

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

June 5, 2025

[REDACTED], VICE PRESIDENT
CSH EXTON LESSEE LLC

RE: ARBOR TERRACE EXTON
100 OAKLANDS BOULEVARD
EXTON, PA, 19341
LICENSE/COC#: 14793

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2025, 04/03/2025 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: ARBOR TERRACE EXTON License #: 14793 License Expiration: 07/27/2025
Address: 100 OAKLANDS BOULEVARD, EXTON, PA 19341
County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: CSH EXTON LESSEE LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 01/11/2021 Issued By: West Whiteland township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 111 Waking Staff: 83

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/03/2025

Inspection Dates and Department Representative

04/02/2025 - On-Site: [REDACTED]
04/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	99	Residents Served:	84
Secured Dementia Care Unit			
In Home:	Yes	Area:	Evergreen
Capacity:	32	Residents Served:	27
Hospice			
Current Residents:	0		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	84
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	1
Have Mobility Need:	27	Have Physical Disability:	3

Inspections / Reviews

04/02/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2025

05/09/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 05/19/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/19/2025

Inspections / Reviews *(continued)*

06/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 4/2/2025, There are video cameras on the home exits and entrances that are recording for 24 hours. However, the sign posted on the entrance and throughout the building doesn't state that the cameras are recording.

Plan of Correction

Accept (████ - 05/09/2025)

The signage at each camera area has been corrected to state 24-hour surveillance and recording. Effective 5/1/2025 the signage areas is included in the weekly environmental rounds completed by the ED/Designee to ensure continued compliance with regulation 2600.42s. See attachment A-security sign picture.

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

Implemented (████ - 06/05/2025)

66b - Training Plan Content

2. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

Description of Violation

The home's staff training plan does not include dates, locations and times.

Plan of Correction

Accept (████ - 05/09/2025)

The community's staff training plan was revised on 5/1/2025 by the Executive Director for 2025 to include dates, locations, timing of training, and training provider. The staff training plan is included in Quality Management Plan and participation compliance will be reported at the QI Meeting by the ED/Designee. See Attachment B-2025 staff training plan 2025.

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

Implemented (████ - 06/05/2025)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 4/3/2025, There was a bottle of soap with a manufacture's label indicating "This is not food, do not eat, use only as directed", was unlocked, unattended, and accessible to residents in Memory care unit room 119. Not all the residents of the home, including the residents in memory care, have been assessed capable of recognizing and using poisons safely.

On 4/3/2025, There was a maintenance cart which included Paint left unattended in the Memory care unit hallway.

Repeat Violation 1/24/2025

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept (█) - 05/09/2025)

On 4/3/2025 the Maintenance Director and Maintenance Assistant were educated on the requirements of 2600.82c and safety procedures around locking and storage of maintenance items when working in the memory care neighborhood or in an area where residents are not able to safely use or avoid poisonous materials. See Attachment C-training2600-82c. Effective 4/4/2025, poisonous materials has been added to the Environmental Rounds report completed at least weekly by the ED/Designee.

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

Implemented (█) - 06/05/2025)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/3/2025, There was dirt buildup on the memory care kitchenette sink.

Plan of Correction

Accept (█) - 05/09/2025)

The dirt buildup in the memory care kitchenette sink was cleaned at the time of inspection. Housekeeping and direct care staff will be educated on maintaining sanitary conditions by 5/15/2025 by the MCD/Designee. The MCD or Memory Care Med Tech will inspect the area daily to ensure compliance with 2600.85a.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented (█) - 06/05/2025)

85d - Trash Receptacles

5. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/3/2025 there was a half full, uncovered, unattended trash can in the 2nd floor kitchenette.

Plan of Correction

Accept (█) - 05/09/2025)

The unattended trash can without a lid was removed at the time of inspection. Effective 4/3/2025 only lidded trash cans will be available and utilized in the 2nd floor kitchenette. Effective 4/4/2025, covered trash receptacles in resident areas have been added to the Environmental Rounds report completed at least weekly by the ED/Designee to ensure compliance with 2600.85d.

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

Implemented (█) - 06/05/2025)

85e - Trash Outside Home

6. Requirements

2600.

85e - Trash Outside Home (continued)

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/2/2025, there was metal signs and boxes located outside of the dumpster.

Plan of Correction

Accept (█) - 05/09/2025

The metal signs and boxes outside of the dumpster area were removed on 4/3/2025. Effective 4/4/2025, inspection of the dumpster and surrounding area is included in the Environmental Rounds documentation completed at least weekly by the ED/Designee for compliance with 2600.85e.

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

Implemented (█) - 06/05/2025

97 - Elevators/Lifting Devices

7. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

On 4/3/2025, the home does not have a certificate of operation from the Department of Labor and Industry or appropriate local building authority. The last one they have expired back on January 31, 2025.

Plan of Correction

Directed (█) - 05/09/2025

The community is still waiting on the receipt of the updated documentation from the Department of Labor & Industry. It is anticipated to be received by the end of May 2025. A copy will be provided to DHS upon receipt of certification or an update provided if not received.

Proposed Overall Completion Date: 05/31/2025

Directed Plan of Correction (█) 5/9/25):

1. In addition to the plan noted, the Maintenance Director will schedule an inspection within 10 days of receipt of this plan and annually/biannually, thereafter, as required by the local municipality. A copy of the correspondence will be maintained for the Departments review.

Directed Completion Date: 05/31/2025

Implemented (█) - 06/05/2025

103e - Left Overs

8. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 4/3/2025, There was an unlabeled, undated bag of Tots in the main kitchen freezer.

On 4/3/2025, There was an unlabeled, undated bag of sweet potatoes in the main kitchen freezer.

103e - Left Overs (continued)

On 4/3/2025, There was an unlabeled, undated bag of french fries in the main kitchen freezer.

Plan of Correction

Accept (█) - 05/09/2025)

The violation was corrected at the time of inspection. All cooks will be educated on the procedures of labeling and dating of food items by the Dining Services Director by 5/15/2025. The Dining Services Director/ED will conduct an inspection of food items at least weekly. Results will be documented, maintained, and reported to the QI committee at least quarterly.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented (█) - 06/05/2025)

103f - Refrigerator/Freezer Temps**9. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/3/2025 at 10:21 am the temperature in the Memory care kitchenette freezer was 26 degrees Fahrenheit.

On 4/3/2025, There was no thermometer in the main kitchen ice cream freezer.

On 4/3/2025, There was no thermometer in the second-floor kitchenette freezer.

Plan of Correction

Accept (█) - 05/09/2025)

The violation was corrected on 4/3/2025. Effective 4/4/2025, the Dining Services Director/Dining Room Manager/Designee will conduct a daily inspection of all refrigerators/freezers to ensure compliance with 2600.103f. Results will be documented, maintained, and reported to the QI Committee at least quarterly.

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

Implemented (█) - 06/05/2025)

123b - Emergency Procedures Posted**10. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home. The procedures are located in the drawer behind the receptionist desk.

Plan of Correction

Accept (█) - 05/09/2025)

At the time of inspection, the emergency procedures were relocated to the shelf at the receptionist's desk and are always visible and easily accessible to all staff. All staff will be educated by the ED/designee on the location of the emergency procedures information by 5/18/2025.

Licensee's Proposed Overall Completion Date: 05/18/2025

123b - Emergency Procedures Posted (continued)

Implemented () - 06/05/2025

131f - Fire Extinguisher Inspection

11. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers in the home have not been inspected by a fire safety expert since March 2024. They all expired in March 2025.

Plan of Correction

Directed () - 05/09/2025

Due to a scheduling conflict inspection occurred after the expiration date. On 4/23/2025 all fire extinguishers were inspected and tagged. See Attachment D – invoice of service.

Proposed Overall Completion Date: 05/08/2025

Directed Plan of Correction () 5/9/25:

- 1. In addition to the plan submitted, the Maintenance Director will conduct monthly inspections of all fire extinguishers, starting immediately.
- 2. The administrator will review the annual inspection contracts for the inspection of fire extinguishers in the home, at least bi-annually, to ensure the extinguishers are timely inspected yearly, starting immediately.
- 3. The Maintenance Director will provide the Department with a copy of the invoice for the inspection of the fire extinguishers located in the home.

Directed Completion Date: 05/08/2025

Implemented () - 06/05/2025

162c - Menus Posted

12. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 3/30/2025 was posted. However, the following week of 4/6/2025 was not posted.

Plan of Correction

Accept () - 05/09/2025

The Dining Service Director corrected this violation at the time of inspection. The Dining Services Director was educated on 4/4/2025 by the ED on regulation 2600.162c and requirements of posting the menu in a conspicuous and public place in all dining rooms of the community. Effective 4/4/2025, menu posting has been included on the Environmental Rounds documentation completed at least weekly by the ED/designee. See Attachment DSDmenutraining

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

Implemented () - 06/05/2025

171b5 - First Aid Kit

13. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 4/3/2025, The hand sanitizer in the first aid kit on the home's transportation bus expired in March 2024.

Plan of Correction

Accept (█) - 05/09/2025)

The expired hand sanitizer was removed and replaced in the first aid kit on the bus at the time of inspection by the Engagement Director. Effective 4/4/2025 the first aid kit on the bus will be inspected at least monthly by the Engagement Director/Designee for required items and expirations dates. Documentation of corrections/compliance will be maintained in the ED office.

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

Implemented (█) - 06/05/2025)

183d - Prescription Current

14. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 4/3/2025, Resident 1 had two bottles of Tylenol and a bottle of Bone health vitamins that were not included and listed on █ Medication Administration Record.

Plan of Correction

Accept (█) - 05/09/2025)

Resident #1 has been approved to self-administer █ medications. A reminder and re-education notice regarding the community's requirement of compliance with 2600.183d will be sent by the ED by 5/9/2025 to all self-administration residents and their responsible party. The notice will include requirements of 2600.183d and associated documentation of all new, changed, or discontinued medications, both over the counter and prescription to ensure the community's compliance with this regulation. A resident who self-administers medications is assessed every 3 months or as needed for continued approval to self-medicate. The RCD/designee will complete a reassessment of all self-administering residents by 5/31/2025 to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/05/2025)

183e - Storing Medications

15. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 4/3/2025, There were two loose pills in the memory care cart. One was a capsule orange/tan color, and the other was a small round white pill.

183e - Storing Medications (continued)

On 4/3/2025, There was an expired Basaglar insulin pen belonging to Resident 2 in the cart. The pen as opened on 1/12/2025 and has an expiration date of 28 days later after the pen has been opened.

Repeat Violation 9/11/2024

Plan of Correction

Accept (█) - 05/09/2025)

The loose pills were immediately destroyed upon inspection. Resident #2 was at █ and was not in the community at the time of inspection. The expired Basaglar insulin pen was discarded by MedTech at time of inspection. Effective 5/7/2025, the RCD/MCD/Designee will complete medication cart audits weekly for 1 month, then monthly for 3 months or until compliance achieved to assure that medications are disposed of within approved time frames from open dates and that carts are free from loose pills that may have inadvertently released from the medication cards with foil backings. Audit results will be reported by the RCD/MCD to the QI committee at least quarterly or until compliance is achieved.

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

Implemented (█) - 06/05/2025)

185a - Implement Storage Procedures

16. 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 3 is prescribed Ondansetron as needed. On 4/3/2025 medication(s) were not available in the home.

Resident 3 is prescribed Tizanidine as needed. On 4/3/2025 medication(s) were not available in the home.

Plan of Correction

Accept (█) - 05/09/2025)

Resident #3 has been approved to self-administer █ medication. A reminder and re-education notice regarding the community's requirement of compliance with 2600.185a will be sent by the ED by 5/9/2025 to all self-administration residents and their responsible party. The notice will include requirements of 2600.185a and associated requirements for prescribed medications to be filled and available for administration per physician's order. The community can assist self-administrations residents in obtaining medications as needed or requested to ensure the community's compliance with this regulation. A resident who self-administers medications is assessed every 3 months or as needed for continued approval to self-medicate. The RCD/designee will complete a reassessment of all self-administering residents by 5/31/2025 to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/05/2025)

185b - Medication Procedures

17. Requirements

2600.

185b - Medication Procedures (continued)

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

Description of Violation

On 4/3/2025, During the Medication cart audit, Resident 4's tramadol HCL Tab 50mg count showed the home had 24 pills remaining. However, the narcotic count sheet showed they had 23 pills remaining.

Plan of Correction

Accept ([REDACTED] - 05/09/2025)

The RCD reviewed and determined at time of inspection that Resident #4's narcotic count was accurate. The documented number was incorrect based on the original amount received. Effective 5/8/2025 RCD/MCD/designee upon receipt of a new narcotic and sheet will be reviewed for accuracy on the amount received and confirm that documentation correlates with the count. Any discrepancies will be followed up with pharmacy. RCD will train all LPNs/MedTechs on proper documentation of receipt of narcotics by 5/15/2025.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented ([REDACTED] - 06/05/2025)