

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

September 19, 2025

[REDACTED]
CHESTER SPRINGS SENIOR LIVING PARTNERS, LLC
[REDACTED]
[REDACTED]

RE: FIELDSTONE AT CHESTER SPRINGS
145 BYERS ROAD
CHESTER SPRINGS, PA, 19425
LICENSE/COC#: 15181

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2025 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: FIELDSTONE AT CHESTER SPRINGS License #: 15181 License Expiration: 03/07/2026
 Address: 145 BYERS ROAD, CHESTER SPRINGS, PA 19425
 County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: CHESTER SPRINGS SENIOR LIVING PARTNERS, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 08/19/2024 Issued By: Upper Uwchlan Township

Staffing Hours

Resident Support Staff: Total Daily Staff: 92 Waking Staff: 69

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 08/13/2025

Inspection Dates and Department Representative

08/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 132 Residents Served: 70

Secured Dementia Care Unit
 In Home: Yes Area: Compass Capacity: 50 Residents Served: 21

Hospice
 Current Residents: 3

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: 22 Have Physical Disability: 0

Inspections / Reviews

08/13/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/04/2025

09/05/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/18/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/19/2025

Inspections / Reviews *(continued)*

09/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Resident [REDACTED] has a physician's order for twice-daily applications of Calmoseptine ointment to the sacral and perineal regions 2 times a day as needed for skin protection. This medication is being administered by direct-care staff who have not been trained in medication administration. At 8:00 pm on [REDACTED] and [REDACTED], staff person A administered this medication. Staff person A has not completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past two years

Plan of Correction

Accept [REDACTED] - 09/05/2025)

- 1.) Calmoseptine ointment will be removed from the Medication Administration Record (MAR) following the receipt of a physician's order to discontinue its use. Until that time, only certified medication technicians are authorized to apply the ointment and record their application by signing the MAR.
- 2.) Direct care staff members who have not completed Department-approved training are prohibited from administering medications that are ordered and documented on the MAR for staff administration immediately. Only those staff members who have undergone the requisite training may both administer the medication and sign for its application on the MAR going forward as per policy.
- 3.) All nurses and med-techs will receive education and training on regulation 2600.182b by Sept. 12, 2025, by the DON/ADON.
- 4.) All orders received will be reviewed by the nursing staff responsible for transcribing the orders to ensure the accuracy of the physicians' instructions and proper labeling. Should any discrepancies be identified, it is the duty of the nurse to clarify the order with the prescriber.
- 5.) The Director of Nursing/Assistant Director of Nursing or the pharmacy liaison will conduct routine audits of charts to ensure the presence of proper signatures on a monthly basis. The findings from these audits will be reviewed during the quarterly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented [REDACTED] - 09/19/2025)

184b - Labeling OTC/CAM

2. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [REDACTED] at 11:43 am, a tube of Calmoseptine ointment belonging to resident [REDACTED]

184b Labeling OTC/CAM (continued)

was on the resident's night table and was not labeled with the resident's name.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

- 1.) The resident's name was added to the ointment immediately after the inspection was completed.
- 2.) All over the counter (OTC) medications will have the resident's name clearly printed on the product.
- 3.) All nursing staff and medication technicians will receive education and training regarding regulation 2600.184b by September 12, 2025. This training will be provided by the Director of Nursing (DON) and/or the Assistant Director of Nursing (ADON).
- 4.) A comprehensive audit of all over the counter (OTC) medications will be conducted to ensure that these products are labeled with the resident's name, as required. This audit is scheduled to be completed by September 12, 2025.
- 5.) Nursing staff and medication technicians will perform monthly audits of OTC medications to ensure compliance. The results of these audits will be reviewed during the quarterly Quality Assurance (QA) meeting. The next QA meeting is scheduled for October, during which the third quarter results covering the period from July through September will be reviewed.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented [REDACTED] - 09/19/2025)

187a - Medication Record**3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] has a physician's order for twice daily applications of [REDACTED] to the [REDACTED] and [REDACTED] regions. From [REDACTED] to [REDACTED], these administrations were not logged on the resident's MAR with the correct staff person's initials. The direct care staff assigned to resident [REDACTED] are applying the ointment and reporting to the med techs on duty that the ointment was applied; the med techs then log the administrations on the MAR with their own initials. Staff person B, a med tech, initialed resident [REDACTED] MAR at 8:00 pm on [REDACTED] and [REDACTED], but the ointment was actually

187a - Medication Record (continued)

administered by direct care staff person A at these times.

Plan of Correction**Accept** [REDACTED] - 09/05/2025)

1. Any direct care staff members who have not completed Department-approved training are strictly prohibited from administering medications that are ordered and documented on the Medication Administration Record (MAR) for staff administration.

2. Only the licensed nurse or certified medication technician who administers the medication may sign the Electronic Medication Administration Record (EMAR) to confirm that the resident has received the medication and/or treatment.

3. All nurses and medication technicians will receive education and training on Regulation 2600.187a by September 12, 2025, conducted by the Director of Nursing (DON) or Assistant Director of Nursing (ADON)

4.) The Train the Trainer will ensure compliance by observation of med-techs under the current requirement. Compliance with this protocol will be reviewed at the upcoming quarterly QA. The next QA meeting is scheduled for October, during which the third-quarter results covering the period from July through September will be reviewed.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented [REDACTED] - 09/19/2025)