

Department of Human Services  
Bureau of Human Service Licensing

April 1, 2022

[REDACTED]  
SHP V WILLISTOWN LLC  
[REDACTED]  
[REDACTED]

RE: ARBOR TERRACE WILLISTOWN  
1713 WEST CHESTER PIKE  
WEST CHESTER, PA, 19382  
LICENSE/COC#: 14245

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/02/2022, 02/08/2022, 02/16/2022, 02/23/2022, 03/03/2022, 03/07/2022, 03/11/2022, 03/14/2022, 03/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

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: *ARBOR TERRACE WILLISTOWN* License #: *14245* License Expiration: *07/19/2022*  
Address: *1713 WEST CHESTER PIKE, WEST CHESTER, PA 19382*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *610-725-1713* Email: [REDACTED]

**Legal Entity**

Name: *SHP V WILLISTOWN LLC*  
Address: *3715 NORTHSIDE PKWAY NW 300-110, ATLANTA, GA, 30327*  
Phone: *610-725-1713* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *72.9* Waking Staff: *55*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *03/15/2022*

**Inspection Dates and Department Representative**

*02/02/2022 - On-Site:* [REDACTED]  
*02/08/2022 - Off-Site:* [REDACTED]  
*02/16/2022 - Off-Site:* [REDACTED]  
*02/23/2022 - Off-Site:* [REDACTED]  
*03/03/2022 - Off-Site:* [REDACTED]  
*03/07/2022 - Off-Site:* [REDACTED]  
*03/11/2022 - Off-Site:* [REDACTED]  
*03/14/2022 - Off-Site:* [REDACTED]  
*03/15/2022 - Off-Site:* [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 104

Residents Served: 69

## Secured Dementia Care Unit

In Home: Yes

Area: 1st fl./Evergreen

Capacity: 33

Residents Served: 27

## Hospice

Current Residents: NM

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 68

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 3.9

Have Physical Disability: 0

## Inspections / Reviews

## 02/02/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/02/2022

## 03/31/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/04/2022

## 04/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], resident #1 had a fall that resulted in hospitalization and fatal injuries. The home did not report this incident to the department until 1/7/22.

On [REDACTED], resident #2 had an unwitnessed fall that resulted in the resident being sent to the hospital. Resident #2 had bruising, skin tears, head contusions, hallucinations, increased confusion, and a change in mental status. The home did not report this incident to the department. Resident #2 also had an unwitnessed fall on [REDACTED] that resulted in the resident being sent to the hospital. Resident #2 had bruising and multiple abrasions to the forehead. The home did not report this incident to the department.

Plan of Correction

Accept

Arbor Terrace Willistown submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Willistown or an Agreement of Arbor Terrace Willistown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Upon discovery that resident #1’s incident report was submitted a day late, and upon discovery that resident #2’s fall had not been reported, an audit was completed by the Resident Care Director and Memory Care Director to determine if any other incidents had taken place that had not been reported. There were no new findings from this audit. A retraining was completed with all Nurses on the criteria and timeline to report resident injuries to ensure reports are submitted within compliance timeframes. Please reference supporting evidence with Exhibit A. Additionally, the Administrator will review each incident and ensure all incident reports are submitted in a timely manner. Ongoing compliance with regulation 2600.16(c) is the responsibility of the Administrator and/or designee.

Completion Date: 03/24/2022

Document Submission

Implemented

Please see attached

90b - Staff Communication

1. Requirements

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home’s staff paging system/resident call-bell was ineffective. Prior to 1/31/22, the home was using a pager and walkie system. which was not working properly and at times the home only had one working pager. There were not enough pagers or walkies for staff and the walkies did not have batteries and were not being charged.

**90b - Staff Communication (continued)**

Based on an anonymous staff interview – the home failed to ensure that pager batteries were always charged, which led to times when the home would be without working pagers. Also, there were times when the pagers were not working, and some resident calls would not go to the pagers from certain rooms. Prior to the new iPhone system, the home was without pagers or walkies.

Based on an anonymous staff interview – the home did not have enough working pagers. They stated on numerous occasions the home only had one working pager in the building.

On 1/29/22, at approximately 2:30pm, resident #3 was calling out for help. Resident #3 (room 316) then went to resident #4's (room 315) to get help. Resident #4 pressed the alarm system or call-bell at 3:00pm to get help for resident #3, which was documented on the Alarm History Report. The call-bell was not answered. Resident #4 physically went to go get help for resident #3. The home was also short staffed on the 7am-3pm shift. On the personal care side, where the call was placed there were only two direct care workers and one nurse that administered medications.

**Plan of Correction****Accept**

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Upon hearing the report from the Department on 2/8/22 that there was a belief that our system or method of communication that enables staff to immediately contact other staff persons in the home in an emergency was ineffective, an audit was completed on 2/8/22 which confirmed that all staff pagers, walkies, and communication systems were properly working. When our community's new call bell system upgrade was completed the following day, on 2/9/22, an additional audit was completed to verify that all communication systems were maintained in operation, and all communications continue to be functional. Moreover, on 2/9/22, a training was provided with all staff (please see Exhibit B) providing education on using the new call system, process for monitoring equipment is working and charged, and procedure for reporting equipment shortage or malfunction, including the process for monitoring call response times. Ensuring we remain in compliance with regulation 2600.90b is the responsibility of the Administrator and/or designee.

**Completion Date:** 02/09/2022

**Document Submission****Implemented**

Please see attached

**228b - Discharge or Transfer****1. Requirements**

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

**Description of Violation**

On 9/20/21, during a telephone conversation staff person A spoke with resident #5's [REDACTED]. Staff person A informed the resident's [REDACTED] that due to the resident's behavior resident #5 could not return to the community. The home

**228b - Discharge or Transfer (continued)**

also submitted an incident report to the Department on 9/19/21, documenting that "resident #5 will not be returning to our community due to safety." The home had good cause to discharge resident #5. However, the home failed to obtain written certification by a physician or the Department that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home.

**Plan of Correction****Accept**

Arbor Terrace Willistown submits this Plan of Correction (POC) to comply with regulation 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Arbor Terrace Willistown or an Agreement of Arbor Terrace Willistown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Upon discovery that we had not obtained written certification by a physician or the Department that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, a retraining was completed with the Resident Care Director and the Memory Care Director to review the necessity to obtain physician or Department documentation to meet this regulation's requirements. Please reference supporting evidence with Exhibit C. Ensuring we remain in compliance with regulation 2600.228(b) is the responsibility of the Administrator or designee.

**Completion Date:** 03/24/2022

**Document Submission****Implemented**

Please see attached