

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

November 27, 2023

[REDACTED]
SNH PENN TENANT LLC

[REDACTED]
ATTN LICENSING
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2023 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/03/2000* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *09/21/2023*

Inspection Dates and Department Representative

09/21/2023 - 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: *SDCU* Capacity: *11* Residents Served: *11*

Hospice
 Current Residents: *0*

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: *20* Have Physical Disability: *0*

Inspections / Reviews

09/21/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/15/2023*

10/30/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/22/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2023*

Inspections / Reviews *(continued)*

11/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/10/2023

11/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 9/14/2022, for resident 1 was not signed by the resident.

The resident-home contract, dated 7/9/2023, for resident 2 was not signed by the resident.

Plan of Correction

Accept [redacted] - 11/06/2023)

On 10/15/2023 Administrator met with Resident 1, reviewed the contract and had them sign. Also on 10/15/2023 the Administrator met with Resident 2, reviewed the contract and had them sign. Administrator will train [redacted] and [redacted] on compliance expectations by 10/31/2023.

By 10/31/2023 [redacted] will audit remaining resident contracts as well as any new resident contracts to maintain compliance. [redacted] will continue biweekly monitoring for 3 months.

We were misinformed that SDCU residents weren't required to sign documents.

Licensee's Proposed Overall Completion Date: 11/03/2023

Implemented ([redacted] - 11/27/2023)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On 9/21/2023, as the Department was returning from lunch staff person A was observed yelling at resident 3 in the lobby of the home. The resident had been sitting there in a chair wet from incontinence issues. Staff person A kept yelling at [redacted] to let's go you are all wet and need to be changed. Staff person A also yelled to [redacted] that you wet on yourself, and we need to clean you up and change you.

Plan of Correction

Accept [redacted] - 10/30/2023)

On 9/21/2023 Administrator met with staff member A and explained the violation and instructed [redacted] on how to handle the situation appropriately in the future by gesturing or writing instead of verbalizing. Resident 3 is extremely hard of hearing and you must speak loudly to talk to [redacted]. Administrator also met with Resident 3 to make sure [redacted] did not have any concerns of being treated poorly. [redacted] did not and was grateful for the assistance. [redacted] will do an in-service with Wellness staff on "2600.

42.c. A resident shall be treated with dignity and respect." by 10/31/2023

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ([redacted] - 11/27/2023)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 9/21/2023, resident 4's bathroom sink was clogged and would not drain.

On 9/21/2023, resident 5's enabler bar did not have a cover. The enabler bar had an opening over 12 inches.

Plan of Correction

Accept () - 10/30/2023)

On 9/22/2023 Maintenance Director inspected sink in Resident 4's bathroom and found the rod holding the sink stopper had failed. Immediately repaired. Maintenance Director will complete audit of remaining sink stoppers in community by October 31, 2023 to ensure proper operation.

() has ordered a cover for Resident 5's enabler. In the interim () secured the opening with fabric to prevent possible injury. () will inspect all other enablers by 10/20/2023 (qty of 4 inbuilding) to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented () - 11/27/2023)

96a - First Aid Kit

4. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the main kitchen does not include breathing shield and eye coverings.

Plan of Correction

Accept () - 10/30/2023)

As of 9/29/2023 all first aide kits have been inventoried and brought to compliance. Kits now have safety tabs installed to show if used Maintenance Director will inspect bi-weekly for 3 months to ensure proper inventory is maintained. Ongoing monitoring thereafter.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented () - 11/27/2023)

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Resident 4 does not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Resident 5 does not have access to a source of light that can be turned on/off at bedside.

Resident 6 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 10/30/2023)

By 10/31/2023 all residents will have a wall mounted light at bedside installed by Maintenance Director. █ will show residents how to operate the light as well as tell them the reason for the additional lighting. Maintenance Director will check the operation of the lights on a quarterly basis.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented █ - 11/27/2023)

107c - Food/Water 3 Day Supply

6. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

Emergency Water was toppled over and had fallen onto the floor. It also had broken gallons of water that were not full and leaked onto to the floor.

Plan of Correction

Accept █ - 10/30/2023)

On 9/26/2023 Maintenance Director relocated and restacked the emergency water supply. It is now in an area that █ can monitor and is stacked at the appropriate height to not collapse the boxes. Maintenance Director will maintain compliance.

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented █ - 11/27/2023)

132d - Evacuation

7. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has a maximum safe evacuation time specified in writing within the past year by a fire safety expert of 15 minutes. During the fire drill on August 30, 2023, at 3:11 pm, the home exceeded the evacuation time and evacuated in 15 minutes 8 seconds.

Plan of Correction

Accept █ - 10/30/2023)

Community has maintained successful fire drills 8 Of the last 9 with this August 30, 2023 failure by 8 seconds being the first. Maintenance Director will do an in-service training by October 31, 2023 with the staff that was present during the unsuccessful drill.

Licensee's Proposed Overall Completion Date: 10/31/2023

132d - Evacuation (continued)

Implemented [REDACTED] - 11/27/2023)

227g -Support Plan Signatures

9. 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 2 participated in the development of [REDACTED] support plan on 7/12/2023. However, the resident did not sign the support plan, nor was it indicated as to why it was not signed.

Plan of Correction

Accept [REDACTED] - 10/30/2023)

We were misinformed that SDCU residents weren't required to sign documents. Resident 2 has since signed [REDACTED] support plan. [REDACTED] will conduct an audit of support plans to ensure compliance by 10/31/2023. [REDACTED] will ensure future support plans are executed correctly.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 11/27/2023)