



August 9, 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 inspection on April 17, 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". The signature is fluid and cursive, with a long horizontal stroke extending to the left.

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report

Facility Information

Name: *WELLINGTON COURT AT HERSHEY'S MILL* License Number: *141360*
Address: *1361 EAST BOOT ROAD, WEST CHESTER, PA 19380*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *Sabrina Codella* Phone: *4846531200* Email: *DBUTTNER@BENCHMARKQUALITY.COM*

Legal Entity

Name: *ARHC WHWCHPA01 TRS LLC*
Address: *EXECUTIVE DIRECTOR 1361 EAST BOOT ROAD, PA, 19380*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: *63* Waking Staff: *47*

Inspection

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

Inspection Dates and Department Representative

04/17/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *54*

Secured Dementia Care Unit

In Home: Area: Capacity: Residents Served:

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *9* Have Physical Disability: *0*

65g - Annual Training Content

Regulations

2600.

65.g.1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

65.g.5. Falls and accident prevention.

Description of Violation

Staff person A and the homes entire dietary staff, did not receive training in Fire Safety completed by a fire safety expert in 2018.

Staff person A did not receive training in Falls and Accident Prevention in 2018.

Plan of Correction (POC)

A-A-A

2600 **Staff A and the dietary staffs have received the training cited in the regulation. 7/25/19**

65.g.1

1. No resident was identified by this cited practice.
The Plant Operations Director was notified that all Wellington personal required in-servicing on fire safety annually on the day the surveyor identified the issue.
2. Residents had the potential to be affected by this practice.
3. It was determined that the Resident Care Administrator (RCA) had not ensured that all the staff had been in-serviced on fire safety according to policy. The Plant Operations Director/designee will in-service all staff on Fire Safety according to policy. The RCA/designee will audit all current fire safety in-service sheets to ensure compliance. Policies and procedures were reviewed, and no revisions were necessary to achieve regulatory compliance.
4. The RCA/designee will audit all fire safety in-service sheets monthly to monitor for compliance. Variances will be immediately corrected. Audit findings will be reported during the monthly QAPI meeting. The QAPI committee will review outcomes and give recommendations as appropriate for improvement. Results thresholds are established at 100%. The frequency of the audits will be adjusted according to outcomes. Completion Date: 7/25/2019

2600

65.g.5

1. No resident was identified by this cited practice.
The Resident Care Administrator (RCA) was notified that some personal had not received their annual in-servicing on falls and accident prevention when identified by the Department's surveyor. Staff development was notified.
2. Residents had the potential to be affected by this practice.
3. It was determined that the Resident Care Administrator (RCA) had not ensured that all the staff had been in-serviced on falls and accident prevention according to policy. The RCA/designee will in-service all staff on falls and accident prevention according to policy. The RCA/designee will audit all current falls and accident prevention in-service sheets to ensure compliance. Policies and procedures were reviewed, and no revisions were necessary to achieve regulatory compliance.
4. The RCA/designee will audit all falls and accident prevention in-service sheets monthly to monitor for compliance. Variances will be immediately corrected. Audit findings will be reported during the monthly QAPI meeting. The QAPI committee will review outcomes and give recommendations as appropriate for improvement. Results thresholds are established at 100%. The frequency of the audits will be adjusted according to outcomes. Completion Date: 7/25/2019

04/17/2019

Legal Entity Representative

Signature

Printed Name and Title



7/12/19
Date

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

The above plan of correction is approved as of 7/19/19
(Date)

Plan of correction implementation status as of 7/19/19
(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

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 04/17/2019 at 1:30 PM, the kitchen trash cans had no lids on them.

Plan of Correction (POC)

2600

85.d.

1. Residents were not affected by this practice.
The Director of Food of Beverage Director corrected the practice when identified by the surveyor.
2. Residents had the potential to be affected by this practice.
3. It was determined that the Food and Beverage Director had not ensured that the staff was following policy related to covering trash containers. The kitchen staff has been in-serviced on procedures related having trash container covered according to policy. The Food and Beverage Director/designee will monitor the trash containers daily for compliance. Policies and procedures were reviewed, and no revisions were necessary to achieve regulatory compliance.
4. The Food and Beverage Director/designee will audit trash containers weekly to monitor for compliance and replacement needs. Variances will be immediately corrected. Audit findings will be reported during the monthly QAPI meeting. The QAPI committee will review outcomes and give recommendations as appropriate for improvement. Results thresholds are established at 100%. The frequency of the audits will be adjusted according to outcomes. Completion Date: 7/25/2019

Legal Entity Representative

Signature

Printed Name and Title



7/12/19
Date

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form is not dated and does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction (POC)

2600.

224.a.

1. Resident (1) still resides in the community.
The Resident Care Administrator (RCA) updated the preadmissions screening form including determinations of needs that will be provided by Wellington Court; the RCA dated and signed the form as required by policy on the day the Department's surveyor identified the issue.
2. Residents had the potential to be affected by this practice.
3. It was determined that the Resident Care Administrator (RCA) had not ensured that all resident preadmissions screening forms had been completed according to policy. The professional staff has been in-serviced on procedures related to completing the preadmissions screening form according to policy. The RCA/designee will audit all current preadmission screening forms for current residents for completeness then update as appropriate. Policies and procedures were reviewed, and no revisions were necessary to achieve regulatory compliance.
4. The RCA/designee will audit all preadmissions screening forms weekly to monitor for completeness and compliance. Variances will be immediately corrected. Audit findings will be reported during the monthly QAPI meeting. The QAPI committee will review outcomes and give recommendations as appropriate for improvement. Results thresholds are established at 100%. The frequency of the audits will be adjusted according to outcomes. Completion Date: 7/25/2019

Legal Entity Representative

Signature

Printed Name and Title

 7/12/19
Date

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