

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

May 1, 2024

[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 04/04/2024 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: *01/01/2025*  
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: *91* Waking Staff: *68*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *04/04/2024*

**Inspection Dates and Department Representative**

04/04/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *59*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care Unit* Capacity: *22* Residents Served: *13*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *1*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *32* Have Physical Disability: *0*

**Inspections / Reviews**

**04/04/2024 - Partial**

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2024*

**05/01/2024 - POC Submission**

Submitted By: [Redacted] Date Submitted: *05/01/2024*  
Reviewer: [Redacted] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

05/01/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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 March 30, 2024, there was a fire in the home. The home did not report this incident to the Department until April 2, 2024.

Plan of Correction

Accepted [REDACTED] - 05/01/2024)

The administrator was out of town the date of the incident and was under the understanding it had been reported. Upon return he discovered it wasn't and immediately reported the incident. On April 5th Administrator did an in-service with department heads on reportable 2600.16, 24 hour as well as hotline if needed. See attached

Proposed Overall Completion Date: 04/19/2024

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [REDACTED] - 05/01/2024)