

Department of Human Services  
Bureau of Human Service Licensing

October 5, 2021

[REDACTED], EXECUTIVE DIRECTOR  
BERWYN REAL ESTATE LP  
1489 BALTIMORE PIKE, SUITE 245  
SPRINGFIELD, PA 19064

RE: DAYLESFORD CROSSING  
1450 EAST LANCASTER AVENUE  
PAOLI, PA, 19301  
LICENSE/COC#: 14154

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2021, 07/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *DAYLESFORD CROSSING* License #: *14154* License Expiration Date: *10/22/2021*  
Address: *1450 EAST LANCASTER AVENUE, PAOLI, PA 19301*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6106404000* Email: [REDACTED]

**Legal Entity**

Name: *BERWYN REAL ESTATE LP*  
Address: *1489 BALTIMORE PIKE, SUITE 245, SPRINGFIELD, PA, 19064*  
Phone: *6106404000* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *08/05/2015* Issued By: *Tredyffrin Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *105* Waking Staff: *79*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/30/2021*

**Inspection Dates and Department Representative**

07/29/2021 - On-Site: [REDACTED]  
07/30/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *68*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Connections* Capacity: *24* Residents Served: *18*

**Hospice**

Current Residents: *10*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *37* Have Physical Disability: *0*

## Inspections / Reviews

07/29/2021 - Full

Lead Inspector: [REDACTED] ez

Follow-Up Type: *POC Submission*Follow-Up Date: *09/13/2021*

9/14/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/17/2021*

9/14/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/17/2021*

10/5/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

- Resident 1 passed away on [REDACTED]. Resident's personal belongings were removed from the room on [REDACTED] however, the refund check was issued on [REDACTED].
- Resident 2 passed away on [REDACTED]. Resident's personal belongings were removed from the room on [REDACTED] however, the refund check was issued on [REDACTED].
- Resident 3 passed away on [REDACTED]. Resident's personal belongings were removed from the room on [REDACTED] however, the refund check was issued on [REDACTED].
- Resident 4 passed away on [REDACTED]. Resident's personal belongings were removed from the room on [REDACTED] however, the refund check was issued on [REDACTED].
- Resident 5 passed away on [REDACTED]. Resident's personal belongings were removed from the room on [REDACTED] however, the refund check was issued on [REDACTED].

Plan of Correction

Accept

2600.28e

The ED and Business office manager was educated 9/7/21 on regulation 2600.28.e ensuring that previously paid charges will be refunded within 30 days of the date the apartment is cleared of the resident's personal belongings. (Attachment A)

ED/ BOM will audit all residents records that have been discharged within the last 6 months for compliance with refunds by 9/30/2021. (Attachment B)

ED/ BOM will audit refunds of discharged residents within 15 days of departure, to ensure residents are receiving refunds within 30 days of discharge.

ED/BOM is responsible for sustained compliance

Results of the audits will be reviewed via monthly QA Process

Completion Date: 09/30/2021

Document Submission

Implemented

Audit completed and attached

101j7 - Lighting/Operable Lamp

1. 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.

101j7 - Lighting/Operable Lamp (continued)

**Description of Violation**

- Resident 6 does not have access to a source of light that can be turned on/off at bedside.
- Resident 7 does not have access to a source of light that can be turned on/off at bedside.

**Plan of Correction**

**Accept**

2600.101j7

Resident #6 bedside lamp has been placed back at residents bedside.

Resident #7 bedside lamp has been placed back at residents bedside.

Resident Service Director and or Health and Wellness Director will be educated on regulation 2600.101j7 ensuring compliance with operable bedside lighting. (Attachment C)

HWD and RSD will complete 9 random room Audits weekly times 4 weeks then monthly times 2 months. (Attachment D)

The HWD and /or Designee is responsible for sustained compliance

Results of the audits will be reviewed via monthly QA Process

Completion Date: 12/17/2021

**Document Submission**

**Implemented**

Audit completed and attached

107c - Food/Water 3 Day Supply

**1. 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**

On 07/30/21, the home served 67 residents, requiring 201 gallons of emergency drinking water. However, the home had only 162 gallons. The home does not have a contract with a local bottled water supplier.

**Plan of Correction**

**Accept**

2600.107c

Emergency water supply deficiency was immediately corrected, 40 gallons were purchased. Total currently in house is 230 gallons.

The Dining Service Director was re-educated 9/9/2021 on regulation 2600.107c to ensure an adequate amount of emergency water is in house. (Attachment E)

Dining Director and /or designee will audit the water supply monthly to ensure sustained compliance.

Results of the audit will be reviewed monthly via QA process.

Completion Date: 09/30/2021

**Document Submission**

**Implemented**

Audit complete, see attached

109a - Pets

1. Requirements

2600.

109.a. The home rules shall specify whether the home permits pets on the premises.

Description of Violation

The home pet policy rules do not specify what pets are permitted at the home.

Plan of Correction

Accept

2600.109a

The Pet Policy has been updated to include specific types of pets that are permitted in the community. (See 2nd attachment, new policy H.1)

Please see the supporting attachment including old Policy. (Attachment H)

Lastly, The Resident Pet Agreement specifies types of pets. (Attachment G)

Completion Date: 09/14/2021

Document Submission

Implemented

The executive director is responsible for sustained compliance. Policy revision has been added to Policy and Procedures Manual

185a - Implement Storage Procedures

1. 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 7 is prescribed [REDACTED]. On 7/30/21, 20 tablets were in the medication cart, however staff person A recorded on the MAR that 19 tablets were left.

Plan of Correction

Accept

2600.185a

The Med Techs and Nurses were re-educated 9/7/2021 on Regulation 2600.158.a to ensure compliance with counting narcotics and proper documentation. (Attachment I.1, I.2)

The HWD counted all narcotics and noted proper documentation on carts 1, 2 and connections. (Attachment J).

HWD and /or designee will Audit the Narcotics monthly to ensure continued compliance.

Results of audits will be reviewed monthly via QA process.

The HWD is responsible for sustained compliance.

Completion Date: 12/17/2021

185a - Implement Storage Procedures (*continued*)**Document Submission****Implemented***Audit complete, see attached*

## 185b - Medication Procedures

**1. Requirements**

2600.

185.b. At a minimum, the procedures must include:

**Description of Violation**

On 07/30/21, resident 7 has a count of 20 [REDACTED], in the med cart controlled substances compartment, however there was a count of 19 tablets signed on the MAR by staff person A.

**Plan of Correction****Accept**

2600.185.b (Procedures)

The Med Techs and Nurses were re-educated 9/7/2021 on Regulation 2600.158.b to ensure compliance with counting narcotics and proper documentation. (Attachment I.1, I.2)

The HWD counted all narcotics and noted proper documentation on carts 1, 2 and connections. (Attachment J).

HWD and /or designee will Audit the Narcotics weekly times 4 weeks, then bi weekly times 4 to ensure continued compliance.

Results of audits will be reviewed monthly via QA process.

The HWD is responsible for sustained compliance.

Completion Date: 12/17/2021

**Document Submission****Implemented***Audit complete, please see the attached*

## 190a - Completion Medication Course

**1. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

- Annual Practicum for staff person B is incomplete. The Annual Practicum summary and certification for year 2021 is missing trainer signature, provider name, date and the selection of recertified or failed to be recertified.

190a - Completion Medication Course (*continued*)**Plan of Correction****Accept**

2600.190a

The HWD was re-educated 9/9/2021 on proper documentation and record keeping for the Medication Administration Summary and re-certification. (Attachment K)

The medication summary and certification annual practicum for staff person B has been signed by the trainer confirming recertification. (Attachment L - Q)

HWD will Audit Annual Practicums for completion of documentation quarterly for compliance with regulation 2600.190a.

HWD is responsible for sustained compliance.

**Completion Date:** 12/17/2021

**Document Submission****Implemented**

See attached documentation

## 224a - Preadmission Screen Form

**1. Requirements**

2600.

- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident 8 preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home. The form is also missing the following sections; 1-D, 2-G, 2-H, 2-I, and if the resident can safely use and avoid poisonous materials.

**Plan of Correction****Accept**

2600.224a

HWD and RSD were re-educated 9/7/2021 on the Preadmission screening to ensure compliance with regulation 2600.224a, noting the time frame in which they are to be completed. (Attachment R)

The HWD and/ or designee will audit current resident's records to ensure all prescreens are completed by 9/30/2021.

HWD and/ or designee will audit Preadmission screens prior to move in to ensure continued compliance.

Results of the audits will be reviewed monthly via QA process.

The HWD and/or designee is responsible for sustained compliance.

**Completion Date:** 09/30/2021

**Document Submission****Implemented**

Audit complete, see attached New prescreen completed for Resident #8