

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

December 19, 2022

[REDACTED]  
SNH PENN TENANT LLC  
[REDACTED]  
[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 06/06/2022, 06/07/2022, 06/21/2022 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: *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: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/14/1998* Issued By: *Uwchlan Township*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *06/21/2022*

**Inspection Dates and Department Representative**

06/06/2022 - On-Site: [REDACTED]  
 06/07/2022 - Off-Site: [REDACTED]  
 06/21/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *100* Residents Served: *51*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Capacity: 22* Residents Served: *17*  
*Bridge to Rediscovery Memory Support*

**Hospice**  
 Current Residents: *6*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *27* Have Physical Disability: *0*

**Inspections / Reviews**

06/06/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/10/2022*

Inspections / Reviews (*continued*)

## 07/11/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/08/2022  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/16/2022

## 12/14/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/15/2022  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/19/2022

## 12/19/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/19/2022  
Reviewer: [REDACTED] Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

*On 6/6/22, at 4:23 pm, the floor in the kitchen had grease and water spills located under the grill.  
On 6/6/22, at 5:58 pm, the carpet located in the memory care hallway had a brown stain that appeared to be feces ingrained in the carpet.*

POC Submission

**Accept**

*The kitchen equipment that was creating the grease and water spill has been re-positioned to correctly drain into the floor basin.  
Housekeeping in-service on importance of immediately cleaning and sanitizing all spills and stains*

Licensee's Plan Completion Date: 07/07/2022

**Implemented (MS - 12/19/2022)**

103d - Storing Food Off Floor

2. Requirements

2600.  
103.d. Food shall be stored off the floor.

Description of Violation

*On 6/6/22, at 4:19 pm, the food was stored on the floor in the freezer, refrigerator and the kitchen floor.*

POC Submission

**Accept**

*All food has been properly placed in the freezer and refrigerator off of the floor.*

Licensee's Plan Completion Date: 06/06/2022

**Implemented (MS - 12/19/2022)**

109b - Rabies Vaccination

3. Requirements

2600.  
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

*On 6/6/22, a cat was present at the home. The home does not have a current certificate of rabies vaccination for the cat in room # 215.*

POC Submission

**Accept**

*Vaccination records were obtained for the cat in room 215. Vaccination records for animals will be collected at the time of all future move-ins and kept in the resident's file. Administrative Services Director will assure compliance*

Licensee's Plan Completion Date: 06/24/2022

109b - Rabies Vaccination (continued)

Implemented (MS - 12/19/2022)

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 3/16/22, 4/22/22, and 5/31/22 does not include the specific exits utilized during the fire drill.

POC Submission

Accept

The prior drill record does include the exit(s) used. It has the number 6 which referenced all 6 exits being used. Going forward: Effective on 7/10/2022, All fire drills will have appropriate evacuation route documented in relation to the six fire safe corridors within the building. Location of fire will correspond with one of the six evacuation routes. Documentation of drill will include the following: date, time, the amount of time for evacuation, exit route used, number of residents in the home during drill, number of residents evacuated, number of staff persons participating in the drill, any problems encountered, whether smoke detector and fire alarm were operational.

Licensee's Plan Completion Date: 07/10/2022

Implemented (MS - 12/19/2022)

181c - Self-administration Assessment

5. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 self-administers medications to include Baza Clear Ointment, Benadryl Cream 1-0.1%, Hydrocortisone cream, 1%, Minerin cream; however, resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

POC Submission

Accept

July 19, 2022 [REDACTED], (Resident #1's PCP) will do an assessment to determine if [REDACTED] is capable to self administer creams and if any reminders are needed. In addition, there will be a mandatory training by [REDACTED] Wellness & Operations Specialist (Eastern Region). [REDACTED] is an LPN and Train the Trainer Certified. Training will include 181c With attendees: [REDACTED] (RWD, LPN) [REDACTED] (LPN), [REDACTED] (LPN), [REDACTED] (Med Tec), [REDACTED] (Med Tec), [REDACTED] (Med Tec), [REDACTED] (Med Tec), [REDACTED] (Med Tec) and [REDACTED] (Med Tec). Assuring all have a clear understanding of policy and procedures of self administered medications and their role.

181c - Self-administration Assessment (continued)

Licensee's Plan Completion Date: 07/19/2022

Implemented (MS - 12/19/2022)

183a - Original Containers and Injections

6. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 6/6/22, at 5:56 pm, medications for multiple residents' were pre poured in medicine cups located inside medication cart. These medications were scheduled for evening administration.

Resident #2

- Atorvastatin tablet 20 mg
- Donepezil tablet 5 mg
- Hydroxyz HCL tablet 25 mg
- Melatonin tablet 5 mg
- Quetiapine tablet 50 mg

Resident #3

- Donepezil tablet 10 mg
- Levetiraceta tablet 500 mg
- Melatonin tablet 5 mg
- Memantine tablet 10 mg
- Quetiapine tablet 50 mg

Resident # 4

- Docusate Sodium capsule 100 mg
- Enalapril tablet 20 mg
- Famotidine tablet 20 mg
- Melatonin tablet 5 mg
- Mirtazapine tablet 15 mg
- Pantoprazole tablet 40 mg

POC Submission

Directed

Agency Med Tec that pre-poured medications has been removed from allowable staffing at Exton Senior Living for not following our guidelines. Pre pouring is not an allowed practice at our community. Week of July 18th there will be a mandatory training by [REDACTED]

Wellness & Operations Specialist (Eastern Region). [REDACTED] is an LPN and Train the Trainer Certified. Training will include 183a With attendees: [REDACTED] (RWD, LPN), [REDACTED] (LPN), [REDACTED] (LPN), [REDACTED] (Med Tec), [REDACTED] (Med Tec), [REDACTED] (Med Tec), [REDACTED] (Med Tec), [REDACTED] (Med Tec) and [REDACTED] (Med Tec).

183a - Original Containers and Injections (continued)

Directed

In addition to the above plan of correction for the next three months a person in a supervisory position that is qualified to administered medication will complete audits of all medication carts during each shift to ensure no medications are pre-poured. MJ 7/18/22

Directed Completion Date: 07/22/2022

Implemented (MS - 12/19/2022)

184b - Labeling OTC/CAM

7. 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 6/6/22, a package of A&D ointment and a bottle of AmLactin 12% moisturizing lotion belonging to resident #1 was in the room and was not labeled with the resident's name.

POC Submission

Accept

Any medications and CAM belonging to the resident and allowable in resident's room will be properly labeled with the resident's name. Week of July 18th there will be an audit of all apartments for labeling of OTC/CAM along with a mandatory training by Veronica Graham

Wellness & Operations Specialist (Eastern Region). [redacted] is an LPN and Train the Trainer Certified. Training will include: 184b With attendees: [redacted] (RWD, LPN) [redacted] (LPN), [redacted] (LPN), [redacted] (Med Tec), [redacted] (Med Tec), [redacted] (Med Tec), [redacted] (Med Tec), [redacted] (Med Tec) and [redacted] (Med Tec). With attendees signing off on a complete understanding

Licensee's Plan Completion Date: 07/22/2022

Implemented (MS - 12/19/2022)

185a - Implement Storage Procedures

8. 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 Santyl ointment as needed. On 6/6/22 the topical ointment medication was not available in the home.

POC Submission

Directed

Resident or representative will sign off on attached policy regarding medication storage in community along with RWD. Week of July 18th there will be a mandatory training by [redacted]

Wellness & Operations Specialist (Eastern Region). [redacted] is an LPN and Train the Trainer Certified. Training will include: 185a, With attendees: [redacted] (RWD, LPN) [redacted] (LPN), [redacted] (LPN), [redacted] (Med Tec), [redacted] (Med Tec), [redacted] (Med Tec), [redacted] (Med Tec), [redacted] (Med Tec) and [redacted] (Med Tec). With attendees signing off on each understanding safe storage, access, security, distribution and use of medications and medical equipment

185a - Implement Storage Procedures (continued)

Directed

In addition to the above plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration. MJ 7/18/22

Directed Completion Date: 07/22/2022

Implemented (MS - 12/19/2022)

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 had A&D ointment in [redacted] room. However, it is not included on resident #1's medication administration record.

POC Submission

Accept

Beginning July 13, 2022 [redacted] (RWD, LPN) [redacted] (LPN), [redacted] (LPN) will audit medication administration records to assure all required information is updated, accurate and as ordered by PCP. Monthly audits will occur going forward

Licensee's Plan Completion Date: 07/13/2022

Implemented (MS - 12/19/2022)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident #1



187d - Follow Prescriber's Orders (continued)

is prescribed Baza Clear Ointment, Benadryl Cream 1-0.1%, Hydrocortisone Cream 1%, and Minerin Cream. However, this medication was not administered to resident #1 on 6/6/22 because the medication was not available in the home. Staff person A signed the medication administration record indicating these medications were administered.

POC Submission

Directed

(LPN) has been counseled on error. will be part of the in service training that will review 187d given by - Wellness & Operations Specialist (Eastern Region). is an LPN and Train the Trainer Certified.

Directed

In addition to the above plan of correction: The administrator shall review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept. MJ 7/18/22

Directed Completion Date: 07/22/2022

Implemented (MS - 12/19/2022)

227g -Support Plan Signatures

11. Requirements

2600.

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 support plan on . However, the resident did not sign the support plan.

Resident #6 participated in the development of support plan on . However, the resident did not sign the support plan.

Resident #7 participated in the development of support plan on . However, the resident did not sign the support plan.

Resident #8 participated in the development of support plan on . However, the resident did not sign the support plan.

Resident #9 participated in the development of support plan on . However, the resident did not sign the support plan.

POC Submission

Accept

A complete audit of all charts will be completed to verify a signature is on the RASP. Moving forward the Resident Wellness Director will assure a signature is obtained, First shift LPN will double check work to make sure nothing is missed. Audit to be completed by July 15, 2022

Licensee's Plan Completion Date: 07/15/2022

227g -Support Plan Signatures *(continued)*

*Implemented (MS - 12/19/2022)*