

Department of Human Services
Bureau of Human Service Licensing

July 15, 2022

[REDACTED]
ARHC WHWCHPA01 TRS LLC
1361 EAST BOOT ROAD
EXECUTIVE DIRECTOR
WEST CHESTER, PA, 19380

RE: WELLINGTON COURT AT HERSHEY'S
MILL
1361 EAST BOOT ROAD
WEST CHESTER, PA, 19380
LICENSE/COCC#: 14136

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/01/2022, 06/02/2022, 06/09/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: WELLINGTON COURT AT HERSHEY'S MILL License #: 14136 License Expiration: 03/23/2023
Address: 1361 EAST BOOT ROAD, WEST CHESTER, PA 19380
County: CHESTER Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 4846531200 Email: [REDACTED]

Legal Entity

Name: ARHC WHWCHPA01 TRS LLC
Address: 1361 EAST BOOT ROAD, EXECUTIVE DIRECTOR, WEST CHESTER, PA, 19380
Phone: 4846531200 Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other	Date: 02/09/2022	Issued By: East Gashen Township
Type: Other	Date: 02/10/2015	Issued By: East Gashen Township
Type: I-1	Date: 01/31/2008	Issued By: East Gashen Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 06/09/2022

Inspection Dates and Department Representative

06/01/2022 - On-Site: [REDACTED]
06/02/2022 - Off-Site: [REDACTED]
06/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 Residents Served: 51

Secured Dementia Care Unit

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

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 51
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 27	Have Physical Disability: 1

Inspections / Reviews

06/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/03/2022*

07/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2022*

07/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2022*

42p - Restraints

1. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

On 05/22/22 at 6:30am, resident #1 awoke with the bed and sheets soiled with feces. Staff A brought resident #1 to the shower to be cleaned. After the shower, the resident used the walker and attempted to return to bed, but the bed sheets had not yet been changed. Staff A, while redirecting resident #1 to the living room squeezed the resident's right hand in an attempt to get the resident to go to the living room. Resident#1 stated to staff member A "you are hurting me, let me go". The staff member did not stop squeezing the resident's hand until the resident was in the living room.

Plan of Correction**Do Not Accept**

**All transfer belts will be ordered by HWD by 7/11/2022 for all residents who require this equipment for transfers per their assessment/service plan. HWD will audit all charts/service plans to determine the number of residents requiring assistance with transfers. HWD will complete this task by 7/11/2022.*

**All nursing staff will be in-serviced on the Resident transfer/movement policy by Therapy Program Manager by 7/19/22.*

Completion Date: 07/19/2022**Update:** 07/12/2022

What ongoing steps will the home take to prevent recurrence of this violation? Please identify specific steps, title of person(s) responsible, dates/timeframes. Ongoing training with active staff on restraints and positive behavior techniques strongly encouraged.

Plan of Correction**Accept**

1. Resident #1 no longer resides in the community

2. Residents residing in the personal care home requiring assistance with transfers had the potential for harm too however no harm occurred.

3. Direct care and licensed employees will be inserviced on the Resident Transfer and Movement Policy by the Therapy Program Manager. Completion Date: 7/25/2022

- Health and Wellness Director will audit current charts/service plans to determine the number of residents requiring assistance with transfers. Completion Date: 7/25/2022

- New direct care and licensed employees will be inserviced by the Health and Wellness Director and/or designee on the Resident Transfer and Movement Policy during their orientation

- Transfer belts were ordered by the Health and Wellness Director and are utilized for all residents who require this equipment for transfers per their assessment/service plan.

4. Direct care and licensed employees will be inserviced on the Restraint Policy by the Health and Wellness Director and/or designee. Completion Date 7/25/2022

- New direct care and licensed employees will be inserviced by the Health and Wellness Director and/or designee on the Restraint Policy during their orientation.

5. Direct care and licensed staff will be inserviced by the Health and Wellness Director and/or designee on ADL Person Centered Care. Completion Date: 7/25/2022

- New direct care and licensed employees will be inserviced by the Health and Wellness Director and/or designee on ADL Person Centered Care during their orientation

6. Health and Wellness Director and Executive Director will take the Mandatory abuse reporting Training offered from the PA Department of Aging. Current employees will be in serviced on PA 2600 42.P by the Executive Director

42p - Restraints (continued)

by 7/29/2022.

7. Direct care and licensed employees will attend regularly scheduled quarterly and as needed clinical meetings for a review of care topics to include Restraints, Abuse & Neglect, Transfer/Movement processes and Person Centered ADL care. Meetings will be conducted by the Health and Wellness Director and/or designee. Completion Date; 7/25/2022 and ongoing

8. Health and Wellness Director and Executive Director will take the Mandatory abuse reporting Training offered from the PA Department of Aging. Current employees will be in serviced on PA 2600 42.P by the Executive Director by 7/29/2022.

9. Reports of restraints will be reviewed by the communities QA committee monthly times 3 months to ensure proper reporting was completed. 7/27/2022 and ongoing.

Completion Date: 07/29/2022

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept

*Identification of other residents potentially affected by the deficient practice: All current residents have the potential to be affected by the deficient practice. The Health and Wellness Director or designee will verify the most current medical evaluation is available in the medical chart for all current residents by 8/30/21.

*Process changes to prevent reoccurrence: The Health and Wellness Director or designee will be responsible for maintaining an up to date spread sheet with the dates of the most recent medical evaluations for each current resident. The Health and Wellness Director or designee will review the spread sheet at least monthly to verify each resident is evaluated at least annually. A medical evaluation completed due to a significant change in condition, shall also be reflected on the spread sheet. The monthly audit tool be reported to the Executive Director with any discrepancies noted. Monthly audits will be reviewed at least quarterly as part of the communities Quality Assurance Meeting.

*A complete audit of all residents' records were completed on 5/5/22, any residents with outstanding medical evaluations were rectified. Going forward we have a system (define the system) in place notifying HWD/AHWD of medical evaluations due for reassessment monthly. HWD or designee will conduct a random monthly audit of resident medical evaluations of at least 10%. Discrepancies noted in audit will be reported to the Executive Director. All audit results will be reviewed at least quarterly in the community Quality Assurance Meeting.

Completion Date: 05/05/2022

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

202 - Prohibitions (continued)

2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 05/22/22 at 6:30am, resident #1 awoke with the bed and sheets soiled with feces. Staff A brought resident #1 to the shower to be cleaned. After the shower, the resident used the walker and attempted to return to bed, but the bed sheets had not yet been changed. Staff A, while redirecting resident #1 to the living room squeezed the resident's right hand in an attempt to get the resident to go to the living room. Resident#1 stated to staff member A "you are hurting me, let me go". The staff member did not stop squeezing the resident's hand until the resident was in the living room.

Plan of Correction**Do Not Accept**

**Staff member #1 was immediately suspended on 5/22/22 pending investigation. The investigation is now complete. The outcome of investigation was being cited with a 202 restraint violation.*

**Identification of other residents potentially affected by the deficient practice: All current residents will be interviewed for any additional claims of abuse or neglect. Any additional reports will prompt additional investigations. All members of the nursing department were trained on 4/8/2022 by ED on abuse and neglect training and reporting.*

Completion Date: 05/22/2022

Update: 07/12/2022

What ongoing steps will the home take to prevent recurrence of this violation? Please identify specific steps, title of person(s) responsible, dates/timeframes. Ongoing training with active staff on restraints and positive behavior techniques strongly encouraged.

Plan of Correction**Accept**

1. Staff member A was immediately suspended on 5/22/22 pending investigation. The Health and Well Director and Human Resources conducted an investigation. The investigation is now Completed. Staff member A was terminated from the company complete

2. The Executive Director and Health and Wellness Director will interview all current residents for any additional claims of abuse or neglect. Any additional reports will prompt additional investigations. Completion Date: 7/25/2022

3. Direct care and licensed employees will be inserviced on the Resident Transfer and Movement Policy by the Therapy Program Manager. Completion Date: 7/25/2022

- New direct care and licensed employees will be inserviced on the Resident Transfer and Movement Policy by the Health and Wellness Director and/or designee during their orientation

4. Direct care and licensed employees will be inserviced on the Restraint Policy by the Health and Wellness Director. Completion Date 7/25/2022

- New direct care and licensed employees will be inserviced by the Health and Wellness Director and/or designee on the Restraint Policy during their orientation

5.. Direct care and licensed staff will be inserviced by the Health and Wellness Director and/or designee on ADL Person Centered Care. Completion Date: 7/25/2022

- New direct care and licensed employees will be inserviced by the Health and Wellness Director and/or designee on ADL Person Centered Care during their orientation

6. Health and Wellness Director and Executive Director will take the Mandatory abuse reporting Training offered from the PA Department of Aging. All employees will be in-serviced on PA 2600.202 by the Executive Director by 7/29/2022.

202 - Prohibitions (continued)

- Staff will be in-serviced on Pa 2600.15(a) on abuse training and reporting quarterly.
- Reports of abuse will be reviewed by the communities QA committee monthly times 3 months to ensure proper reporting was completed. 7/27/2022 and ongoing

Completion Date: 07/29/2022

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's current assessment was completed on 06/30/2021. However, the resident's previous assessment was completed on 06/18/2019.

Plan of Correction**Do Not Accept**

* Resident #1 assessment was updated on 6/15/2022 .

*Identification of other residents potentially affected by the deficient practice: All current residents have the potential to be affected by the deficient practice.

*Process changes to prevent reoccurrence: The Health and Wellness Director or designee will audit 10% of resident medical charts monthly to monitor compliance. Any discrepancies noted will be reported to the Executive Director. Audits will be reviewed at least Quarterly during Community Quality Assurance Meeting.

Completion Date: 06/15/2022

Update: 07/12/2022

What ongoing steps will the home take to prevent recurrence of this violation? Audits may not prevent recurrence but may identify violations that have already occurred and potentially can be cited again causing a repeated violation. Recommend tracking system to identify when annual assessments are due and appointments are scheduled prior to assessment due date.

Plan of Correction**Accept**

1. Resident # 1 no longer resides in personal care home.
2. All current residents have the potential to be affected by the deficient practice.
3. The Health and Wellness Director will be inserviced by the Divisional Director of Health and Wellness on the Resident Evaluation Timeline Policy including the requirement of semi-annual assessments, this ensures current residents have a current assessment. Completion Date: 7/25/2022
4. The community's assessment tracking system is the dashboard of the electronic health record. The Health and Wellness Director will be inserviced by the Divisional Health and Wellness Director on the community's electronic dashboard alert systems that identifies assessments coming due thirty days before due date. Completion Date: 7/25/2022
5. The Health and Wellness Director will complete an audit to ensure current resident have a current assessment. Completion Date: 7/25/2022
6. The Health and Wellness Director and Executive Director will review the community's electronic health record dashboard weekly in morning meeting to ensure assessments due in the next 30 days are completed. Completion Date: 7/25/2022 and ongoing.
7. The community's QA committee will review during regularly scheduled quarterly QA meetings

225c - Additional Assessment (continued)

current resident assessments per the community's electronic health record system and address any trends/concerns promptly. Completion Date: 8/4/2022 and ongoing. c

Completion Date: 07/25/2022

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted on [redacted] however, the resident's initial support plan was not completed until [redacted]

Plan of Correction

Do Not Accept

* Resident #2 current assessment date is [redacted]

Health and Wellness Director and/or designee has conducted audits on current residents 4/8/2022 to ensure a 30-day admission assessment has been completed- 6 residents were found to be without admission assessments. HWD or designee will conduct a random audit of at least 10% of move in medical charts to monitor compliance of timely assessments. Any discrepancies will be reported to the Executive Director. Audit results will be reviewed at least quarterly during the community Quality Assurance meeting.

Identification of other residents potentially affected by the deficient practice: All current residents have the potential to be affected by the deficient practice.

Completion Date: 05/19/2022

Update: 07/12/2022

What ongoing steps will the home take to prevent recurrence of this violation? Audits may not prevent recurrence but may identify violations that have already occurred and potentially can be cited again causing a repeated violation. Recommend tracking system to identify when support plans should be completed/ revised.

Plan of Correction

Accept

1. Resident #2 support plan was updated on 5/19/2022
2. The Health and Wellness Director and/or designee will conduct an audit to ensure current residents have a current support plan. Completion Date: 7/25/2022
3. The Health and Wellness Director will be inserviced by the Divisional Director of Health and Wellness on the Resident Evaluation Timeline Policy including the requirement of support plans, this ensures current residents have a current support plan. Completion Date: 7/25/2022
4. The community's support plan tracking system is the dashboard of the electronic health record. The Health and Wellness Director will be inserviced by the Divisional Health and Wellness Director on the community's electronic dashboard alert systems that identifies support plans coming due thirty days before due date. Completion Date: 7/25/2022
5. The Health and Wellness Director and Executive Director will review the community's electronic health record dashboard weekly in morning meeting to ensure support plans due in the next 30 days are completed. Completion Date: 7/25/2022 and ongoing.
6. The community's QA committee will review during regularly scheduled quarterly QA meetings current resident

227a - Support Plan 30 Days (continued)

*support plan per the community's electronic health record system and address any trends/concerns promptly.
Completion Date: 8/4/2022 and ongoing*

Completion Date: 07/25/2022