

Department of Human Services
Bureau of Human Service Licensing

March 23, 2022

[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 02/02/2022 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 - PUBLIC

Facility Information

Name: *EXTON SENIOR LIVING* License #: *14510* License Expiration: *01/01/2023*
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

Type: *C-2 LP* Date: *05/03/2020* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *02/14/2022*

Inspection Dates and Department Representative

02/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes* Area: *BTR* Capacity: *22* Residents Served: *16*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

02/02/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2022*

02/25/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/02/2022*

03/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/07/2022*

03/23/2022 - Document Submission

Reviewer: [REDACTED] 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 person A, hired on [redacted]. Criminal Background was not completed until [redacted].

Plan of Correction

Accept

Administrative Services Director (ASD) will complete all criminal background checks prior to first day of general orientation. General Orientation is every other Tuesday. ASD will review all new hires with Executive Operations Officer prior to General Orientation. Any new hires that have not completed criminal background check shall be rescheduled to attend a later general orientation. Executive Operations Officer or designee shall audit all employee files monthly to ensure continued compliance. Employee file audit will be conducted by 3-4-22.

Completion Date: 03/04/2022

Document Submission

Implemented

See attached

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept

Starting 2022 all new hires attend a 4 day general orientation that meets all required 7 areas to ensure compliance with 65a. All team members must complete general orientation before starting in their position to ensure compliance. Executive Operations Officer or designee shall audit all employee files monthly to ensure continued compliance. Employee file audit will be conducted by 3-4-22.

Completion Date: 03/04/2022

Document Submission

Implemented

See attached

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED] However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept

Starting 2022 all new hires attend a 4 day general orientation that meets all required 4 areas to ensure compliance with 65b. All team members must complete general orientation before starting in their position to ensure compliance. Executive Operations Officer or designee shall audit all employee files monthly to ensure continued compliance. Employee file audit will be conducted by 3-4-22.

Completion Date: 03/04/2022

Document Submission

Implemented

See attached

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

Staff person A stated that [REDACTED] did complete direct care certificate. Upon log in, test was not complete. All employee files to be audited and corrected as needed by 3-1-22 by Administrative Services Director. To ensure continued compliance all new hire pre employment requirements will be audited by Executive Operations Officer prior to bi-weekly general orientation. Any file that is not complete will be asked to reschedule general orientation to the following general orientation date. Please see attached checklist for all employee files be used for this audit.

Completion Date: 03/02/2022

Document Submission

Implemented

See attached