



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Emailing Date: June 8, 2022**

[REDACTED]

[REDACTED]

ARHC WHWCHPA01 TRS, LLC  
1361 East Boot Road  
West Chester, Pennsylvania 19380

RE: Wellington Court at Hershey's Mill  
License #: 141360

Dear [REDACTED]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is for an increase from 34 to 40. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

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, [REDACTED], WEST CHESTER, PA, 19380  
Phone: 4846531200 Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 02/09/2022 Issued By: East Goshen Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: NaN Waking Staff: NaN

**Inspection Information**

Type: Partial Notice: Announced BHA Docket #:  
Reason: New Exit Conference Date: 04/21/2022

**Inspection Dates and Department Representative**

04/21/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 74 Residents Served: 53

**Secured Dementia Care Unit**

In Home: Yes Area: Memory Care Capacity: 34 Residents Served: 0

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: n/m Are 60 Years of Age or Older: n/m  
Diagnosed with Mental Illness: n/m Diagnosed with Intellectual Disability: n/m  
Have Mobility Need: n/m Have Physical Disability: n/m

**Inspections / Reviews**

**04/21/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/21/2022

Inspections / Reviews (*continued*)

05/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/26/2022*

06/06/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 14c - Building Renovations

### 1. Requirements

2600.

14.c. If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.

#### Description of Violation

*The building was structurally altered. The home did not submit a fire safety certificate from the appropriate fire safety authority.*

#### Plan of Correction

**Accept**

*A fire safety certificate has been obtained from the appropriate fire safety authority.*

*This certificate is attached and included in this POC as Exhibit A.*

*A copy will be maintained on file at the community.*

*The Director of Plant Operations is responsible to maintain.*

**Completion Date:** 05/04/2022

#### Document Submission

**Implemented**

*attached documentation.*

## 41c - Rights Poster

### 1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

#### Description of Violation

*The Department's resident's rights poster is not posted in a conspicuous and public place in the memory care unit.*

#### Plan of Correction

**Accept**

*A copy of the list of Resident's Rights has been obtained.*

*The Resident's rights poster has been posted in a conspicuous and public place in the Memory Care unit.*

*The Memory Care Director is responsible to ensure the posting remains posted during routine rounding.*

**Completion Date:** 05/09/2022

#### Document Submission

**Implemented**

## 85a - Sanitary Conditions

### 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

**85a - Sanitary Conditions (continued)****Description of Violation**

On 04/21/2022, there was an ice machine full of ice in the small kitchen in the dining room that had a brown substance that looked like mold.

On 04/21/2022, the ice machine in the main kitchen had a brown substance on it that looked like mold.

On 04/21/2022, the ice cream refrigerator in the kitchen had a brown substance around the doors.

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

2006. 85.a- The ice machine located in the memory care kitchen was emptied and sanitized on 5/8/22.

The ice machine located in the main kitchen was emptied and sanitized on 5/8/22.

the ice cream refrigerator located in the main kitchen was replaced with a brand-new ice cream refrigerator as of 5/4/22.

Kitchen Staff will service the ice machine and ice cream cooler monthly, to ensure they remain clean and sanitary. In-service will be held with all kitchen staff on monthly servicing of equipment by 5/17/22

**Completion Date:** 05/08/2022

**Document Submission****Implemented**

Documentation Attached

**85d - Trash Receptacles****1. Requirements**

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 04/21/2022, there was an uncovered, unattended trash can in the main kitchen entrance.

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

2006. 85.d.- All trash cans in main kitchen are equipped with a covered, top to prevent the penetration of insects and rodents this was implemented on 5/4/22

**Completion Date:** 05/04/2022

**Document Submission****Implemented****89b - Hot Water Temperature****1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b - Hot Water Temperature (*continued*)**Description of Violation**

*On 04/21/2022, the hot water temperature in the small kitchen in the dining room measured 136 degrees Fahrenheit.*

*On 04/21/2022, the hot water temperature in bedroom C020's bathroom measured 132 degrees Fahrenheit.*

*On 04/21/2022, the hot water temperature in bedroom B001's bathroom measured 134.4 degrees Fahrenheit.*

*On 04/21/2022, the hot water temperature in bedroom B013's bathroom measured 128 degrees Fahrenheit.*

*On 04/21/2022, the hot water temperature in bedroom A013's bathroom measured 129 degrees Fahrenheit.*

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

*2006.89.b The water temperature in the dining room now equipped with a mixer valve the water temperature was tempered down to 120 degrees.*

*hot water machine supplying water to apartments in memory care is now tempered down to 120 degrees for apartments including but not limited to C020, B001, B013, A013*

*maintenance staff will check water temps on a weekly basis to ensure proper temp range . in-service will be held with all Maintenance staff by 5/17/22*

**Completion Date:** 05/02/2022

**Document Submission****Implemented**

*Documentation Attached*

## 90a - Landline Telephone

**1. Requirements**

2600.

90.a. The home shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

**Description of Violation**

*The home does not have a working, non-coin-operated landline telephone.*

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

*2006.90.a- The community is equipped with functioning landline phones in every resident apt, so that residents have access to a non-coin-operated landline telephone*

**Completion Date:** 05/02/2022

**Document Submission****Implemented**

*Attached documentation.*

## 91 - Telephone Numbers

**1. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

*There are no emergency telephone numbers, including those for the nearest hospital and fire department, posted in a conspicuous area or by the telephone in the residents' bedrooms.*

91 - Telephone Numbers (continued)

Plan of Correction

Accept

2006.91. All landline telephones in every resident apartment are equipped with a list of emergency telephone numbers including those for the nearest hospital and fire department.

Completion Date: 05/02/2022

Document Submission

Implemented

Provide documentation.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 04/21/2022, there was no first aid kit in the memory care unit that included nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings, and tweezers.

Plan of Correction

Accept

2006.96.a- Community installed First aid kits located in the nurses station on the memory care unit including the following items non porous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings, and tweezers.

Completion Date: 05/01/2022

Document Submission

Implemented

Documentation Attached

96b - First Aid Location

1. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person A, did not know the location of the first aid kit.

Plan of Correction

Accept

2006.96.b – First aid kit is accessible to all staff in the memory care unit located at the nurses station all staff are informed of the location of the first aid kit as well as the bloodborne pathogens kits. All Memory care staff will be in-serviced on the location of first aid and bbp kits by 5/17/22

Completion Date: 05/01/2022

Document Submission

Implemented

Documentation Attached

96c - First Aid Accessible

**1. Requirements**

2600.

96.c. The first aid kit must be in a location that is easily accessible to staff persons.

**Description of Violation***The home's first aid kit for memory care unit is not accessible to staff.***Plan of Correction****Accept***2006.96.c. the community installed a first aid kit in the memory care unit at the nurses station and is accessible to all staff. All Memory care staff will be in-serviced on the location of first aid and bbp kits by 5/17/22***Completion Date:** 05/01/2022**Document Submission****Implemented***Documentation Attached***98b - Furnished Lounge and Accomodations****1. Requirements**

2600.

98.b. The home shall have at least one furnished living room or lounge area for residents, their families and visitors. The combined living room or lounge areas shall accommodate all residents at one time. These rooms or areas shall contain tables, chairs and lighting to accommodate the residents, their families and visitors.

**Description of Violation***The home does not have at least one furnished living room or lounge area for residents, their families, or visitors.***Plan of Correction****Accept***2006.98.b. The community has been equipped with furnished living spaces for the residents, their families, or visitors all furniture was delivered to the community on 5/11/22***Completion Date:** 05/11/2022**Document Submission****Implemented***Attached documentation.***98c - TV and Radio****1. Requirements**

2600.

98.c. The home shall have a working television and radio available to residents in a living room or lounge area.

**Description of Violation***None of the home's living rooms or lounge areas has an operable television or radio.***Plan of Correction****Accept***2006.98.c the community has installed operable televisions and radios available for resident. All of the televisions in the community are smart TV's that have access to Internet radio for resident entertainment.***Completion Date:** 05/02/2022**Document Submission****Implemented***Attached documentation.***99 - Indoor/Outdoor Recreation****1. Requirements**

**99 - Indoor/Outdoor Recreation (continued)**

2600.

99. Recreation Space - The home shall provide regular access to outdoor recreation space and recreational items, such as books, newspapers, magazines, puzzles, games, cards and crafts.

**Description of Violation**

*On 04/21/2022, the home does not have any recreational items available for the resident, such as books, newspapers, magazines, puzzles, games, cards, and crafts.*

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

*The Community obtained Puzzles, games, books, for resident entertainment*

**Completion Date:** 05/02/2022

**Document Submission****Implemented**

*Attached documentation.*

**101j2 - Bedroom Chairs****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

**Description of Violation**

*Bedrooms B001, B013 and A013 do not have a chair for each resident that meets their needs.*

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

*The community has installed chairs in the following Apartments b001, a013, b013 that meets resident needs.*

**Completion Date:** 05/11/2022

**Document Submission****Implemented**

*Attached documentation.*

**101j3 - Bed/Linens/Pillows/Blankets****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

**Description of Violation**

*On 04/21/2022, bedrooms C020, B013 and A013 didn't have any pillows, bed linens, or blankets that were clean and in good repair.*

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

*Community has equipped rooms c020, b013, a013 with pillows, bed linens, blankets, that are clean and in good repair*

**Completion Date:** 05/11/2022

**Document Submission****Implemented**

*Attached documentation.*

## 101j4 - Bedroom Storage Area

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

## Description of Violation

*Bedrooms A013 and B013 can each accommodate two residents. Each bedroom, however, has only one closet. In addition, neither bedroom has any other storage space for the residents.*

*Chests with drawers are available in bedrooms C020 and B001. They do not, however, have a closet for the residents.*

## Plan of Correction

**Accept**

*Apartment A013 & B013 are both equipped with an armoire for storage of resident items.*

*not all resident apartments are equipped with closets however all rooms will have an armoire as well as dressers as needed .*

**Completion Date:** 05/11/2022

## Document Submission

**Implemented**

*Attached documentation.*

## 101j5 - Bedside Table/Shelf

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

5. A bedside table or a shelf.

## Description of Violation

*There is no bedside table or shelf on bedrooms B013 and A013.*

## Plan of Correction

**Accept**

*The community has placed bedside tables in Apartments B013 & A013 .*

**Completion Date:** 05/11/2022

## Document Submission

**Implemented**

*Attached documentation.*

## 101j7 - Lighting/Operable Lamp

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

*Bedrooms C020, B013 and A013 do not have a light source that can be turned on or off at the bedside.*

**101j7 - Lighting/Operable Lamp (continued)****Plan of Correction****Accept***Community have installed lamps in bedrooms C020, B013 and A013 that can be turned on or off at the bedside.***Completion Date:** 05/11/2022**Document Submission****Implemented***Attached documentation.***102h - Toilet Paper****1. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

**Description of Violation***On 04/21/2022, there was no toilet paper in the bathrooms of bedrooms C020, B001, and A013.***Plan of Correction****Accept***C020, B001, and A013 were stocked with toilet paper , paper towels , and hand soap by community also all other apartments are also equipped with the above listed items.***Completion Date:** 05/10/2022**Document Submission****Implemented***Attached documentation.***103f - Refrigerator/Freezer Temps****1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation***There was no thermometer in the ice cream freezer in the main kitchen.***Plan of Correction****Accept***The community has replaced the ice cream freezer in the main kitchen with a newer model that has a built in thermometer**Kitchen staff will be IN serviced on recording temps by 5/17/22***Completion Date:** 05/02/2022**Document Submission****Implemented***Documentation Attached***103g - Storing Food****1. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation***There were four plates of salad opened, uncovered, and unsealed in the kitchen refrigerator.*

103g - Storing Food (continued)

**Plan of Correction**

**Accept**

All food items in the kitchen are covered or sealed, dated and labeled.  
kitchen staff will be in-serviced on the proper way to store food safely by 5/17/22 .

**Completion Date:** 05/16/2022

**Document Submission**

**Implemented**

Attached documentation.

104b - Dishes/Glassware/Utensils

1. Requirements

2600.

104.b. Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food. These utensils must be clean, and free of chips and cracks. Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

**Description of Violation**

On 04/21/2022, there were no dishes, glassware, or utensils in the dining room.

**Plan of Correction**

**Accept**

The community has furnished the memory care kitchen with Dishes, glassware and utensils.  
These utensils are clean, and free of chips and cracks.

**Completion Date:** 05/03/2022

**Document Submission**

**Implemented**

Attached documentation.

104c - Condiments

1. Requirements

2600.

104.c. Condiments shall be available at the dining table.

**Description of Violation**

On 04/21/2022, condiments were not available at the dining tables.

**Plan of Correction**

**Accept**

community has made condiments available at the dining table.

**Completion Date:** 05/03/2022

**Document Submission**

**Implemented**

Attached documentation.

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

**107d - Procedure Emergency Management Agency Submission (continued)**

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

*The home's written emergency procedures have not been submitted to the Emergency Management Agency since the building's renovation.*

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

*The written emergency procedures have been reviewed, updated, and submitted to the local emergency management agency.*

*The Director of Plant Operations is responsible to maintain the emergency procedures, update as needed, reviewed and submit to*

*the local emergency management agency annually.*

*The Executive Director is responsible to ensure overall management of and compliance of the document.*

**Completion Date:** 05/03/2022

**Document Submission****Implemented**

*Documentation Attached*

**123b - Emergency Procedures Posted****1. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

*The home's emergency procedures are not posted in a conspicuous and public place in the home.*

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

*A copy of the emergency procedures has been obtained.*

*A copy of this emergency procedure is attached and included in this POC as Exhibit B.*

*A copy will be maintained at the community.*

*The Director of Plant Operations is responsible to ensure the emergency procedure remains posted during routine rounding.*

**Completion Date:** 05/03/2022

**Document Submission****Implemented**

*Attached documentation.*

**124 - Notice to Fire Department****1. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**Description of Violation**

*The home does not have documentation of written notification to the local fire department of the address of the home,*

124 - Notice to Fire Department (continued)

location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept

A document was created to inform the local fire department of the address of the home, location of bedrooms, and the assistance

needed to evacuate in an emergency.

This document has been provided to the local fire department.

The Director of Plant Operations will maintain a record of this document on file.

A copy of this document is attached and included in this POC as Exhibit C.

Completion Date: 05/16/2022

Document Submission

Implemented

Documentation Attached

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 09/21/2020.

Plan of Correction

Accept

The last inspection of the furnace was conducted on ( 3/7/22 ) Furnace inspections will be completed quarterly to stay within compliance. this will be managed by the plant operations to ensure we remain within in compliance

Completion Date: 05/16/2022

Document Submission

Implemented

Attached documentation.

130f - Testing Smoke Detectors

1. Requirements

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home could not provide documentation of when the memory care unit smoke detectors and fire alarms were not tested.

Plan of Correction

Accept

Smoke detectors procedures have been reviewed, updated,

The Director of Plant Operations is responsible to maintain the testing of the smoke detector procedure

staff in-serviced on smoke detector testing policy by 5-18-22

Completion Date: 05/16/2022

130f - Testing Smoke Detectors *(continued)***Document Submission****Implemented***Documentation Attached*

## 132b - Safety Inspection/Fire Drill

**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*There has not been a fire drill observed by a fire safety expert in the memory care unit since the renovation.*

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

*community has scheduled required May routine fire drill at the Wellington @ Hershey Mills on Sunday, May 22, 2022, between 5:00 and 5:30 PM. fire drill will be recorded and kept on file*

**Completion Date:** 05/17/2022

**Document Submission****Implemented***Documentation Attached*

## 233c - Key-Locking Devices

**1. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).*

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

*The community had placed the directions for operating the home's locking mechanism above keypads near the doors to the Secure Dementia Care Unit (SDCU).*

**Completion Date:** 05/02/2022

**Document Submission****Implemented***Attached documentation.*

## 233d - Electronic/Magnetic System

**1. Requirements**

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

**Description of Violation**

*The patio opening into a parking lot doesn't have a locked gate with an electronic or magnetic locking system.*

**233d - Electronic/Magnetic System (continued)****Plan of Correction****Accept**

*The community has installed a 6ft vinyl fence with a magnetic locking system as recommended by fire chef upon inspection*

**Completion Date:** 05/13/2022

**Document Submission****Implemented**

*Attached documentation.*