

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Exton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Thomas Jones Way Exton, PA 19341	

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 a review of facility policy, review of personnel files and interviews with staff, it was determined that the facility failed to implement their policy to screen employees according to the Older Adults Protective Services Act for one of five employees (Employee E3).</p> <p>Findings include:</p> <p>Review of facility policy, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, revealed that employee background checks would be completed.</p> <p>Review of Employee E3's personnel record revealed that the employee was hired on April 7, 2025. Further review of the personnel record revealed that the employee had not been a resident of Pennsylvania for the two years immediately preceding the date of application. There was no documented evidence that a federal criminal background check application had been completed.</p> <p>Interview with Employee E3 on June 25, 2025, at 12:00 p.m. confirmed that a federal criminal background check application had not been completed.</p> <p>Interview with Employee E4 on June 25, 2025, at 12:05 p.m. also confirmed that the federal criminal background check had not been completed for Employee E3.</p> <p>483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition</p> <p>28 Pa. Code: 201.18 (b)(1)(e)(1) Management</p> <p>28 Pa. Code: 211.10(d) Resident care policies</p> <p>Previously cited 1/16/25, 8/22/24</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
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