

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

October 8, 2025

[REDACTED]
EAGLEVIEW LANDING LP

[REDACTED]
STE 400
[REDACTED]

RE: EAGLEVIEW LANDING
650 STOCKTON DRIVE
EXTON, PA, 19341
LICENSE/COC#: 14698

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/31/2025 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: *EAGLEVIEW LANDING* License #: *14698* License Expiration: *09/13/2025*
 Address: *650 STOCKTON DRIVE, EXTON, PA 19341*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *EAGLEVIEW LANDING LP*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/27/2019* Issued By: *Uwchlan Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *97* Waking Staff: *73*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *07/31/2025*

Inspection Dates and Department Representative

07/31/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *121* Residents Served: *70*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care Unit* Capacity: *46* Residents Served: *25*
 Hospice
 Current Residents: *7*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

07/31/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/24/2025*

09/05/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/06/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/09/2025*

Inspections / Reviews *(continued)*

09/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/29/2025

10/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/08/2025

10/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

According to Resident [REDACTED] Support Plan, dated [REDACTED], the resident requires assistance with dressing, toileting, transferring in and out of bed/chair, personal hygiene, and ambulating. On [REDACTED] at bedtime, the resident reported after the staff A removed the resident's pants, briefs, and pull-up for toileting assistance, the staff roughly grabbed the resident by their armpits and pushed the resident forcefully onto the toilet, impacting to toilets safety frame. The resident reportedly stated pain was immediately felt on [REDACTED] left side, including the armpit, and the left breast. The following morning, the resident complained of pain and tenderness when touched by their private caregiver. The resident stated to the caregiver [REDACTED] experienced rough treatment by staff A on [REDACTED] at bedtime. On [REDACTED] the resident was assessed by staff nurse E who observed bruising under the resident's left armpit, left breast and continuing bruising around the residents back.

As part of the staff member A assignments on the same evening of [REDACTED], the staff member prepared resident 2 for bed approximately at 8:00 p.m. According to resident [REDACTED]'s Support plan, dated [REDACTED], they need assistance with dressing, toileting, transferring in and out of bed/chair, ambulating, and personal hygiene with extensive weakness on their right side with pain when lifting their arm. To remove resident [REDACTED] blouse, staff member A raised the resident's arm up in a hurry and with force to take off the resident's blouse. The resident told the staff at least twice to be careful because the resident wasn't able to lift their arms up. The staff said to the resident, "I don't care; this is how I do it," and continued to take off the blouse in a rough manner, bringing both arms up, causing immediate pain to the resident's right shoulder. The next morning at approximately 8:15 a.m., on [REDACTED]. Resident [REDACTED] reported to staff C, staff A's raising of their arms was very painful with the pain radiating from the shoulder to the elbow. Staff C notified the nurse, staff E, who observed bruising to the resident's right outer elbow.

Plan of Correction

Accept [REDACTED] - 09/09/2025)

Employee A was placed on administrative leave on 7/5/25 following report of mistreatment to the director of nursing. Upon confirmation, the employee was terminated on 7/16/25 to ensure the safety and well-being of all residents. On 7/5/25 the incident was reported by the director of nursing to the department of human services and Area on Aging.

Starting 7/14/25 through 8/20/25 the Executive Director and Director of Nursing immediately began education with direct care staff on resident rights and abuse recognition, reporting and prevention. Resident Rights will be reviewed at monthly staff meetings beginning September 20th, 2025, for 3 months. Training record documentation will be kept according to regulation 2600.65i.

The executive director, nursing director, and administrative assistant will conduct five resident interviews weekly for one month beginning 8/25/25, then 5 residents randomly for two months. This will be monitored by the executive director. Regulation 2600.42b will be reviewed by the executive director during resident council on September 16th, 2025. An overview of the interview questionnaires will be discussed with the leadership team at the monthly Quality Assurance meetings for 3 months starting on 9/19/25. Documentation of the Quality Assurance meetings will be kept. Unannounced visits on the off shifts will be made at least monthly starting on 9/19/2025 by the director of nursing, assistant director of nursing or executive director. Documentation of the monthly visits will be kept.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] 10/08/2025)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [REDACTED], between 7:15 p.m. and 7:30 p.m., resident [REDACTED] and staff member A were in the resident's apartment when the resident asked staff member A if [REDACTED] could go outside the building with other residents to watch the community fireworks, which started at 9:30 p.m. Staff member A responded "no" and denied the person permission to go to the outside activity and put [REDACTED] to bed earlier than normal.

Plan of Correction

Accept [REDACTED] 09/05/2025)

Action: Employee A was placed on administrative leave on 7/5/25 following report of mistreatment to the director of nursing. Upon confirmation, the employee was terminated on [REDACTED] to ensure the safety and well-being of all residents. On 7/5/25 the incident was reported by the director of nursing to the department of human services and Area on Aging.

Training: Starting 7/14/25 through 8/20/25 the executive director and director of nursing immediately began education with direct care staff on resident rights and abuse recognition, reporting and prevention. Training record documentation will be kept according to regulation 2600.65i.

Ongoing: The executive director, nursing director, and administrative assistant will conduct five resident interviews weekly for one month beginning 8/25/25, then 5 residents randomly for two months. This will be monitored by the executive director. Regulation 2600.42b will be reviewed by the executive director during resident council in September 2025. An overview of the interview questionnaires will be discussed with the leadership team at the monthly Quality Assurance meetings for 3 months starting on 9/19/25. Documentation of the Quality Assurance meetings will be kept. Unannounced visits on the off shifts will be made at least monthly starting in September by the director of nursing, assistant director of nursing or executive director.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 10/08/2025)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 09/05/2025)

Action: Staff person A is no longer employed in the community. On 8/12/25 an audit was conducted by the Executive Director to ensure that all active direct care staff have a high school diploma on file or are Active nurses aide registry.

54a - Direct Care Staff (continued)

Training: Executive Director educated the administrative assistant on 8/5/25 on regulation 54.a. Training records will be kept in accordance with regulation 2600.65i.

Ongoing: The executive director uses a check list for every employee file that is onboarded, and it must be reviewed by the administrative assistant, and the executive director must sign verifying completion of the checklist and that all files are present in the paper employee file starting 8/1/2025. The checklist is kept with all new employee files once complete. This will be monitored by the human resources specialist and the executive director. This area will be discussed with the leadership team at the monthly Quality Assurance meeting starting in 9/19/2025. Quality Assurance meeting documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [redacted] - 10/01/2025)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [redacted], there was a significant accumulation of lint in the lint trap of the dryers on the 2nd and 4th floors. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] - 09/05/2025)

Action: On 7/31/25, the lint was thoroughly cleaned out of the dryer by the maintenance director while the inspector was present, ensuring immediate remediation of the hazard.

Training: The Executive Director educated staff responsible for laundry on proper dryer procedures including cleaning out the lint traps before and after every use on 8/20/25. Training records will be kept in accordance with regulation 2600.65i.

Ongoing: Beginning 8/11/25 housekeeping supervisor initiated a daily audit of the laundry areas to check lint in dryers. The housekeeping supervisor or maintenance assistant also completes monthly deep cleaning on dryer vents throughout the community with documentation kept. The maintenance director will monitor the compliance of these tasks.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [redacted] - 10/01/2025)

227g -Support Plan Signatures

6. 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 [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

227g -Support Plan Signatures (continued)**Plan of Correction****Accept** [REDACTED] - 09/05/2025)

Action: The support plan was reviewed and signed off by the director of nursing on 7/31/25.

Training: The executive director will educate the director of nursing on regulation 227g by 9/10/25. Training records will be kept in accordance with regulation 2600.65i.

Ongoing: Beginning 8/1/25 all support plans that are completed will be signed by the director of nursing, assistant director of nursing and monitored by the executive director and will be reviewed during the monthly quality assurance meeting beginning 9/19/2025 to ensure all required signatures are obtained. Quality Assurance meeting documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 10/01/2025)