications three times weekly for one month, weekly for one month, and every other week for one month. Audit findings will be reviewed by communities' QAPI committee.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/05/2026)

183e Storing Medications**7. Requirements**

2800.

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.

183e Storing Medications (continued)**Description of Violation**

On 8/24/2026, Loperamide prescribed to Resident 2, was punctured at slot 18.

On 8/24/2026, Lovaza prescribed to Resident 2, was punctured at slot 11.

Plan of Correction

Accept () - 09/18/2026)

On 8/24/26 the tablets that were in the punctured slots, one tablet of Loperamide and one tablet of Lovaza were destroyed by the charge nurse and medication technician.

On 8/25/26 the Nurse Manager audited the medication cart to confirm that all remaining blister packs were intact.

On 9/3/26 the Nurse Manager in-serviced all nurses and med techs on regulation 183E

The Charge Nurse, med tech or designee will audit the blister packs in their medication cart to confirm that none have been compromised, 3 times a week for a month, once a week for a month and every other week for one month to confirm maintained compliance. Audit findings will be reviewed by communities' QAPI committee.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/05/2026)

185a Storage procedures**8. Requirements**

2800.

185.a. The residence 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

On 8/24/2026, Resident 3's glucometer was not calibrated for the correct date. The date read 4/10/2026.

Resident # 4 is prescribed Acetaminophen 325 mg as needed. On 8/24/2026, this medication was not available in the residence. Acetaminophen 500 mg was available instead.

Plan of Correction

Accept () - 09/18/2026)

On 8/24/26 the Nurse Manager correctly calibrated Resident 3's glucometer. On 8/24/26 the Dementia Care Coordinator removed the Acetaminophen 500 MG from the medication cart and Resident 4's () provided Acetaminophen 325 MG

On 9/3/26 the Nurse Manager in-serviced all nurses and medication technicians on regulation 185A. The Nurse Manager will complete an audit of all OTC orders to confirm that all medications in the cart match the orders correctly by 9/25/26.

The Nurse Manager or designee will check to confirm glucometer is correctly calibrated 3 times a week for a month, one time a week for a month and every other week for one month to confirm maintained compliance. Beginning 9/25/26 the Charge Nurse or Designee will audit all new OTC orders for 90 days. Audit findings will be reviewed with the communities QAPI committee.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/05/2026)

227g Support plan - signatures

9. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # 5 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign and date the support plan.

Plan of Correction**Accept ([REDACTED] - 09/18/2026)**

On 8/25/26 Resident 5 signed [REDACTED] support plan.

By 9/25/26 the Assisted Living Coordinator will complete an audit to confirm that no further support plans are missing resident signatures where they are able to sign.

On 9/18/26 the Executive Director in-serviced the Nurse Manager and Administrator on regulation 227g.

Beginning on 9/25/26 the Nurse Manager or designee will audit all new support plans for resident signatures for 90 days to confirm sustained compliance. The audit findings will be reported to the community's QAPI committee.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented ([REDACTED] - 10/05/2026)
