

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

October 30, 2025

[REDACTED]
DUNWOODY VILLAGE INC

[REDACTED]
ATTN:PERSONAL CARE SERVICES
[REDACTED]

RE: DUNWOODY VILLAGE
3500 WEST CHESTER PIKE
NEWTOWN SQUARE, PA, 19073
LICENSE/COC#: 14525

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2025 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: DUNWOODY VILLAGE **License #:** 14525 **License Expiration:** 12/22/2025
Address: 3500 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073
County: DELAWARE **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: DUNWOODY VILLAGE INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 02/21/2002 **Issued By:** Commonwealth of Pennsylvania, L&I
Type: I-1 **Date:** 02/27/2009 **Issued By:** Newtown Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 102 **Waking Staff:** 77

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 09/16/2025

Inspection Dates and Department Representative

09/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 81 **Residents Served:** 75

Secured Dementia Care Unit

In Home: Yes **Area:** Cedars West **Capacity:** 20 **Residents Served:** 17

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 75
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 27 **Have Physical Disability:** 0

Inspections / Reviews

09/16/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/06/2025

Inspections / Reviews (*continued*)

10/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/28/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/07/2025

10/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/22/2025

10/30/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] has an order for [redacted] - one by mouth every 8 hours, scheduled for 6:00, 14:00 and 22:00. Staff person A initialed resident [redacted]'s scheduled 22:00 doses of [redacted] on [redacted] and [redacted] as administered on the residents medication administration record. However, this medication was not administered to the resident as ordered.

Plan of Correction

Accept [redacted] - 10/10/2025)

The Personal Care Nurse Manager or designee will perform a weekly audit for the next three months and then conduct monthly audits going forward where all prescribed narcotics will be reviewed. The Personal Care Nurse Manager or designee will compare the MAR documentation to the narcotic declining sheets to ensure that all prescribed narcotics were administered as prescribed.

Personal Care nurses will be reeducated on medication administration policies -- including the 5 Rights of Medication Administration and the triple-check procedure between the actual MAR order and the physical medication packaging.

The Staff Educator will complete unannounced medication observations on all three shifts (five per week for the first month and then five per month). This will be tracked and compliance rate reported in our QAPI meetings.

Audits actually began on 09/29/2025.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [redacted] - 10/30/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed one 2-MG tablet of [redacted] every eight hours, scheduled for 6:00, 14:00 and 22:00. However, resident [redacted] was not administered their 22:00 dose of this medication on [redacted] or on [redacted].

Plan of Correction

Accept [redacted] - 10/10/2025)

The Personal Care Nurse Manager or designee will review the MAR on a weekly basis for the next three months and then on a bi-weekly basis going forward to ensure that all medications were administered as prescribed.

Personal Care nurses will be reeducated on medication administration policies -- including the 5 Rights of Medication Administration and the triple-check procedure between the actual MAR order and the physical medication packaging.

Audits actually began on 09/29/2025.

187d Follow Prescriber's Orders (*continued*)

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 10/30/2025)