



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Mr. Doug Buttner  
Executive Director  
ARHC WHWCHPA01 TRS, LLC  
1361 East Boot Road  
West Chester, Pennsylvania 19380

RE: Wellington Court at Hershey's Mill  
License #: 141360

Dear Mr. Buttner:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 14 and 15, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 14136-01/14/2019- Thomas, Tahesia  
 PCH Name: WELLINGTON COURT AT HERSHEY'S MILL

1. REGULATION 55 Pa.Code §2600

2600.91 -Telephone numbers for the nearest hospital, police department, fire department, ambulance, polson control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in room# 335 does not have emergency service number posted nearby.

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.*

The telephone numbers for the nearest hospital, police department, fire department, ambulance, polson control, local emergency management and personal care home complaint hotline was immediately posted on the telephone in room #335 by the Administrator.

Resident Care Givers were trained and given the responsibility to check each phone daily in all apartments for the appropriate phone numbers. This task is part of the Resident Care Giver's daily assignment sheet and is validated by the Assistant Director of Administration.

When a new resident is admitted, the Assistant Director of Administration, during orientation, places the appropriate telephone numbers on all the phones. She also explains to the resident the utilization of the phone numbers and the importance of them being readily available.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) Dawn J. Smyrl, NHA

Printed Name and Title of Legal Entity Representative (Regulred on EVERY Page) Diana L. Smyrl, NHA Dir. of Health Care Services Date 03/26/2019

**DEPARTMENT USE ONLY- HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/16/19</u> (Date)	Plan of correction implementation status as of <u>4/16/19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented - Adequate Progress <input type="radio"/> Partially Implemented - Inadequate Progress <input type="radio"/> Not Implemented

Violation Report: 14136- 01/14/2019- Thomas, Tahesia  
 PCH Name: WELLINGTON COURT AT HERSHEY S MILL

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

2a. DESCRIPTION OF VIOLATION

Resident# 1 last medical evaluation was completed on 10/16/18. The previous one was completed on 09/21/17.

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 date(s) by which the steps will be completed.*

A new tracking system was developed and implemented by the Assistant Director of Administration to insure all medical evaluations are completed within the annual time frame.

The Assistant Director of Administration tracks all residents and a month before the medical evaluation is due, the DME form is sent to the appropriate physician. A week after the DME form is sent, the Assistant Director of Administration makes a call to the physician's office to ascertain if the DME form has been received and if there are any questions. The call also explains the necessity of having the DME form completed and returned within the necessary timeframe. If the DME form is not received after two weeks, another DME form is sent again and a call is placed asking when the DME form will be received.

Additionally, if the DME form is not received within a day or two of the due date, the Assistant Director of Administration will physically go to the physician's office to obtain the DME form.

Repeat Violation: No

1 Date(s) of Previous Violation(s)

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Deanna L. Smyrl, NHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Deanna L. Smyrl, NHA Dir. of Health Care Services*

Date *03/26/2019*

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