

Department of Human Services
Bureau of Human Service Licensing

April 14, 2022

[REDACTED]
ARHC WHWCHPA01 TRS LLC
1361 EAST BOOT ROAD
[REDACTED]
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 review on 02/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 - PUBLIC

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/18/2022*

Inspection Dates and Department Representative

02/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

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: *10* Have Physical Disability: *0*

Inspections / Reviews

02/18/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2022*

03/28/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/11/2022*

04/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 01/29/22, at 2:30pm, staff member A observed resident #1 was left in a wet adult brief for an extended period of time. Staff member A requested staff member B to change resident #1. Staff member B did not provide the incontinence care as directed. This incident was observed by staff person A. This report of neglect was reported to staff person C on 02/10/22 at 12pm. However, this allegation of abuse was not reported to the local area Agency Area on Aging.

Plan of Correction

Accept

- Employee C will be in-service on PA 2600.15(a) reporting of abuse to the local Agency Area on Aging by the Executive Director by 04.01.2022
- Current employees will be inserviced on the Abuse and Neglect Reporting Policy and PA 2600.15a by the Executive Director by 04.05.2022
- Reports of abuse and neglect will be reviewed by the communities QA committee monthly times 3 months to ensure proper reporting was completed. 04.8.2022 and ongoing

Completion Date: 04/08/2022

Document Submission

Implemented

sheets attached separately with inservice details.

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 01/29/22, at 2:30pm, staff member A observed resident #1 was left in a wet adult brief for an extended period of time. Staff member A requested staff member B to change resident #1. Staff member B did not provide the incontinence care as directed. This incident was observed by staff person A. This report of neglect was reported to staff person C on 02/10/22 at 12pm. Staff person B continued to work on the floor in personal care from 7am until 3pm and was not suspended/placed on a plan of supervision until 02/11/2022 for one shift.

Plan of Correction

Accept

- The Executive Director, interim Health & Wellness Director and Human Resources will be in-service on the PA requirement 2600.(15) to immediately report and suspend and/or place on a plan of supervision immediately upon a report of employee abuse and/or neglect. Education to be completed by the Clinical Operations Specialist on 3/29/2022
- Reports of abuse and neglect will be reviewed by the communities QA committee monthly times 3 months to ensure proper reporting to the regional office, suspension and/or supervision plan for employee will be completed by 04.08.2022 and ongoing

Completion Date: 04/08/2022

15c - Supervision (*continued*)**Document Submission****Implemented***see attached*

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 01/29/22, at 2:30pm, staff member A observed resident #1 was left in a wet adult brief for an extended period of time. Staff member A requested staff member B to change resident #1. Staff member B did not provide the incontinence care as directed. This incident was observed by staff person A. This report of neglect was reported to staff person C on 02/10/22 at 12pm. The home did not submit an incident report to the Department.

Plan of Correction**Accept**

- Employee C, [REDACTED] and interim HWD will be inserviced on completing and submitting a written report to the personal care home regional office within 24 hours of a report of abuse and/or neglect. Education to be completed by the Clinical Operations Specialist by 3/29/2022
- Reports of abuse and neglect will be reviewed by the communities QA committee monthly times 3 months to ensure proper reporting within 24 hours to the personal care homes regional office will be completed by 04.08.2022 and ongoing

Completion Date: 04/08/2022**Document Submission****Implemented***see attached*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident #1 indicates the resident requires assistance with toileting and bladder management. On 1/29/22, the resident did not receive this assistance as required.

Plan of Correction**Accept**

- Resident #1 did not incur any harm related to the incident on 1/29/2022
- Residents residing in the personal care home requiring assistance with toileting and bladder management had the potential for harm however no harm occurred
- Current care staff will be inserviced by the interim Health and Wellness Director on the Resident Personal Care Policy by 04.08.2022
- The interim Health and Wellness Director will conduct random audits of residents requiring toileting and bladder management assistance times 4 weeks, then monthly times 2 to ensure appropriate assistance is provided. Concerns will be reported timely to the Executive Director

23a - Activities of Daily Living Assistance (continued)

- Toileting and bladder assistance audits will be reviewed by the communities QA committee monthly times 3 months and areas of concern timely addressed. Completion date: 4.08.2022 and ongoing

Completion Date: 04/08/2022

Document Submission**Implemented**

see attachment

54a - Direct Care Staff**1. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person D does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

- Employee D has high-school diploma in their employee file.
- Human resources will conduct an audit of current direct care employees to ensure proof of required qualifications, high school diploma, GED or active registry status is available in the employee file. Completion date: 03.30.2022
- Human resources will conduct a monthly audit times 3 months to ensure any newly hired employees have verification of qualifications
- Direct care staff qualification audits will be reviewed monthly by the community's QA committee to ensure compliance. Concerns will be timely addressed. Completion date: 04.08.2022 and ongoing

Completion Date: 04/08/2022

Document Submission**Implemented**

see attached

65b - Rights/Abuse 40 Hours**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person C completed [REDACTED] r 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Staff person D completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Plan of Correction**Accept**

- Employee C will complete training on emergency plan, reporting of reportable incidents and conditions by 04.01.2022

65b - Rights/Abuse 40 Hours (continued)

- Employee D will complete training on emergency medical plan, reporting of reportable incidents and conditions by 04.01.2022
 - Human resources will conduct an audit of current direct care employees, ancillary staff, substitute personnel and volunteers have completed training has been completed on emergency medical plans and reporting of reportable incidents and conditions by 04.01.2022
- Monthly audits will be conducted times 3 months to ensure new direct care employees, ancillary staff, substitute personnel and volunteers have completed required training within 40 scheduled working hours.
- Human resources audits of required training within 40 scheduled working hours will be reviewed monthly by the community's QA committee. Concerns will be addressed timely Completion date: 04.08.2022 and ongoing

Completion Date: 04/08/2022

Document Submission

Implemented

see attached audit & inservice sheets. Employee files regarding 40hrs training reviewed at QA meeting on 4/6.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 03/02/22.

Direct care staff person D, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

- Employee C's job duties do not include providing ADL care to the personal care home residents
- Employee D will complete the Department approved direct care training course and pass the competency test by 04.01.2022
- Human resources will conduct an audit of current direct care employees to ensure they have verification in their employee file of completing the Department approved direct care training course and passed the competency course by 04.01.2022 Monthly audits times 3 months will be conducted to ensure newly hired direct care employees have verification of completing and passing the Department required course
- Human resources audits will be reviewed by the community's QA committee monthly times 3 months for any concerns. Concerns will be addressed timely. Completion date 4.8.2022 and ongoing

Completion Date: 04/08/2022

Document Submission

Implemented

see attached

105f - Labeling/Return of Clothes

1. Requirements

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

On 01/25/2022, Resident #2 soiled [REDACTED] during an activity. Staff member B, with the help staff member D, brought the resident to the resident's bedroom. Staff removed the resident's clothing and shoes and placed them into a bag for laundry. Staff member B returned the clothes but left the resident's shoes at the nurse's station and did not return them until 4 days later.

Plan of Correction

Accept

- The interim HWD will in-service direct care staff on the requirement to return a resident's laundered clothes within 24 hours by 04.01.2022
- The interim HWD and/or designee will conduct random audits times 4 weeks and monthly times 2 to ensure resident laundry is returned within 24 hours
- Laundry audits will be reviewed by the community's QA committee for 3 months for concerns. Concerns will be timely addressed. Completion date: 4.8.2022 and ongoing

Completion Date: 04/08/2022

Document Submission

Implemented

see attached

141a 1-10 Medical Evaluation Information

1. Requirements

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

Resident #1's annual medical evaluation, dated [REDACTED] did not include special health or dietary information.

Plan of Correction

Accept

- Resident #1 medical evaluation will be updated to include special health and/or dietary information by 04.01.2022
- The interim HWD and/or designee will audit current resident medical evaluations and will update as needed to include special health and/or dietary information by 04.08.2022
- The community's QA committee will review the medical evaluation audit and address concerns Completion date: 04.08.2022 and ongoing

141a 1-10 Medical Evaluation Information (continued)

Completion Date: 04/08/2022

Document Submission

see attached

Implemented

162b - Missed Meals

1. Requirements

2600.

162.b. When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.

Description of Violation

On 01/25/22, resident #2 missed lunch because the resident was not transported to the dining room. Staff member E brought resident #1 a lunch tray after the resident's [redacted] called the home to alert them about the incident.

Plan of Correction

Accept

- Resident #2 no longer resides in the personal care home. Resident # 1 had no impact from the incident
 - Current residents had the potential to be impacted however none were impacted
 - The interim Health and Wellness Director will Inservice staff on what to do when a resident misses a meal. Staff will offer a resident a prepackaged meal from the Nourishment Room or contact Dietary to have a meal prepared.
- Completion date: 4.5.2022

Completion Date: 04/05/2022

Document Submission

see attached

Implemented

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #2, who was admitted to the home on [redacted]

Plan of Correction

Accept

- Resident #2 no longer resides in the personal care home
 - Current residents had the potential to be impacted however no resident was affected
 - The Executive Director and interim HWD will be inserviced on PA 2600.25 and the Resident Assessment Timeline policy by the Clinical Operations Specialist by 3/29/2022
 - The interim Health and Wellness Director and/or designee will complete an audit on current residents to ensure an admission assessment has been completed within 15 days of admission Completion date: 4.08.2022
 - The interim Health and Wellness Director and/or designee will conduct random audits weekly times 4 then monthly times 2 on newly admitted residents to ensure an assessment is completed within 15 days.
 - The community's QA committee will review admission audits monthly times 3. Concerns will be timely addressed.
- Completion date: 4.8.2022 and ongoing

Completion Date: 04/08/2022

225a - Assessment 15 Days *(continued)***Document Submission****Implemented***see attached*

227d - Support Plan Medical/Dental

1. 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 [REDACTED], indicates the resident has a need for Toileting. On [REDACTED], resident#1 did not receive these services.

Plan of Correction**Accept**

- The interim Health and Wellness Director will in-service current direct care staff on Resident #1's support plan and the resident's toileting needs by 04.08.2022
- The interim Health and Wellness Director will in-service direct care staff on the Individualized Service Plan policy by 04.08.2022
- The interim Health and Wellness Director and/or designee will conduct random audits weekly times 4 then monthly times 2 to ensure current resident support plans are followed
- The Support plan audits will be reviewed by the community's QA committee for concerns. Concerns will be addressed timely Completion date: 4.8.2022 and ongoing

Completion Date: 04/08/2022**Document Submission****Implemented***see attached*

227g -Support Plan Signatures

1. 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 [REDACTED] support plan on [REDACTED] However, the resident did not sign the support plan.

Plan of Correction**Accept**

- The interim Health and Wellness Director and/or designee will provide Resident #1 the opportunity to review and sign the document by 4.4.2022
- Current residents support plans will be audited by the interim Health and Wellness Director and/or designee for signatures and reviewed with residents and/or those involved in the support plan an opportunity to sign the document by 04.08.2022

Completion Date: 04/08/2022

227g -Support Plan Signatures (*continued*)**Document Submission****Implemented**

see attached. Son signed on [REDACTED] r behalf as [REDACTED] is unable to sign on [REDACTED] own.

227h - Support Plan Refuse Sign

1. Requirements

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 #1 participated in the development of [REDACTED] r support plan on [REDACTED]. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Plan of Correction**Accept**

- The Executive Director and interim Health and Wellness Director will be in-serviced on the PA regulation of documenting refusals or inability to sign the support plan by the Clinical Operations Specialist by 3/29/2022*
- If Resident #1 choses to not sign her support plan a note will be documented in the medical record reflecting the refusal. The interim Health and Wellness Director will complete by 04.04.2022*

Completion Date: 04/04/2022

Document Submission**Implemented**

see attached.