

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2026
NAME OF PROVIDER OR SUPPLIER  Crosslands		STREET ADDRESS, CITY, STATE, ZIP CODE  1660 East Street Road Kennett Square, PA 19348	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>Based on review of facility policy, review of facility documentation, and interview with staff, it was determined that the facility failed to thoroughly screen individuals prior to hire for one of five employee records reviewed (Employee E3). Findings include: Review of facility policy, Criminal Record/FBI Check Policy, revised March 14, 2022, indicated that a criminal record check and an FBI national check (if applicable) will be processed for all staff members upon hire. If the staff member is not a current resident of Pennsylvania or has not been a state resident for two years preceding his/her application, FBI national check will be required. Review of Employee E3's personnel record revealed that Employee E3 was hired on December 18, 2025. There was no evidence that a FBI check had been initiated or completed. Interview with the Nursing Home Administrator on February 20, 2026, at 12:43 p.m confirmed that Employee had not been a state resident for two years preceding the application and that a FBI check had not been completed. 483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition 28 Pa. Code 201.19(8)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2026
NAME OF PROVIDER OR SUPPLIER  Crosslands		STREET ADDRESS, CITY, STATE, ZIP CODE  1660 East Street Road Kennett Square, PA 19348	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to ensure accurate documentation was completed for the disposition of medications upon discharge for one of the three closed records reviewed. (Resident 51) Review of the facility policy titled, Disposition of Medications (Noncontrolled), revised 12/2025, revealed disposition of medications of discharged residents will require the licensed nurse to remove all of the resident's medications from the medication cart and count the amount of medications remaining. The policy further states that the licensed nurse will document the disposition of medications by printing out the residents eMAR and documenting on the printout the amount of medications returned to pharmacy. This printout is then to be dated and initialed by the licensed nurse and scanned into the resident's EHR. The policy also states, the licensed nurse may document in the ID note the names of medications, dosage, amount of medications remaining, and disposition of the medication. Review of the clinical record for Resident 51 revealed that the resident was discharged to independent living on December 19, 2025. Review of the nurse discharge summary revealed that all medications were given to Resident 51, however the quantity of the medications was not recorded or documented. Interview with the Director of Nursing on February 20, 2026 at 1300 confirmed that the disposition of medications was not completed for Resident 51. 28 Pa. Code 211.5(d)(f) Clinical Records</p>		