

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

February 14, 2023

CASEY COUNSELLER, EXECUTIVE OPERATING OFFICER  
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 12/13/2022 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: *01/01/2024*  
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: *6600 BROOKTREE COURT,SUITE 1000, ATTN LICENSING, WEXFORD, PA, 15090*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *67* Waking Staff: *50*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *12/13/2022*

**Inspection Dates and Department Representative**

12/13/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *47*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *sdcu* Capacity: *32* Residents Served: *15*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *20* Have Physical Disability: *0*

**Inspections / Reviews**

**12/13/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/05/2023*

**01/05/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *02/10/2023*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/10/2023*

Inspections / Reviews *(continued)*

01/10/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/10/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/08/2023

02/07/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/10/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/10/2023

02/14/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/10/2023  
Reviewer: [REDACTED] Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], Staff member A was witnessed verbally abusing Resident 1. This incident was observed by staff person B. However, the ACT 13 mandatory abuse report wasn't completed until [REDACTED].

Plan of Correction

Accept (MS - 01/10/2023)

All staff receives reporting and resident's rights training upon hiring. Staff members A and B have both been terminated. Entire care staff will receive an in-service training by January 31, 2023 on mandatory abuse reporting conducted by [REDACTED] (Resident Wellness Director). Starting January 9, 2023, [REDACTED] (Life Stages Director) will check in with every resident weekly and turn in completed log (attached) to administrator. Immediately reporting any concerns. Administrator will do spot interviews/audits weekly with more vulnerable residents

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented (MS - 02/14/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Staff member A was witnessed verbally abusing Resident 1. The home did not report this incident to the department until [REDACTED]

Plan of Correction

Accept (MS - 01/10/2023)

All staff receives reporting and resident's rights training upon hiring. Staff member A has been terminated. Entire care staff will receive an in-service training by January 31, 2023 on mandatory abuse reporting conducted by [REDACTED] (Resident Wellness Director). Starting January 9, 2023, [REDACTED] (Life Stages Director) will check in with every resident weekly and turn in completed log (attached) to administrator. Immediately reporting any concerns. Administrator will do spot interviews/audits weekly with more vulnerable residents

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented (MS - 02/14/2023)

42b - Abuse

**3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED], resident 1 needed assistance finding the bathroom. Staff member A, neglected to help resident 1 find the bathroom, and attempted to take resident 1's call bell away. Staff member A told resident 1 "you know the way".

In the evening on [REDACTED] Staff member A entered resident 2's room to assist the resident to the bathroom. Staff member A forcefully grabbed resident 2 by the forearms to lift resident 2 up, causing bruises across the forearms. Staff member A yelled "stand up, stand up" at resident 2. Staff member A then forcefully put resident 2 on the toilet.

On [REDACTED], Resident 3 needed assistance getting off toilet. Staff member A turned off resident 3's call bell and neglected to help. Staff member A yelled at the resident 3 "You're not the only resident here" and "Call who you want."

**Plan of Correction****Accept (MS - 01/10/2023)**

All staff receives reporting and resident's rights training upon hiring. Staff member A has been terminated. Entire care staff will receive an in-service training by January 31, 2023 on mandatory abuse reporting conducted by [REDACTED] (Resident Wellness Director). Starting January 9, 2023, [REDACTED] (Life Stages Director) will check in with every resident weekly and turn in completed log (attached) to administrator. Immediately reporting any concerns. Administrator will do spot interviews/audits weekly with more vulnerable residents

Licensee's Proposed Overall Completion Date: 01/09/2023

**Implemented (MS - 02/14/2023)****42c - Treatment of Residents****4. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

On [REDACTED] resident 1 needed assistance finding the bathroom. Staff member A, refused to help resident 1 find the bathroom, and attempted to take resident 1's call bell away and would responded to resident 1 saying "you know the way". Staff member B witnessed Staff member A, outside of resident 1's room, yelling, [REDACTED] is a bitch" and [REDACTED] is not blind".

In the evening on [REDACTED], Staff member A entered resident 2's room to get the resident to the bathroom. Staff member A forcefully grabbed resident 2 by the forearms to lift resident 2 up, causing bruises across the forearms. Staff member A yelled "stand up, stand up" at resident 2. Staff member A then forcefully put resident 2 on the toilet.

On [REDACTED], Resident 3 needed assistance getting off toilet. Staff member A turned off resident 3's call bell and neglected to help. Staff member A yelled at the resident 3 "You're not the only resident here" and "Call who you want."

**Plan of Correction****Accept (MS - 01/10/2023)**

All staff receives reporting and resident's rights training upon hiring. Staff member A has been terminated. Entire care staff will receive an in-service training by January 31, 2023 on mandatory abuse reporting conducted by [REDACTED] (Resident Wellness Director). Starting January 9, 2023, [REDACTED] (Life Stages Director) will check

**42c - Treatment of Residents (continued)**

*in with every resident weekly and turn in completed log (attached) to administrator. Immediately reporting any concerns. Administrator will do spot interviews/audits weekly with more vulnerable residents*

**Licensee's Proposed Overall Completion Date: 01/09/2023**

***Implemented (MS - 02/14/2023)***