

LICENSING INSPECTION SUMMARY - PUBLIC

LICENSE/COC#: 13104

© 2006 The Authors
Journal compilation © 2006 Blackwell Publishing Ltd

██████████

1 of 4

Facility Information

Name: PLUSH MILLS **License #:** 13104 **License Expiration:** 12/09/2025
Address: 501 PLUSH MILL ROAD, SECOND AND FOURTH FLOORS, WALLINGFORD, PA 19086
County: DELAWARE **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: SENIOR LIVING NP LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 11/15/2007 **Issued By:** Nether Providence township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 102 **Waking Staff:** 77

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 03/26/2025

Inspection Dates and Department Representative

03/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 79 **Residents Served:** 63

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 63
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 39 **Have Physical Disability:** 0

Inspections / Reviews

03/26/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/25/2025

04/16/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/16/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/20/2025

Inspections / Reviews *(continued)*

04/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c - Treatment of Residents**1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], at approximately 1:30 pm, resident [REDACTED] pressed [REDACTED] call pendant to alert staff person A that staff person B had hit them. Resident [REDACTED] reported that staff person B went to grab their pendant to clear it and made contact on the left side of their chest and shoulder area where their pendant hangs. Resident [REDACTED] states [REDACTED] was not injured but was in shock that staff person B grabbed it that way and seemed aggressive. Resident [REDACTED] reported that staff person B would sit behind them watch [REDACTED] eat on numerous occasions. Resident [REDACTED] stated it made [REDACTED] feel uncomfortable and was strange of staff person B to be doing that since resident [REDACTED] did not have a need for care while eating.

Plan of Correction

Accept [REDACTED] 04/16/2025)

2600.42c Dignity and Respect

Health and Wellness Director provided Resident Dignity and Respect in-servicing to all Wellness Associates beginning April 4, 2025 and completed on April 10, 2025.

To maintain ongoing compliance, five random Residents will be interviewed per week, x3 weeks beginning April 14, 2025, by the Health and Wellness Director or Designee, to ensure the Residents feel they are being treated with Dignity and Respect by the Direct Care staff.

Health and Wellness Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented [REDACTED] - 04/22/2025)