





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing date: September 5, 2024

[REDACTED]  
[REDACTED]  
Chester Springs Senior Living Partners, LLC  
[REDACTED]  
[REDACTED]

RE: Fieldstone at Chester Springs  
145 Byers Road  
Chester Springs, Pennsylvania 19425  
License #: 151811

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 19, 2024 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

September 4, 2024

[REDACTED]  
Chester Springs Senior Living Partners, LLC  
[REDACTED]  
[REDACTED]

RE: Fieldstone at Chester Springs  
145 Byers Road  
Chester Springs, PA, 19425  
LICENSE/COC#: 151810

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2024 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: *Fieldstone at Chester Springs* License #: *151810* License Expiration:

Address: *145 Byers Road , Chester Springs, PA 19425*

County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *Chester Springs Senior Living Partners, LLC*

Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *08/19/2024* Issued By: *Upper Uwchlan Township*

**Staffing Hours**

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

**Inspection Information**

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

Reason: *New* Exit Conference Date: *08/19/2024*

**Inspection Dates and Department Representative**

*08/19/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: Residents Served: *0*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Compass* Capacity: *50* 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**

**08/19/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2024*

**08/29/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *09/03/2024*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/03/2024*

Inspections / Reviews *(continued)*

08/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/03/2024

09/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedrooms 3031, 3023, and 3001.

Plan of Correction

Accept [redacted] - 08/29/2024)

- 1. On the date of the inspection, it was noted that the emergency telephone stickers were placed on all existing telephones, except third floor. This was corrected immediately that day for #3031, #3023, #3001.
- 2. The ED/designee will ensure that on day of each resident's move-in, the emergency telephone stickers will be added to any phone in the apartment or hung in a conspicuous place if a resident has a cell phone.
- 3. Emergency telephone stickers will be audited weekly by housekeeping when the resident's apartment is being cleaned.
- 4. Compliance will be tracked at quarterly QA meeting by Facilities Director/Housekeeping Supervisor.

Proposed Overall Completion Date: 08/28/2024

Licensee's Proposed Overall Completion Date: 08/28/2024

Implemented [redacted] - 09/04/2024)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 8/19/2024, the food warmer was missing from the Memory Care Unit on the 1st floor small kitchen. There was also no refrigerator in the Memory Care Unit on the 2nd floor small kitchen.

The handrail in the bathroom of bedroom 3001 has a cover ring that is loose.

Plan of Correction

Accept [redacted] - 08/29/2024)

- 1.) Food warmer was a custom-built item and scheduled for installation on Tuesday, August 27, 2024, by outside contractor.
- 2) Refrigerator was a custom size and scheduled for installation on Tuesday, August 27, 2024, by outside contractor.
- 3) The Facility Director was able to immediately fix the handrail cover with the inspector present. Housekeeping staff will audit resident apartment weekly for any safety issues.
- 4. Compliance will be tracked at quarterly QA meeting by Facilities Director/Housekeeping Supervisor.

Proposed Overall Completion Date: 08/28/2024

95 - Furniture and Equipment (continued)

Licensee's Proposed Overall Completion Date: 08/28/2024

Implemented (████) - 09/04/2024)

102h - Toilet Paper

3. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 8/19/2024, there was no toilet paper for the toilet in the bathroom 3013.

Plan of Correction

Accept (████) - 08/29/2024)

- 1) Housekeeping had placed toilet paper in every bathroom but #3013. Toilet paper was immediately provided for #3013.
- 2) Request for toilet paper can come from nursing, housekeeping, and/or resident. A stock of toilet paper will be located on every floor, so it is accessible at all times.
- 3) Housekeepers will audit toilet paper weekly when the resident's apartment is cleaned.
- 5) Compliance will be tracked at quarterly QA meeting by Facilities Director/Housekeeping Supervisor.

Proposed Overall Completion Date: 08/28/2024

Licensee's Proposed Overall Completion Date: 08/28/2024

Implemented (████) - 09/04/2024)

102i - Soap Dispenser

4. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There were not soap dispensers within reach of each bathroom sink in any of the Memory Care bathrooms, including bedrooms 157 A and B.

Plan of Correction

Accept (████) - 08/29/2024)

- 1) The Facility Director to install hand soap dispensers to all bathrooms in Memory Care, inclusive of #157A and B by 8/28/24
- 2) Nontoxic hand soap will be supplied by community. Copy of Manufacturer's Safety Data Sheet to be maintain on file by Facility Director/designee.
- 3) Request for hand soap can come from nursing, housekeeping, and/or resident. Liquid hand soap will be accessible at all times from housekeeping.
- 4) Hand soap will be audited weekly by housekeeping when the resident's apartment is cleaned.
- 5) Compliance will be tracked at quarterly QA meeting by Facilities Director/Housekeeping Supervisor.
- 6) All Memory Care bathroom's soap dispensers and nontoxic soap installed on 8/26/ and 8/27. Pictures attached to show compliance

**102i - Soap Dispenser (continued)**

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented [REDACTED] /04/2024)

**131f - Fire Extinguisher Inspection****5. 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 extinguisher in the basement has not been inspected by a fire safety expert since June 2023, and the fire extinguisher on the Memory Care Unit small kitchen on the first floor has not been inspected by a fire safety expert since July 2023.*

**Plan of Correction**

Accepted [REDACTED] 08/29/2024)

- 1) *The Facility Director had Anaconda (fire system/extinguisher company) come and inspect all extinguishers located in community on 8/26/24*
- 2) *All twenty-five fire extinguishers were checked and currently have their annual stick for 2024.*
- 3) *The Facility Director/designee will audit the fire extinguishers monthly. The annual inspection is set for August 2025.*
- 4) *The Facility Director will monitor compliance through the TELS work order system and report findings at the Quarterly Quality Assurance meeting. Non - compliant issues will be immediately corrected.*

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented [REDACTED] /04/2024)