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

October 21, 2026

[redacted]
EAGLEVIEW LANDING LP
[redacted]

RE: EAGLEVIEW LANDING
650 STOCKTON DRIVE
EXTON, PA, 19341
LICENSE/COC#: 14698

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2026 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: *EAGLEVIEW LANDING* **License #**: *14698* **License Expiration**: *09/13/2026*

Address: *650 STOCKTON DRIVE, EXTON, PA 19341*

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

Administrator

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

Legal Entity

Name: *EAGLEVIEW LANDING LP*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *03/27/2019* **Issued By**: *Uwchlan township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *113* **Waking Staff**: *85*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *08/27/2026*

Inspection Dates and Department Representative

08/27/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *121* **Residents Served**: *84*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *scdu* **Capacity**: *27* **Residents Served**: *17*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *84*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *29*

Have Physical Disability: *0*

Inspections / Reviews

08/27/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/27/2026*

10/05/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/09/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/10/2026*

Inspections / Reviews *(continued)*

10/21/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/09/2026*

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

103e - Left Overs

1. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was unlabeled, undated tomato juice and banana cream pie in the refrigerator.

Plan of Correction ***Accept ([redacted] - 10/05/2026)***

On 9/1/26, the Director of Dining completed a comprehensive inspection of the refrigerators and freezers to ensure that all food was properly stored, labeled, and maintained in accordance with applicable kitchen and food safety regulations. The uncovered food item was immediately disposed of.
On 9/24/26 and 9/27/26, the Director of Dining provided re-education to all dining staff regarding applicable kitchen regulations, including proper food storage, labeling, and sanitation requirements.
Beginning 9/28/26, the Director of Dining or designee will conduct weekly audits of the refrigerators and freezers for four weeks, followed by monthly audits for six months then quarterly thereafter, to ensure continued compliance with food storage and labeling requirements.
All audit findings will be reviewed during the monthly QAPI meeting, beginning 10/8/26, to identify trends, address any concerns or deficiencies, and monitor ongoing compliance. Any identified issues will be addressed promptly, with follow-up monitoring conducted as needed to ensure sustained compliance

Licensee's Proposed Overall Completion Date: *09/27/2026*

Implemented [redacted] - 10/21/2026)

103g - Storing Food

2. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The Haddock filets and turkey sausage links in the freezer were opened and unsealed.

Plan of Correction ***Accept [redacted] 10/05/2026)***

On 9/1/26, the Director of Dining completed a comprehensive inspection of the refrigerators and freezers to ensure that all food was properly stored, labeled, and maintained in accordance with applicable kitchen and food safety regulations. The opened, undated food was immediately disposed of.
On 9/24/26 and 9/27/26, the Director of Dining provided re-education to all dining staff regarding applicable kitchen regulations, including proper food storage, labeling, and sanitation requirements.
The Director of Dining or designee will conduct weekly audits of the refrigerators and freezers for four weeks, followed by monthly audits for 6 months, then quarterly thereafter to ensure continued compliance with food storage and labeling requirements.
All audit findings will be reviewed during the monthly QAPI meeting, beginning 10/8/26, to identify trends, address any concerns or deficiencies, and monitor ongoing compliance. Any identified issues will be addressed promptly, with follow-up monitoring conducted as needed to ensure sustained compliance.

103g Storing Food (continued)

Licensee's Proposed Overall Completion Date: *09/27/2026*

Implemented (10/21/2026)

185a - Implement Storage Procedures

3. 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

On at 10:45 am, The glucometer belonging to Resident was not calibrated correctly. It read and the time of 9:45 am.

On at 12:39 pm, the glucometer for Resident had a reading of but this reading was not documented on the medication administration record.

On at 7:24 am, the glucometer for Resident had a reading of however, the medication administration record had documented.

Repeat violation:

Plan of Correction ***Accept - 10/05/2026)***

On 9/1/26, the Director of Nursing (DON) and Assistant Director of Nursing (ADON) verified that all glucometers were properly calibrated and functioning as required.
On 9/22/26 and 9/24/26, all Medication Technicians and Licensed Practical Nurses (LPNs) received additional training on proper documentation of blood glucose readings and the correct procedures for calibrating glucometers.
Beginning 9/28/26, the DON, ADON, or designee will conduct biweekly glucometer audits for four weeks, then monthly for 6 months and quarterly thereafter, to ensure glucometers are properly calibrated, used appropriately, and that blood glucose readings are accurately and completely documented.
All audit findings will be reviewed during the monthly QAPI meeting, beginning 10/8/26, to identify trends, address any concerns or deficiencies, and monitor ongoing compliance. Any identified issues will be addressed promptly, with follow up monitoring conducted as needed to ensure sustained compliance.

Licensee's Proposed Overall Completion Date: *09/27/2026*

Implemented 10/21/2026)

187b - Date/Time of Medication Admin.

4. Requirements

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

Description of Violation

Resident is prescribed

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

. Resident [redacted]s medication administration record does not include the initials of the staff person who administered the medications on [redacted] at 7:00 pm.

Resident [redacted] is prescribed [redacted] Resident [redacted]'s medication administration record does not include the initials of the staff person who administered the medications on [redacted] at 8:00 pm.

Resident [redacted] is prescribed [redacted] Resident [redacted] medication administration record does not include the initials of the staff person who administered the medications on [redacted] at 8:00 pm.

Resident [redacted] is prescribed [redacted] Resident [redacted] medication administration record does not include the initials of the staff person who administered the medications on [redacted] at 7:00 am.

Plan of Correction ***Accept [redacted] - 10/05/2026)***

On 9/1/26, the Director of Nursing (DON) and Assistant Director of Nursing (ADON) reviewed the Medication Administration Records (MARs) to ensure medications were being administered as ordered and that medication administration was being accurately documented.
On 9/22/26 and 9/24/26, all Medication Technicians and LPNs received additional training on proper medication administration procedures and accurate MAR documentation.
Beginning 9/28/26, the ADON and Memory Care Coordinator (MCC) will be responsible for reviewing the MARs to verify that all medications were administered as ordered and that documentation on the MARs is complete and accurate. MAR audits will be conducted weekly for four weeks, monthly for three months, and quarterly thereafter to monitor ongoing compliance. Any discrepancies will be corrected immediately.
All audit findings will be reviewed during the monthly QAPI meeting, beginning 10/8/26, to identify any trends, address identified concerns, and monitor continued compliance with medication administration and documentation requirements.

Licensee's Proposed Overall Completion Date: *09/27/2026*

Implemented [redacted] - 10/21/2026)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] However, this medication was not administered to resident [redacted] on [redacted] and [redacted] at 8pm because the medication was not available in the home.

Resident [redacted] is prescribed [redacted]. However, this medication was not administered to resident [redacted] on [redacted] at 8:00 am because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Resident [redacted] is prescribed [redacted] However, this medication was not administered to resident [redacted] on [redacted], and [redacted] because the medication was not available in the home.

Resident [redacted] is prescribed [redacted]. However, this medication was not administered to resident [redacted] on [redacted] because the medication was not available in the home.

Repeat violation: [redacted]

Plan of Correction ***Accept ([redacted] 10/05/2026)***

On 9/1/26, medication cart audits were completed to ensure that all prescribed medications were available and properly stored in the medication carts. Any missing medications were ordered and received from pharmacy on 9/3/26.
On 9/22/26 and 9/24/26, medication technicians and LPNs received training on the new medication reordering process, including the appropriate steps to follow when a prescribed medication is not available in the medication cart.
Beginning 9/28/26, the DON, ADON, and MCC will be responsible for completing medication cart audits weekly for four consecutive weeks and monthly thereafter. Audits will assess medication availability, proper storage, and compliance with medication administration and documentation requirements.
All audit findings will be reviewed during the monthly QAPI meeting, beginning 10/8/26, to identify trends, address any concerns or deficiencies, and monitor continued compliance. Any identified issues will be addressed promptly, with follow-up monitoring conducted as needed to ensure sustained compliance

Licensee's Proposed Overall Completion Date: *09/27/2026*

Implemented ([redacted] - 10/21/2026)