

Department of Human Services
Bureau of Human Service Licensing

December 15, 2021

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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:
Address: *600 NORTH POTTSTOWN PIKE, EXTON, PA 19341*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6105940200* Email: [REDACTED]

Legal Entity

Name: *SNH PENN TENANT LLC*
Address: *400 CENTRE STREET, ATTN LICENSING, NEWTON, MA, 2458*
Phone: *6105940200* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/16/2021*

Inspection Dates and Department Representative

04/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* Area: *3rd floor* Capacity: *32* Residents Served: *21*

Hospice

Current Residents: *6*

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: *28* Have Physical Disability: *0*

Inspections / Reviews

04/16/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/22/2021*

05/26/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/18/2021*

Inspection Dates and Department Representative (*continued*)

04/16/2021 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

Medications

1. 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 # 1 is prescribed Triamcinolone Acetonide 0.1% as needed. On 4/16/21 at 2:30 P.M. the medication was not available in the home.

Resident # 2 is prescribed Anti-Diarrheal 2mg tablet as needed. On 4/16/21 at 2:15 P.M. the medication was not available in the home.

Plan of Correction

Accept

Resident #1 's medication arrived at the community on 4-16-21.

Resident #2's medication arrived at the community on 4-16-21.

Current residents will have their PRN medications reviewed to validate that all ordered PRN medications are available in the community.

Current Med Techs and LPNs will be re-educated by the ED/DRC to the regulations and process for ensuring that all ordered PRN medications are available in the community by 5-28-21.

The DRC/designee will audit PRN medication availability 3 times a week for 4 weeks than 2 times a week for 4 weeks. Results of all audits will be reported to the QA committee quarterly. The committee will determine the need for any additional education or auditing.

We respectfully request violation to be withdrawn.

Completion Date: 05/28/2021

Document Submission

Implemented

see attached audit, training, and POC review.

Completion Date: 07/31/2021

187b - Date/Time of Medication Admin.

Medications

1. 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 #3 is prescribed Acetaminophen 500 mg 2 tablets by mouth every 8 hours. Resident #3's medication administration record does not include the initials of the staff person who administered Acetaminophen 500 mg on 4/16/21 at 6:00 A.M.

Plan of Correction

Accept

Resident #3 experienced no adverse outcomes related to the 4-16-21 medication not being initialed as given.

Medications (continued)

Current Med Techs and LPNs will be re-educated on medication administration documentation requirements by the ED/DRC by 5-28-21

The DRC/designee will review MARs 3 times a week for 4 weeks then weekly for 8 weeks to ensure all medication administered has been appropriately documented. Results of all audits/reviews will be reported to the QA committee quarterly. The QA committee will determine the need for any additional education or auditing.

Completion Date: 05/28/2021

Document Submission Implemented

see attached audit, training, and POC review.

Completion Date: 07/31/2021

187d - Follow Prescriber's Orders

Medications

1. Requirements

2600.

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

Description of Violation

Resident # 1 is prescribed Lansoprazole 30 mg 1 tablet by mouth daily. However, this medication was not administered to Resident # 1 from 4/1/21 to 4/8/21 because the medication was not available in the home.

Resident # 1 is prescribed Lisinopril 5 mg 1 tablet by mouth daily. However, this medication was not administered to Resident # 1 from 4/1/21 to 4/8/21 because the medication was not available in the home.

Plan of Correction Accept

Resident #1 experienced no adverse outcomes related to not receiving medication as ordered by the physician.

Current Med Tech and LPNs will be re-educated by the ED/DRC to the regulation and process for ensuring that all ordered medications are available in the community and to notify the ED/DRC when medications are not available. Training will be completed by 5-28-21.

The DRC/designee will review MARs 3 times a week for 4 weeks then weekly for 8 weeks to ensure all medication is available in the community. Results of all audits/reviews will be reported to the QA committee quarterly. The QA committee will determine the need for any additional education or auditing.

Completion Date: 05/28/2021

Document Submission Implemented

see attached audit, training, and POC review.

Completion Date: 07/31/2021