pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CSW ARBOUR SQUARE V HUNTINGDON VALLEY, L.P.**
LEGAL ENTITY

To operate **CRESCENT FIELDS AT HUNTINGDON VALLEY**
NAME OF FACILITY OR AGENCY

Located at **2507 PHILMONT AVE, HUNTINGDON VALLEY, PA 19006**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **196** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 19**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 28, 2023** until **June 28, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **150050**

ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: June 28, 2023

[redacted]
CSW Arbour Square V Huntingdon Valley, LP
[redacted]

RE: Crescent Fields at Huntingdon Valley
2507 Philmont Avenue
Huntingdon Valley, Pennsylvania 19006
License #: 150050

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on June 1, 2023 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: *Crescent Fields at Huntingdon Valley* **Licen e #**: *150050* **Licen e Expiration**:

Address: *2507 Philmont Avenue, Huntingdon Valley, PA 19006*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email** [redacted]

Legal Entity

Name: *CWS Arbour Square V Huntingdon Vally, L. P.*

Address: [redacted]

Phone: [redacted] **Email** [redacted]

Certificate(s) of Occupancy

Type: *I 1* **Date**: *04/17/2023* **I ued By**: *Township of Lower Moreland*

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice**: *Announced* **BHA Docket #**:

Reason: *New* **Exit Conference Date**: *06/01/2023*

Inspection Dates and Department Representative

06/01/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 149 **Residents Served**: *0*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SCDU* **Capacity**: *19* **Residents Served**: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *0*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

06/01/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/15/2023*

06/21/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/21/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/24/2023*

Inspections / Reviews *(continued)*

06/28/2023 - Document Submission

Submitted By: [redacted]

Date Submitted: *06/21/2023*

Reviewer: [redacted]

Follow-Up Type: *Not Required*

14a - Fire Safety Approval

1. Requirements

2600.
14.a. Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P. S. § § 7210.101—7210.1103) is required.

Description of Violation

The home does not have a permanent certificate of occupancy.

Plan of Correction ***Accept[redacted] - 06/21/2023)***

On Friday 6.2.2023 Lower Morland completed the final community inspection and the Certificate of Occupancy was received on 6.7.2023. The Final C of O was forwarded to the DHS Regulatory Licensing Manager on 6.7.2023.

Licensee's Proposed Overall Completion Date: *06/15/2023*

Implemented[redacted] - 06/28/2023)

132d - Evacuation

2. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the fire drill held on 5/24/23 at 10:30 am.

Plan of Correction ***Accept[redacted] - 06/21/2023)***

Croker Fire Safety Corporation was hired as the fire expert and conducted an evaluation of the community and fire systems on 6/9/2023 to determine the scope of evacuation in our fire plan. The following documentation has determined the maximum evacuation time necessary for this community. Fire drills will be conducted monthly on evacuation times by Croker Fire Safety Corporation to assure community compliance. The maintenance director or designee will monitor times of evacuations and reeducate personnel when not completed timely, findings will be reported in QA.

Licensee's Proposed Overall Completion Date: *06/15/2023*

Implemented[redacted] - 06/28/2023)

233c - Key-Locking Devices

3. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near any of the doors to and from the Secure Dementia Care Unit (SDCU).

233c - Key-Locking Devices *(continued)*

Plan of Correction ***Accept (*** ***06/21/2023)***

Door codes were placed in a conspicuous spot near all doors magnetically locked during the survey. Maintenance will conduct weekly checks to assure all numbers are posted. Maintenance will report in QA any deficient practices in relation to missing codes on any doorways and corrective action taken.

Licensee's Proposed Overall Completion Date: *06/15/2023*

Implemented ***- 06/28/2023)***