

Department of Human Services  
Bureau of Human Service Licensing

August 8, 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 review on 06/01/2022, 06/02/2022, 06/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: [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: 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 #: [REDACTED]  
 Reason: Incident Exit Conference Date: [REDACTED]/2022

[REDACTED]

/2022 - On-Site: [REDACTED]  
 /2022 - Off-Site: [REDACTED]  
 /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:			
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*

08/08/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42p - Restraints

## 1. Requirements

2600.

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

**Description of Violation**

On [REDACTED]/22 at [REDACTED], 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****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: [REDACTED]/2022
  - Health and Wellness Director will audit current charts/service plans to determine the number of residents requiring assistance with transfers. Completion Date: [REDACTED]/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 [REDACTED]/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: [REDACTED]/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 by [REDACTED] 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; [REDACTED] 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 [REDACTED]/2022.
9. Reports of restraints will be reviewed by the communities QA committee monthly times 3 months to ensure proper reporting was completed. [REDACTED]/2022 and ongoing.

Completion Date: [REDACTED]/2022

## 42p - Restraints (continued)

**Document Submission****Implemented**

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: [REDACTED]/2022
  - Health and Wellness Director will audit current charts/service plans to determine the number of residents requiring assistance with transfers. Completion Date: [REDACTED]/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 [REDACTED]/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: [REDACTED] 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 by [REDACTED]/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; [REDACTED]/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 [REDACTED]/2022.
9. Reports of restraints will be reviewed by the communities QA committee monthly times 3 months to ensure proper reporting was completed. [REDACTED]/2022 and ongoing.

## 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]/22. The resident's previous medical evaluation was completed on [REDACTED]/21.

## 141b1 - Annual Medical Evaluation (continued)

**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 [REDACTED] 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 [REDACTED] /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:** [REDACTED] /2022

**Document Submission****Implemented**

*\*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 [REDACTED] /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 [REDACTED] 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.*

## 202 - Prohibitions

**1. Requirements**

2600.

202. The following procedures are prohibited:

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.

## 202 - Prohibitions (continued)

**Description of Violation**

On [REDACTED]/22 at [REDACTED] am, 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****Accept**

1. Staff member A was immediately suspended on [REDACTED]/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: [REDACTED]/2022
3. Direct care and licensed employees will be inserviced on the Resident Transfer and Movement Policy by the Therapy Program Manager. Completion Date: [REDACTED]/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 [REDACTED] 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: [REDACTED]/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 [REDACTED]/2022.
  - 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. [REDACTED] 2022 and ongoing

Completion Date: [REDACTED]/2022

**Document Submission****Implemented**

1. Staff member A was immediately suspended on [REDACTED]/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: [REDACTED] 2022
3. Direct care and licensed employees will be inserviced on the Resident Transfer and Movement Policy by the Therapy Program Manager. Completion Date: [REDACTED] 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

202 - Prohibitions (continued)

- 4. Direct care and licensed employees will be inserviced on the Restraint Policy by the Health and Wellness Director. Completion Date [REDACTED]/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: [REDACTED]/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 [REDACTED]/2022.
  - 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. [REDACTED]/2022 and ongoing

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 [REDACTED]/2021. However, the resident's previous assessment was completed on [REDACTED] 2019.

Plan of Correction

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: [REDACTED]/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: [REDACTED]/2022
5. The Health and Wellness Director will complete an audit to ensure current resident have a current assessment. Completion Date: [REDACTED] 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: [REDACTED]/2022 and ongoing.
7. The community's QA committee will review during regularly scheduled quarterly QA meetings current resident assessments per the community's electronic health record system and address any trends/concerns promptly. Completion Date: [REDACTED] 2022 and ongoing. c

Accept

Completion Date: 0 [REDACTED]/2022

## 225c - Additional Assessment (continued)

**Document Submission****Implemented**

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: [REDACTED] 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: [REDACTED]/2022
5. The Health and Wellness Director will complete an audit to ensure current resident have a current assessment. Completion Date: [REDACTED] 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: [REDACTED]/2022 and ongoing.
7. The community's QA committee will review during regularly scheduled quarterly QA meetings current resident assessments per the community's electronic health record system and address any trends/concerns promptly. Completion Date: [REDACTED] 2022 and ongoing. c

## 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]/21; however, the resident's initial support plan was not completed until [REDACTED]/21.

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

1. Resident #2 support plan was updated on [REDACTED]/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: [REDACTED]/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: [REDACTED]/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: [REDACTED] 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: [REDACTED]/2022 and ongoing.
6. The community's QA committee will review during regularly scheduled quarterly QA meetings current resident support plan per the community's electronic health record system and address any trends/concerns promptly.

**227a - Support Plan 30 Days (continued)**

Completion Date: [REDACTED]/2022 and ongoing

Completion Date: [REDACTED]/2022

**Document Submission****Implemented**

1. Resident #2 support plan was updated on [REDACTED] 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: [REDACTED] 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: [REDACTED]/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: [REDACTED]/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: [REDACTED]/2022 and ongoing.
6. The community's QA committee will review during regularly scheduled quarterly QA meetings current resident support plan per the community's electronic health record system and address any trends/concerns promptly. Completion Date: [REDACTED]/2022 and ongoing