

Department of Human Services
Bureau of Human Service Licensing

January 6, 2021

TERRI SANELLI, EXECUTIVE DIRECTOR
SNH PENN TENANT LLC
255 WASHINGTON STREET,SUITE 300
TWO NEWTON PLACE
NEWTON, MA 2458

RE: EXTON SENIOR LIVING
600 NORTH POTTSTOWN PIKE
EXTON, PA, 19341
LICENSE/COC#: 14510

Dear Ms. Sanelli,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/06/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *EXTON SENIOR LIVING* **License #:** *14510* **License Expiration Date:** *01/01/2021*
Address: *600 NORTH POTTSTOWN PIKE, EXTON, PA 19341*
County: *CHESTER* **Region:** *SOUTHEAST*

Administrator

Name: *Terri Sanelli* **Phone:** *6105940200* **Email:** *tsanelli5@ssl.com*

Legal Entity

Name: *SNH PENN TENANT LLC*
Address: *255 WASHINGTON STREET,SUITE 300, TWO NEWTON PLACE, NEWTON, MA, 2458*
Phone: *6105940200* **Email:** *LICENSING@5SSL.COM*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *78* **Waking Staff:** *59*

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Incident,Monitoring* **Exit Conference Date:** *10/06/2020*

Inspection Dates and Department Representative

10/06/2020 - On-Site: Denise Siniari, Christina Eberhart

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served:** *58*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Memory Care* **Capacity:** *32* **Residents Served:** *20*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *58*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *20* **Have Physical Disability:** *0*

Inspections / Reviews

10/06/2020 - Partial

Lead Inspector: *Denise Siniari* **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/09/2020*

Inspections / Reviews (*continued*)

11/13/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow Up Type: *Document Submission*Follow-Up Date: *12/15/2020*

1/6/2021 Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was hired on [REDACTED] and the home did not complete a criminal background check.

Staff Member B was hired on [REDACTED] and the home did not complete a criminal background check.

Plan of Correction

Accept

Criminal Background Checks on staff member A& B done immediately upon inspection by Business Office Manager. Administrator or designee shall audit each new hire prior to start date to ensure compliance with all regulations x 4 weeks, then audit monthly. Business Office Manager or designee will use attached checklist with all new hires to ensure all required tasks completed pre-hire and during orientation period. Business Office Manager re-educated on [REDACTED] responsibility to ensure completion prior to new hire start date or start date needs to be rescheduled

Completion Date: 11/20/2020

Document Submission

Implemented

Business Office Manager has successfully completed pre-hire paperwork from 10-6-202 forward. Administrator and Business Office Manager have completed audits. Will continue to utilize audit forms to ensure compliance

184b - Resident's Meds Labeled

1. 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 10/6/2020, a package of Tylenol belonging to resident bedroom [REDACTED] was in the 1st floor medication cart and was not labeled with the resident's name.

Plan of Correction

Accept

Tylenol Bottle was immediately removed and labeled correctly at inspection Director Resident Care. All Nursing and med tech staff re-educated on OTC/CAM/Medication labeling within 5 days of inspection completed by administrator and Dir Resident Care. Administrator or designee will audit med carts weekly for compliance x 4 weeks, then monthly thereafter. This process will be reviewed at Quarterly management meeting by Administrator or designee.

Completion Date: 11/20/2020

Document Submission

Implemented

A med cart and med refrigerator audit was conducted by Director of Resident Services weekly for 4 weeks and then monthly. We will continue monthly audits of carts and also are training other staff to take this responsibility going forward. Any issue found was immediately corrected. We feel ongoing cart audits by administrator or designee will help ensure compliance.