

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

March 24, 2025

[REDACTED]
CSW ARBOUR SQUARE V HUNTINGDON VALLEY, L.P.

[REDACTED]
Suite 215
[REDACTED]

RE: CRESCENT FIELDS AT
HUNTINGDON VALLEY
2507 PHILMONT AVE
HUNTINGDON VALLEY, PA, 19006
LICENSE/COC#: 15005

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2025 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: CRESCENT FIELDS AT HUNTINGDON VALLEY **License #:** 15005 **License Expiration:** 06/28/2025
Address: 2507 PHILMONT AVE, HUNTINGDON VALLEY, PA 19006
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: CSW ARBOUR SQUARE V HUNTINGDON VALLEY, L.P.
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 06/07/2023 **Issued By:** Lower Moreland Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 100 **Waking Staff:** 75

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 03/04/2025

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 149 **Residents Served:** 62

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 19 **Residents Served:** 17

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 60
Diagnosed with Mental Illness: 10 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 38 **Have Physical Disability:** 7

Inspections / Reviews

03/04/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/23/2025

03/20/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/21/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/22/2025

Inspections / Reviews *(continued)*

03/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

184a - Resident's Meds Labeled

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident [redacted] is prescribed insulin lispro on a sliding scale. The pharmacy label on resident [redacted] is scraped or faded on the left margin, rendering several letters and digits illegible, including the unit maximum.

Plan of Correction

Accept [redacted] 03/20/2025)

- On [redacted] Resident [redacted] label was requested and received from the pharmacy and placed on the pen by the Health Care Director.
- On 3/5/25, an audit of the medication carts was completed by the Health Care Director to ensure proper labeling of all medications, this will continue weekly for 4 weeks by the Health Care Director or designee.
- By 3/20/25, nurses and med techs shall be educated on regulation 2600.184a by the Health Care Director. Documentation shall be kept.
- All findings will be reported at the next QM meeting on 3/31/25, the committee shall review audits for continued compliance with regulation 2600.184a.

Licensee's Proposed Overall Completion Date: 03/18/2025

Implemented [redacted] - 03/24/2025)

185a - Implement Storage Procedures

2. 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 [redacted] is prescribed [redacted] applied twice daily as needed for shoulder joint pain. On [redacted] 5, this medication was not available in the home.

Resident [redacted] is prescribed two [redacted] tablets twice daily as needed for [redacted], and [redacted] applied twice daily as needed for rash. On [redacted], these medications were not available in the home.

Resident [redacted] measured a blood glucose level of [redacted] on [redacted] at 5:30 PM. This reading was logged as 100 on resident [redacted] medication administration record (MAR).

Plan of Correction

Accept [redacted] - 03/20/2025)

- On [redacted], Resident [redacted] order was discontinued by the Physician and removed from the EMAR system by the Health Care Director.
- On [redacted] Resident [redacted] orders of [redacted] tablets and [redacted] were placed with pharmacy and received that evening.
- On 3/5/25, an audit of MAR to medication cart was completed by the Health Care Director to ensure all medications were present.
- By 3/20/25, nurses and med techs shall be educated on regulation 2600.185a and documentation of glucometer readings by the Health Care Director. Documentation shall be kept.
- Beginning 3/7/24, 5 resident MARs and medications in the cart shall be audited daily X 4 weeks by the assigned

185a Implement Storage Procedures (continued)

Medication Aide for MAR to cart compliance on medications.

On 3/5/25 an audit of documented glucometer readings was performed by the Healthcare Director to ensure readings matched the MAR documentation. On going weekly audits will be conducted on glucometers and MAR documentation X4 weeks by the Healthcare Director or designee.

On 3/4/25 Health Care Director wrote a note on chart for the documentation error on Resident #1 from 2/24/25.

Beginning at the next QM meeting on 3/31/25, the committee shall review audits for continued compliance with regulation 2600.185a.

Licensee's Proposed Overall Completion Date: 03/18/2025

Implemented (█ - 03/24/2025)