

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

June 3, 2025

[REDACTED], CEO
HARRISON SENIOR LIVING OF COATESVILLE LLC
300 STRODE AVENUE
COATESVILLE, PA, 19320

RE: HARRISON SENIOR LIVING OF
COATESVILLE
300 STRODE AVENUE
COATESVILLE, PA, 19320
LICENSE/COC#: 10566

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2025, 03/25/2025 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: HARRISON SENIOR LIVING OF COATESVILLE License #: 10566 License Expiration: 02/22/2026
Address: 300 STRODE AVENUE, COATESVILLE, PA 19320
County: CHESTER Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: HARRISON SENIOR LIVING OF COATESVILLE LLC
Address: 300 STRODE AVENUE, COATESVILLE, PA, 19320
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/03/1986 Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 03/25/2025

Inspection Dates and Department Representative

03/24/2025 - On-Site: [REDACTED]
03/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	80	Residents Served:	48
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
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:	1	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	12	Have Physical Disability:	0

Inspections / Reviews

03/24/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/18/2025

05/02/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 05/21/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/06/2025

Inspections / Reviews *(continued)*

05/08/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/21/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/22/2025

06/03/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/21/2025

Reviewer: [REDACTED] Follow-Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A received zero hours of annual training in the 2024 training year.

Direct care staff person B received only 9.5 hours of annual training in the 2024 training year.

Plan of Correction

Accept (█ - 05/08/2025)

Going forward all direct care staff will have a least 12 hours of annual training related to their job duties. Staff Educator May 3, 2025 and ongoing

Topics will include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
8. Emergency preparedness procedures and recognition and response to crises and emergency situations.
9. Resident rights.
10. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
11. Falls and accident prevention.
12. New population groups that are being served at the home that were not previously served, if applicable.

Effective immediately the new Staff Educator will ensure all direct care staff have annual training by scheduling training quarterly. April 10, 2025 and ongoing

The Staff Educator will track all direct care staff requirements by using a training record that is attached. April 10, 2025 and ongoing

Quarterly the Director of Resident Services will monitor the record training signing off on a tracking sheet. April 30, 2025 and ongoing

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented (█ - 06/03/2025)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the following topics during the 2024 training year:

1. *Medication self-administration training.*
2. *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
3. *Care for residents with dementia and cognitive impairments.*
4. *Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.*
5. *Personal care service needs of the resident.*
6. *Safe management techniques.*
7. *Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.*

Direct care staff person B did not receive training in the following topics during the 2024 training year:

1. *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
2. *Care for residents with dementia and cognitive impairments.*

Plan of Correction

Accept () - 05/08/2025

Going forward all direct care staff will have a least 12 hours of annual training related to their job duties. Staff Educator May 3, 2025 and ongoing

Topics will include the following:

1. *Medication self-administration training.*
2. *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
3. *Care for residents with dementia and cognitive impairments.*
4. *Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.*
5. *Personal care service needs of the resident.*
6. *Safe management techniques.*
7. *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.*
8. *Emergency preparedness procedures and recognition and response to crises and emergency situations.*
9. *Resident rights.*

65f - Training Topics (continued)

- 10. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
- 11. Falls and accident prevention.
- 12. New population groups that are being served at the home that were not previously served, if applicable. Effective immediately the new Staff Educator will ensure all direct care staff have annual training by scheduling training quarterly. April 10, 2025 and ongoing
The Staff Educator will track all direct care staff requirements by using a training record that is attached. April 10, 2025 and ongoing
Quarterly the Director of Resident Services will monitor the record training signing off on a tracking sheet. April 30, 2025 and ongoing

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented ([redacted]) - 06/03/2025)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A and Staff person B did not receive training in the following areas during the 2024 training year:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- 2. Falls and accident prevention.

Plan of Correction

Accept ([redacted]) - 05/08/2025)

Going forward all direct care staff will have a least 12 hours of annual training related to their job duties. Staff Educator May 3, 2025 and ongoing

Topics will include the following:

- 1. Medication self-administration training.
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.

65g - Annual Training Content (continued)

- 7. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
 - 8. Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - 9. Resident rights.
 - 10. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
 - 11. Falls and accident prevention.
 - 12. New population groups that are being served at the home that were not previously served, if applicable.
- Effective immediately the new Staff Educator will ensure all direct care staff have annual training by scheduling training quarterly. April 10, 2025 and ongoing
The Staff Educator will track all direct care staff requirements by using a training record that is attached. April 10, 2025 and ongoing
Quarterly the Director of Resident Services will monitor the record training signing off on a tracking sheet. April 30, 2025 and ongoing

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented (█) - 06/03/2025)

91 - Telephone Numbers

4. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers, including those for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and the personal care home complaint hotline, posted on or near the telephone in the concierge area.

Plan of Correction

Accept (█) - 05/08/2025)

- 1. Immediately the emergency telephone numbers which include the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care complaint hotline were placed on the handle of the phone located at the front desk in sticker form. Director of Plant Operations, March 24, 2025
- 2. An audit of all current phones in the home was conducted. Director of Housekeeping March 26, 2025
- 3. Ongoing a monitoring form of all phones will be part of the monthly audit done by the Director of Housekeeping and kept in the Maintenance Monthly Audit binder. April 30, 2025 and ongoing.

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented (█) - 06/03/2025)

103g - Storing Food

5. Requirements

2600.

103g - Storing Food (continued)

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 3/24/25 at 11:03 PM, seven ice cream containers in the main kitchen freezer were left unsealed or not properly closed.

Plan of Correction

Accept () - 05/08/2025

- 1. Plastic permanent lids were ordered and placed on each Ice cream container to ensure proper sealing of container. Director of Dining Services April 11, 2025
- 2. To ensure compliance the lids will be checked to ensure a proper seal twice daily by the chef on duty. April 11, 2025 and ongoing
- 3. Additional monitoring will be added to the Chef's daily check list and signed off each shift. April 12, 2025 and daily
- 4. The Director of Dining Services will review the Chef's check list and keep them for a period of 30 days. Spot checks daily will also be done by the Director of Dining and Kitchen supervisor on duty. April 12, 2025 and ongoing

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented () - 06/03/2025

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on (). The resident's previous medical evaluation was completed on ().

Plan of Correction

Accept () - 05/08/2025

- 1. Resident 1's Annual Medical Evaluation was completed on February 19, 2025 which was seven days out of compliance.
- 2. Ongoing a Monthly tracking sheet has been put into place by the Director of Resident Services to ensure compliance. All residents will have at least an annual medical evaluation completed. April 12, 2025 and ongoing
- 3.. The Director of Resident Services will complete the tracking sheet monthly, and the Executive Director will monitor quarterly. April 30, 2025 See attached QA form and tracking sheet.

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented () - 06/03/2025

181f - Record of Medication

7. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident 2 self-administers their medications, but their record did not include a current list of medications. On 3/25/25, the following medications were found in the resident's medication cabinet but were not listed in their record:

181f - Record of Medication (continued)

Furosemide 40 mg tablets, Gabapentin 300 mg capsules, Fish Oil caplets, CoEnzyme Q-10 100 mg, and Iron 65 mg. Additionally, the resident's record listed the following medications as current prescriptions, but they were not present: Certavite Antioxidant tablets, Melatonin 3 mg tablets, Milk of Magnesia (PRN), and Polyethylene Glycol Powder (PRN).

Resident 3 self-administers their medications, but their record did not include a current list of medications. On 3/25/25, the following medications were found in the resident's room but were not listed in their record: Nystatin ointment, Nystatin powder, and Systane eye drops (found on the nightstand). Additionally, the resident's record listed Hydrochlorothiazide 12.5 mg as a current medication, but it had been discontinued on 2/7/25.

Plan of Correction

Accept () - 05/08/2025

1. Immediately during inspection, resident's number 2 and 3's medication list was reviewed and corrected to reflect physician's orders.

Director of Resident Services March 25, 2025

2. An audit was conducted on all residents that self-medicate to ensure all medications reflect physicians' orders.

Director of Resident Services March 25, 2025

3. Additional monitoring was added to the monthly medication audit form attached to ensure medications taken by residents that self-medicate reflect physician orders monthly. Director of Resident Services April 12, 2025 and ongoing

4. Residents that self-medicate must meet the facility's requirements of the self-medicating Policy. This will be evaluated at time of admission and each resident that self-medicates will be tested to see if they meet all requirements annually or more frequently as needed. May 3, 2025, and ongoing

5. Staff are trained on Self Administer Medication as part of the annual training. Yearly and ongoing

6. A Test for residents that Self-Administer Medication will be done by staff yearly or as needed to ensure compliance with the facilities policy. See Attached test, Director of Resident Services May 3, 2025 and ongoing

7. A review of the self-medicating policy was completed and the policy was updated by the Executive Director and Director of Resident Services. See attached policy, May 3, 2025

8. Residents that do not meet the requirement of self-medicating will be provided with medication management services by the facility. May 3, 2025 and ongoing

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented () - 06/03/2025

184b - Labeling OTC/CAM

8. 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 3/25/25, a package of Fluticasone Propionate belonging to Resident 4 was found in the first-floor medication cart without a label identifying the resident's name.

Plan of Correction

Accept () - 05/08/2025

1. During the inspection the Staff Educator/LPN immediately labeled resident 4's Fluticasone Propionate with name and room number. March 25, 2025

2. The Director of Resident Services completed an audit of all medication carts to ensure proper labeling of OTC/CAM medications using attached medication cart audit form. March 26, 2025

184b - Labeling OTC/CAM (continued)

3. Medication cart audit forms will be reviewed by the Director of Resident Services monthly to ensure compliance. May 3, 2025 and ongoing

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented (█) - 06/03/2025)

185a - Implement Storage Procedures**9. 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 4 is prescribed glucose checks to be completed before meals and before bedtime, scheduled for 7a, 12n, 4p, and 8p, and to administer insulin per the following sliding scale: 0-150= no units, 151-200=2u, 201-250=4u, 251-300=6u, 301-350=8u, 351-400=10u, 401-450=12u, alert MD if BS less than 70 or greater than 400.

- On 3/18/25 at 5:46 AM, Resident 4's blood glucose reading was 359. However, it was documented as 364 on the glucose log.
- On 3/18/25 at 2:33 PM, Resident 4's blood glucose reading was 221. However, it was documented as 225 on the glucose log.
- On 3/18/25 at 6:54 PM, Resident 4's blood glucose reading was 453. However, it was not documented on the glucose log.
- On 3/19/25 at 10:18 AM, Resident 4's blood glucose reading was 269. However, it was documented as 263 on the glucose log.
- On 3/20/25 at 12:39 PM, Resident 4's blood glucose reading was 390. However, it was not documented on the glucose log.
- On 3/21/25 at 3:05 PM, Resident 4's blood glucose reading was 148. However, it was not documented on the glucose log.
- On 3/21/25 at 4:00 PM, Resident 4's blood glucose reading was 283. However, it was not documented on the glucose log.
- On 3/21/25 at 4:01 PM, Resident 4's blood glucose reading was 35. However, it was not documented on the glucose log.

Plan of Correction

Accept (█) - 05/08/2025)

1. Nurses and Medication Techs responsible for administering medications were re-in serviced by the Director of Resident Services and Staff Educator on Glucometer Policy and Procedures, Preventing Transcribing Errors and Recalibration of Glucometers. April 11 & 15, 2025

2. Glucometer / Transcription Audits will be completed by the Director of Resident Services and/or Staff Educator/LPN monthly. May 3,2025 and ongoing

3. The Executive Director will review glucometer / transcription audits during monthly Quality Assurance meetings. April 30, 2025 and on going

Licensee's Proposed Overall Completion Date: 05/08/2025

185a - Implement Storage Procedures (continued)

Implemented () - 06/03/2025

187d - Follow Prescriber's Orders

10. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 4's blood glucose levels are scheduled to be measured four times daily at 7:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM. However, on the following dates, measurements were taken more than an hour outside the prescribed times:

- 3/18/25: 5:46 AM, 10:13 AM, 2:33 PM
- 3/19/25: 5:34 AM, 10:18 AM, 2:29 PM
- 3/20/25: 5:28 AM
- 3/21/25: 10:02 AM
- 3/22/25: 5:25 AM, 10:01 AM
- 3/23/25: 5:22 AM, 10:01 AM, 2:41 PM

Plan of Correction

Accept () - 05/08/2025

1. During the inspection, the Staff Educator/LPN reached out to Resident 4's primary care physician to obtain an order for a new glucometer when the current glucometer was noted to be defective and would not keep the reprogrammed correct time after being turned off then on. March 25, 2025
2. Staff Educator/LPN completed an audit of all glucometers in the home to ensure correct dates/times. March 26, 2025
3. Two columns have been added to the current Glucometer Calibration Record attached to track correct date and time of Glucometers. Director of Resident Services and/or Staff Educator will audit monthly to ensure compliance. May 3, 2025 and ongoing

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented () - 06/03/2025

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.

Plan of Correction

Accept () - 05/08/2025

1. Director of Resident Services re-in serviced the Staff Educator/LPN on Support Plan requirements and policy,

227g -Support Plan Signatures (continued)

including Part V – Participation. April 11, 2025

2. An audit was conducted of all current residents in the home to ensure support plan requirements. Director of Resident Services April 12, 2025

3. Director of Resident Services will complete a semi-annual audit using the Personal Care Chart Audit form to ensure compliance. See Attached. May 3, 2025 and ongoing

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented ([REDACTED] - 06/03/2025)