



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

January 3, 2019

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
January 3, 2019

Mr. Luke Gabay
Vice President
SHP V Willistown, LLC
3348 Peachtree Road NE, Suite 1100
Atlanta, Georgia 30326

RE: Arbor Terrace Willistown
1713 West Chester Pike
West Chester, PA 19382
License #: 142450

Dear Mr. Gabay:

As a result of the Department's Bureau of Human Services Licensing inspection on June 25, 2018 and July 2, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

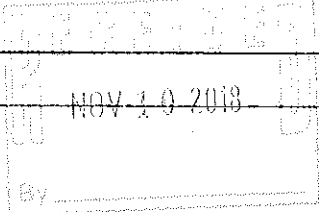
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Patricia Adams
Regional Licensing Director

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ARBOR TERRACE WILLISTOWN		License Number: 14245
Address: 1713 WEST CHESTER PIKE, WEST CHESTER, PA 19382		County: Chester
Administrator: Kelsha Villers Munroe		Region: SOUTHEAST
Legal Entity Name: SHP V WILLISTOWN I.L.C.		
Legal Entity Address: 300 E MARKET STREET SUITE 100, LOUISVILLE, KY 40202		
Certificate(s) of Occupancy I-2 08/29/2013 Willistown TWP		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 81	Working Staff: 61
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/25/2018: Wooters, Sandra 07/02/2018: Wooters, Sandra		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 104 Number of Residents Served: 55 Secured Dementia Care Unit in Home: Yes Area: Life Guidance Secured Dementia Unit Capacity, if Applicable: 35 Number of Residents Served in Secured Dementia Care Unit, if applicable: 9 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 0

Mariann Busham 11/09/18
 Executive Director

Violation Report: 14245 - 06/25/2018 - Wooters, Sandra
 PCH Name: ARBOR TERRACE WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The most recent medical evaluation for resident #1 was completed on 09/15/2017. The previous medical evaluation was completed on 05/11/2016.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

At the time of this inspection on 6/25/18 and 7/02/18, the community was known as Atria Willistown, and was managed by Atria Senior Living.

Effective 8/01/18, the community is under new management and is now known as Arbor Terrace Willistown. Please note that Resident #1 had given her 30 day notice and she moved out while the community was still managed by Atria Senior Living. Resident #1 has not resided here at Arbor Terrace Willistown.

The Resident Care Director and the Memory Care Director are aware of Regulation 2600.141(b)(1) that states a Resident shall have a medical evaluation at least annually because having accurate, updated medical information helps us decide whether a Resident's needs can be met in our community. It also helps us to develop accurate assessments and support plans, and ensures that Residents' medical needs will be met.


The Residents at Arbor Terrace Willistown will have a medical evaluation at least annually to ensure and maintain compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Marianne Basham*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marianne Basham Executive Director</i>	Date <i>11/09/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/31/18</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>12/31/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 14245 - 06/26/2018 - Wooters, Sandra
 PCH Name: ARBOR TERRACE WILLISTOWN

1. REGULATION 65 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The June 2018 medication administration record for resident #1 does not include the diagnosis for Depakote ER 500 mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

At the time of this inspection on 6/25/18 and 7/02/18, the community was known as Atria Willistown, and was managed by Atria Senior Living. Effective 8/01/18, the community is under new management and is now known as Arbor Terrace Willistown. Please note that Resident #1 had given her 30 day notice and she moved out while the community was still managed by Atria Senior Living. Resident #1 has not resided here at Arbor Terrace Willistown.

The Resident Care Director, Memory Care Director, and Med Techs are aware of Regulation 2600.187(a) that states that a medication record should be kept for each Resident to include the Resident's name, drug allergies, name of the medication, strength, dosage form, dose, route of administration, frequency of administration, administration times, duration of therapy if applicable, special precautions if applicable, diagnosis or purpose for the medication including pro re nata (PRN), date and time of administration, and the name and initials of the staff person administering the medication. Our community switched over to an electronic Medication Administration Record program called QuickMAR that includes all of the information listed in this regulation, so we can track all medications a resident receives, and to ensure all medications are administered as prescribed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Marianne Basham*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marianne Basham Executive Director</i>	Date <i>11/09/18</i>
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