



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT
REQUESTED June 04, 2019**

Ms. Mariam Basham
Administrator
SHP V Willistown, LLC
3348 Peachtree Road NE, Suite 1100
Atlanta, Georgia 30326

RE: Arbor Terrace Willistown
1713 West Chester Pike
West Chester, PA 19882
License #: 142450

Dear Ms. Basham:

As a result of the Department's Bureau of Human Services Licensing Incident inspection on April 9, 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 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ARBOR TERRACE WILLISTOWN*
Address: *1713 WEST CHESTER PIKE, WEST CHESTER, PA 19382*
County: *CHESTER* Region: *SOUTHEAST*

License Number: *142450*

Administrator

Name: *Marianne Basham* Phone: *6107251713* Email: *mbasham@arborcompany.com*

Legal Entity

Name: *SHP V WILLISTOWN LLC*
Address: *3348 Peachtree Rd NE Suite 1100, GA, 30326*

Certificate(s) of Occupancy

Type: *1-2* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *87* Waking Staff: *65*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

04/09/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *67*

Secured Dementia Care Unit

In Home: *Yes* Area: *Evergreen* Capacity: *35* Residents Served: *17*

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *20* Have Physical Disability: *1*

M. Basham
Executive Director 5/23/19

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 11/29/2018, for resident #1, was not signed by the resident.

The resident-home contract, dated 12/29/2018, for resident #2, was not signed by the resident.

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.)

Resident #1 was living in another community, and decided to move to the SDCU at Arbor Terrace. His Daughter is the Power of Attorney, and she came to the community to review and sign the paperwork on 11/29/18. Resident #1 did not come to the meeting with his Daughter, nor did he sign the contract at the time of move in. After speaking with this Resident and explaining the situation, he did sign off on the signature pages #12 and #13. *See attachments A1 & A2.

Resident #2 was living at another Personal Care Home community, and he, with the help of his family moved to the SDCU at Arbor Terrace on 12/29/18. His son is his Power of Attorney and signed all of the paperwork, while his daughter assisted him to get settled into his new apartment. Although the intention was to have the Resident sign the contract also, it didn't happen on the day of move in. After talking it over with the Resident, he did sign off on the signature pages #12 and #13. *See attachments B1 & B2

To prevent a similar violation from occurring again, our goal is to schedule a Resident/Family orientation date, one to two days prior to the scheduled move in, so we can complete the necessary paperwork, as part of our Move-in process. *See attachment C

If the Resident and/or Family is unable to come in a day or two prior to move in, we will sit with the new Resident on the day of move in to obtain the Resident's signature.

The Administrator, the Senior Care Counselor, and the Business Office Manager will conduct an audit of all the Resident Files located in the Business Office, checking all contracts to ensure that the Resident signatures are in place. The full audit will be completed by 6/14/19, and any necessary corrections will be completed. Our Business Office Resident File Checklist has been updated and will be used when auditing files. *See attachment D

Legal Entity Representative


Signature

Marianne Busham Executive Director
Printed Name and Title

5/23/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/31/19
(Date)

Plan of correction implementation status as of 5/31/19
(Date)

The above plan of correction was approved by A.A.A.
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's and #2's records did not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

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.)

Resident #1 was living in another community, and decided to move to the SDCU at Arbor Terrace. His Daughter is the Power of Attorney, and she came to the community to review and sign the paperwork on 11/29/18. Resident #1 did not come to the meeting with his Daughter, nor did he sign the contract at the time of move in. After speaking with this Resident, he did sign off on signature pages #12 and 13, and also signed pages 30, 31, and 33 of the contract (specific to Resident Rights and Complaint Procedures.) *See attachments A1 & A2 and E1, E2, and E3

Resident #2 was living at another Personal Care Home community, and he, with the help of his family moved to the SDCU at Arbor Terrace on 12/29/18. His son is his Power of Attorney and signed all of the paperwork, while his daughter assisted him to get settled into his new apartment. Although the intention was to have the Resident sign the contract also, it didn't happen on the day of move in. After talking it over with the Resident, he did sign off on the signature pages #12 and #13, and also signed pages 30, 31, and 33 of the contract (specific to Resident Rights and Complaint Procedures.) *See attachments B1 & B2 and F1, F2, and F3

To prevent a similar violation from occurring again, we will schedule a Resident/Family orientation date, one to two days prior to the scheduled move in (whenever possible), so we can complete the necessary paperwork, as part of our Move-in process. *See attachment C

If the Resident and/or Family is unable to come in a day or two prior to move in, we will sit with the new Resident on the day of move in to obtain the Resident's signature.

The Administrator, the Senior Care Counselor, and the Business Office Manager will conduct an audit of all the Resident Files located in the Business Office, checking all contracts to ensure that the Resident signatures are in place. The full audit will be completed by 6/14/19, and any necessary corrections will be completed. Our Business Office Resident File Checklist has been updated and will be used when auditing files. *See attachment D

Legal Entity Representative

Marianne Basham
Signature

Marianne Basham Executive Director 5/23/19
Printed Name and Title Date

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident #1s medical evaluation did not include (9) Health Status.

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.)

Resident #1's Documentation of Medical Evaluation (DME) was dated 12/4/18, and had all boxes checked off with the exception of (9) Health Status. The Resident was recently re-evaluated by his Physician, and a new/updated DME was completed on 4/25/19.

*See attachments G1, G2, G3, G4, and G5.

To prevent a similar violation from occurring again, the Resident Care Director and/or the Memory Care Director will review the admission paperwork one to two days prior to the Resident move in whenever possible, or definitely on the day of move in. *See attachment C

The Administrator/designee, the Senior Care Counselor, and the Business Office Manager will conduct an audit of all the Resident Files located in the Business Office, checking all paperwork as listed. The full audit will be completed by 6/14/19, and any necessary corrections will be completed. Our Business Office Resident File Checklist has been updated and will be used when auditing files.

*See attachment D

Legal Entity Representative

Marianne Basham

Signature

Marianne Basham Executive Director 5/23/19

Printed Name and Title

Date

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1 admitted 12/04/2018 and resident#2 admitted 12/29/2018, have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.)

Resident #1 moved into the SDCU at Arbor Terrace. His Daughter is his Power of Attorney, and she came into our community to review and sign the paperwork on 11/29/18. Her Dad was not present, nor did he sign the contract on the day of move in. After meeting with the Resident, and reviewing the contract, including the Resident Rights, he did sign off on signature pages #12 and 13, and also pages 30, 31, and 33 of the contract. These pages are specific to Resident Rights, including the Right to Refuse Medication if the Resident believes that there may be a medication error. *See attachments A1 & A2 and E1, E2, and E3

Resident #2 moved to the SDCU at Arbor Terrace on 12/29/18. His son is his Power of Attorney and signed all of the paperwork. Although the intention was to have the Resident sign the contract also, it didn't happen on the day of move in. After meeting with the Resident, and reviewing the contract, including the Resident Rights, he did sign off on the signature pages #12 and #13, and also signed pages 30, 31, and 33 of the contract. These pages are specific to Resident Rights, including the Right to Refuse Medication if the Resident believes that there may be a medication error. *See attachments B1 & B2 and F1, F2, and F3

To prevent a similar violation from occurring again, our goal is to schedule a Resident/Family orientation date, one to two days prior to the scheduled move in, so we can complete the necessary paperwork, as part of our Move-in process. *See attachment C

If the Resident and/or Family is unable to come in a day or two prior to move in, we will sit with the new Resident on the day of move in to obtain the Resident's signature.

The Administrator, the Senior Care Counselor, and the Business Office Manager will conduct an audit of all the Resident Files located in the Business Office, checking all contracts to ensure that the Resident signatures are in place. The full audit will be completed by 6/14/19, and any necessary corrections will be completed. Our Business Office Resident File Checklist has been updated and will be used when auditing files. *See attachment D

Legal Entity Representative


Signature

Marranne Basham Executive Director 5/23/19
Printed Name and Title Date

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227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2 participated in the development of his/her support plan on 12/31/2018. The resident refused to sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

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.)

Resident #2 was not interested in signing his support plan in December 2018; however, his refusal was not documented.

Because it was also noted at the time of our inspection that the support plan failed to identify the individual responsible for addressing the Resident's needs in regard to supervision and mobility, that information was added to his support plan on 4/09/19, and reviewed with the Resident. He was asked about signing the support plan, and again showed no interest in signing this document. This refusal on 4/09/19 was documented. *See attachments H1 through H12.

To prevent a similar violation from occurring again, the RASP for Residents living in the SDCU will be reviewed with the Resident and their Family Member/POA together, at a meeting with the Memory Care Director (MCD) and/or the Resident Care Director (RCD). If the Resident refuses to sign, then it will be documented at the time of the meeting, and the family member, POA, or Responsible Party will be asked to sign the RASP.

The MCD and RCD will conduct quarterly audits to ensure that we are in compliance with RASPS.

Legal Entity Representative

Marianne Basham
Signature

Marianne Basham Executive Director 5/23/19
Printed Name and Title Date

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231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 12/04/2018. However, the resident's written cognitive preadmission screening was completed on 11/30/2018.

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.)

Resident #1 was living in another community, and decided to move to the SDCU at Arbor Terrace. His Daughter is his Power of Attorney, and she came to the community to review and sign the paperwork on 11/29/18, taking financial possession of the apartment at this time. The date set for the Resident to physically move over from the other community ended up changing, and therefore we were out of compliance as to when the cognitive preadmission screening was completed.

Going forward a Resident/Family orientation date will be set up one to two days prior to the scheduled move in (whenever possible), so we can confirm that we have a plan to receive all of the necessary paperwork, as part of our Move-in process to prevent this violation from occurring again. *See attachment C

Within 10 days of receiving this POC and quarterly thereafter, the Administrator or a designee will review the record for all residents admitted to the SDCU; to ensure that their respective record is accurate and reflects the most current level of care. Administrator, will develop a tracking sheet to prompt the need for updated information, such as pre-admission screening when a resident is being admitted to SDCU; and the same will be reviewed for completion. 5/31/19

A.A.A

Legal Entity Representative

Marianne Basham
Signature

Marianne Basham Executive Director 5/23/19
Printed Name and Title Date

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234c - Support Plan Responsible Person

Regulations

2600.

234.c. The support plan must identify the individual responsible to address the resident's needs.

Description of Violation

The support plan, dated 12/31/2018, for resident #2 does not identify the individual responsible for addressing the resident's needs, including supervision and mobility.

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 our inspection it was noted that the support plan for Resident #2 failed to identify the individual responsible for addressing the Resident's needs in regard to supervision and mobility. The missing information was added to his support plan on 4/09/19, and reviewed with the Resident. *See attachments H11 through H12.

To prevent a similar violation from occurring again, the RASPs will be completed by the Memory Care Director (MCD) and/or the Resident Care Director (RCD), and they will be reviewed by the Business Office Manager or the Executive Director to make sure that all boxes have been checked and completed.

The MCD and RCD will conduct quarterly audits to ensure that we are in compliance with RASPS.

Within 15 days of receiving this POC, the Administrator or a designee will review all residents' support plan to ensure compliance with the cited reg. 5/31/19

AAA

Legal Entity Representative

Marianne Basham

Signature

Marianne Basham Executive Director 5/23/19

Printed Name and Title

Date

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(Date)

5/31/19

(Date)

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(Date)

5/31/19

(Date)

The above plan of correction was approved by
(Initials)

AAA

(Initials)

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04/09/2019

8 of 8