

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

February 22, 2023

[REDACTED], ADMINISTRATOR
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/COC#: 14136

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WELLINGTON COURT AT HERSHEY'S MILL **License #:** 14136 **License Expiration:** 03/23/2022
Address: 1361 EAST BOOT ROAD, WEST CHESTER, PA 19380
County: CHESTER **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: I-2 **Date:** 02/10/2015 **Issued By:** East Goshen Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 68 **Waking Staff:** 51

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/23/2021

Inspection Dates and Department Representative

08/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 **Residents Served:** 48

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 48
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 20 **Have Physical Disability:** 0

Inspections / Reviews

08/16/2021 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/17/2021

08/16/2021 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/29/2021
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/13/2021

Inspections / Reviews *(continued)*

02/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/15/2023

02/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

On [REDACTED] resident #1's most recent medical evaluation available for review was completed on [REDACTED]

POC Submission

Accept ([REDACTED] - 02/13/2023)

resident # 1 had a more recent medical evaluation completed on [REDACTED] available in their medial chart on [REDACTED]. Identification of other residents potentially affected by this deficient practice. All current residents have the potential to be affected by the deficient practice. The HWD or designee will verify the most current medical evaluation is in the front of the appropriate section of the medical chart for all current residents by 8/30/2021.

Process changes to prevent reoccurrence : The HWD 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 HWD or designee will review the spread sheet at least monthly to verify each resident is evaluated at least annually. A medial evaluation done dur to a significant change in condition , shall also be reflected on the spread sheet. completion date 8/30/2021

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented ([REDACTED] - 02/22/2023)

223a - Description of Service

2. Requirements

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

The home's current written description of services and activities at the home does not include specific criteria in reference to admission or discharge of residents with memory impairment or cognitive concerns.

POC Submission

Accept ([REDACTED] - 02/13/2023)

The written description of services and activities for the home will be updated by 10/15/2021 to include specific criteria in reference to admission or discharge of residents with memory impairment or cognitive concerns. completion date 10/15/2021

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented ([REDACTED] - 02/22/2023)

225c - Additional Assessment

3. Requirements

2600.

225c Additional Assessment (*continued*)

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]. The support plan does not address the recent cognitive and behavioral changes. On [REDACTED] resident #1 cut the clear tubing of her oxygen cord, on [REDACTED] resident #1 flooded [REDACTED] room by clogging the sink.

POC Submission

Accept ([REDACTED] - 02/13/2023)

on [REDACTED] resident's # 1 was reassessed for significant change. the assessment and support plan were updated to include the recent cognitive and behavioral changes. Personalized interventions were created to meet the service need.

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 : Direct care staff will document cognitive and behavioral changes in real time. The HWD or designee will review documentation weekly and perform an additional assessment for any resident with significant changes .
completion date 8/18/21

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented ([REDACTED] - 02/22/2023)

227c - Support Plan Revision

4. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 1's assessment was completed on [REDACTED]; however, the resident's support plan was not completed until [REDACTED]

POC Submission

Accept ([REDACTED] - 02/13/2023)

on [REDACTED] resident's # 1 was reassessed for significant change. On [REDACTED] the support plan was revised to include the changes reflected on the new assessment.

Identification of other residents potentially affected by the deficient practice: All current residents have the potential to be affected by the deficient practice. The HWD or designee will review current residents charts to determine if the support plan is in compliance with the state regulations and make any correction needed.

Process change to prevent reoccurrence: the HWD or designee will update the support plan no more than 30 days to following an annual, significant change or department requested assessment. The HWD or designee will be responsible for maintaining a up to date spread sheet with dates of the most recent assessment and due date of support plan updates for each current resident. The HWD or designee will review the spread sheet at least monthly to verify each resident has their support plan updated in accordance to the regulations

227c - Support Plan Revision (continued)

completion date 8/23/21

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented () - 02/22/2023)

227d - Support Plan Medical/Dental**5. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated (), does not indicate the resident has a need for more support due to recent cognitive and behavioral changes. The resident's support plan, dated () does not document how this need will be met.

POC Submission

Accept () - 02/13/2023)

A significant change for resident #1 was completed () and includes documentation of poor judgment and impulsive behaviors such as cutting their oxygen tubing on () and flooding their bathroom on () and how these cognitive and behavioral changes needs will be met.

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 reoccurrences: the HWD and Designee will review will support plans upon completion or revision to verify any medical, dental, vision, hearing , mental health and other behavioral care services needs are to be met for each resident , as appropriate.

completion date 8/23/2021

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented () - 02/22/2023)

227g -Support Plan Signatures**6. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of her support plan on () However, the resident did not sign the support plan. The assessor did not sign the support plan for resident #1 dated ()

POC Submission

Accept () - 02/13/2023)

Resident #1 declined to participate in the updated support plan on () which is documented on the support plan, residents daughter participated in the support plan via phone and was unable to sign the documentation which is documented on the support plan. The assessors signed and dated the support plan for the resident #1 daughter in 10/11/21 fir their signature. Upon return receipt, the HWD will place the signed support plan in residents #1 chart.

227g -Support Plan Signatures (continued)

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

process changes to prevent reoccurrence: the HWD or designee will review all support plans upon completion and revision to verify all participants have signed and dated the plan prior to filing it in the residents chart. If the resident or family declines to participate or is unable to sign the support plan, it shall be documented on the support plan prior to it being filed in the residents chart, or emailed to the family for signature and placed in the chart upon return receipt. completion date 9/1/21

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented [REDACTED] /22/2023)