

Department of Human Services
Bureau of Human Service Licensing

December 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 07/27/2022 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

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

Facility Information

Name: *ARBOR TERRACE WILLISTOWN* License #: *14245* License Expiration: *07/19/2023*
Address : *1713 WEST CHESTER PIKE, WEST CHESTER, PA 19382*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SHP V WILLISTOWN LLC*
Address [REDACTED]
Phone: [REDACTED] Email [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *109* Waking Staff: *82*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/27/2022*

Inspection Dates and Department Representative

07/27/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *71*

Secured Dementia Care Unit

In Home: *Yes* Area: *Evergreen* Capacity: *35* Residents Served: *30*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

07/27/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/15/2022*

Inspections / Reviews (*continued*)

08/12/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/17/2022

08/19/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/15/2022

12/01/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] 2022 around [REDACTED] PM, staff A repeatedly grabbed resident #1's wrists to put the resident to bed despite the resident's repeated refusals ("I don't want to go to bed") and resistance ("Don't touch me" and "Help, somebody help me!"), which was observed on the camera installed in the resident's room by the family. As a result of this struggle, the resident sustained two fingerprint-sized bruises on the left wrist, a large bruise on the top of the left forearm, and two fingerprint-sized bruises to the top of the right forearm.

POC Submission

Accept

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

Upon receiving the report from Resident 1's family that on [REDACTED]/22 Staff Member A was allegedly in violation of the rights of Resident 1 while providing evening care [REDACTED]. Staff Member A was suspended immediately to protect the resident and to allow the community to investigate. On [REDACTED] 22, the Executive Director held a family meeting and was able to review the tape of the alleged incident, and was in agreement that Staff Member A had violated the rights of Resident 1. Immediately, Staff Member A's employment was terminated by the Home. Additionally, to prevent future recurrences, all staff were retained on the Essentials of Resident Rights and Prevention and identification of Resident Abuse on [REDACTED]/22. Moreover, to ensure this violation does not reoccur, The Administrator will complete at minimum 3 documented resident interviews per month, for the next 120 days, to ensure our residents' rights are being upheld. Additionally, the Memory Care Director and Executive Director will make daily rounds of the memory care neighborhood to increase observations regarding quality care for our Memory Care residents. Ongoing compliance with regulation 2600.42(B) is the responsibility of Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 08/17/2022

Document Submission

Implemented [REDACTED] - 12/01/2022)

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

Upon receiving the report from Resident 1's family that on [REDACTED] 22 Staff Member A was allegedly in violation of the rights of Resident 1 while providing evening care to her, Staff Member A was suspended immediately to protect the resident and to allow the community to investigate. On [REDACTED]/22, the Executive Director held a family meeting and was able to review the tape of the alleged incident, and was in agreement that Staff Member A had violated the rights of Resident 1. Immediately, Staff Member A's employment was terminated by the Home. Additionally, to prevent future recurrences, all staff were retained on the Essentials of Resident Rights and Prevention and identification of Resident Abuse on [REDACTED]/22. Moreover, to ensure this violation does not reoccur, The Administrator will complete at minimum 3 documented resident interviews per month, for the next 120 days, to ensure our

42b - Abuse (continued)

residents' rights are being upheld. Additionally, the Memory Care Director and Executive Director will make daily rounds of the memory care neighborhood to increase observations regarding quality care for our Memory Care residents. Ongoing compliance with regulation 2600.42(B) is the responsibility of Administrator and/or designee.

All documentation previously submitted, but attached is another copy.

Licensee's Proposed Overall Completion Date: 12/01/2022

42c - Treatment of Residents**2. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED]/2022 around 0[REDACTED] PM, staff A did not respect resident #1's refusal to go to bed and instead kept trying to put the resident to bed [REDACTED]. This resident continued to refuse to go to bed [REDACTED] PM and [REDACTED] PM while the staff person continued to hold, push, and stood in front of the resident to prevent the resident from leaving the bed.

POC Submission**Accept**

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

Upon receiving the report from Resident 1's family that on [REDACTED]/22 Staff Member A was allegedly in violation of the rights of Resident 1 while providing evening care [REDACTED]. Staff Member A was suspended immediately to protect the resident and to allow the community to investigate. On [REDACTED]/22, the Executive Director held a family meeting and was able to review the tape of the alleged incident, and was in agreement that Staff Member A had violated the rights of Resident 1. Immediately, Staff Member A's employment was terminated by the Home. Additionally, to prevent future recurrences, all staff were retained on the Essentials of Resident Rights, focusing on that a resident shall be treated with dignity and respect, and Prevention and Identification of Resident Abuse on [REDACTED]/22. . Moreover, to ensure this violation does not reoccur, The Administrator will complete at minimum 3 documented resident interviews per month, for the next 120 days, to ensure our residents' rights are being upheld. Additionally, the Memory Care Director and Executive Director will make daily rounds of the memory care neighborhood to ncrease observations regarding quality care for our Memory Care residents. Ongoing compliance with regulation 2600.42(C) is the responsibility of Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 08/17/2022

Document Submission**Implemented ([REDACTED] - 12/01/2022)**

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

42c - Treatment of Residents (continued)

Upon receiving the report from Resident 1's family that on [REDACTED] 22 Staff Member A was allegedly in violation of the rights of Resident 1 while providing evening care [REDACTED]. Staff Member A was suspended immediately to protect the resident and to allow the community to investigate. On [REDACTED] 22, the Executive Director held a family meeting and was able to review the tape of the alleged incident, and was in agreement that Staff Member A had violated the rights of Resident 1. Immediately, Staff Member A's employment was terminated by the Home. Additionally, to prevent future recurrences, all staff were retained on the Essentials of Resident Rights, focusing on that a resident shall be treated with dignity and respect, and Prevention and Identification of Resident Abuse on [REDACTED]/22. . Moreover, to ensure this violation does not reoccur, The Administrator will complete at minimum 3 documented resident interviews per month, for the next 120 days, to ensure our residents' rights are being upheld. Additionally, the Memory Care Director and Executive Director will make daily rounds of the memory care neighborhood to increase observations regarding quality care for our Memory Care residents. Ongoing compliance with regulation 2600.42(C) is the responsibility of Administrator and/or designee.

All documentation was submitted but attached is another copy.

Licensee's Proposed Overall Completion Date: 12/01/2022

42p - Restraints**3. Requirements**

2600.

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

Description of Violation

On [REDACTED] 2022 around [REDACTED] PM, staff A restrained resident #1 by grabbing the resident's legs under the blanket while the resident was on the bed and pushing the resident back to bed when the resident tried to get up from bed.

POC Submission**Accept**

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

Upon receiving the report from Resident 1's family that on [REDACTED]/22 Staff Member A was allegedly in violation of the rights of Resident 1 while providing evening care to her, Staff Member A was suspended immediately to protect the resident and to allow the community to investigate. On [REDACTED]/22, the Executive Director held a family meeting and was able to review the tape of the alleged incident, and was in agreement that Staff Member A had violated the rights of Resident 1. Immediately, Staff Member A's employment was terminated by the Home. Additionally, to prevent future recurrences, all staff were retained on the Essentials of Resident Rights, focusing on that a resident shall be free of restraints, and Prevention and Identification of Resident Abuse on [REDACTED]/22. Moreover, to ensure this violation does not reoccur, The Administrator will complete at minimum 3 documented resident interviews per month, for the next 120 days, to ensure our residents' rights are being upheld. Additionally, the Memory Care Director and Executive Director will make daily rounds of the memory care neighborhood to increase observations regarding quality care for our Memory Care residents. Ongoing compliance with regulation 2600.42(P) is the responsibility of Administrator and/or designee.

Licensee's Proposed Overall Completion Date: 08/17/2022

42p - Restraints (continued)

Document Submission**Implemented (████ - 12/01/2022)**

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

Upon receiving the report from Resident 1's family that on ██████ 22 Staff Member A was allegedly in violation of the rights of Resident 1 while providing evening care to her, Staff Member A was suspended immediately to protect the resident and to allow the community to investigate. On ██████ 22, the Executive Director held a family meeting and was able to review the tape of the alleged incident, and was in agreement that Staff Member A had violated the rights of Resident 1. Immediately, Staff Member A's employment was terminated by the Home. Additionally, to prevent future recurrences, all staff were retained on the Essentials of Resident Rights, focusing on that a resident shall be free of restraints, and Prevention and Identification of Resident Abuse on ██████ 22. Moreover, to ensure this violation does not reoccur, The Administrator will complete at minimum 3 documented resident interviews per month, for the next 120 days, to ensure our residents' rights are being upheld. Additionally, the Memory Care Director and Executive Director will make daily rounds of the memory care neighborhood to increase observations regarding quality care for our Memory Care residents. Ongoing compliance with regulation 2600.42(P) is the responsibility of Administrator and/or designee.

All documentation previously submitted, but attached is another copy.

Licensee's Proposed Overall Completion Date: 12/01/2022

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident #2's most recent medical evaluation was completed on ██████/2021.

POC Submission**Accept**

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

Upon news that Resident 2's annual medical evaluation had not been updated annually, an audit was completed immediately to see if any other resident medical evaluations were out of compliance. There were no additional medical evaluations found out of compliance in this audit. Resident 2's medical evaluation could not be updated to bring within compliance because Resident 2 had passed away previously on ██████/22. Additionally, Compliance Tracker was updated to track upcoming due dates for annual medical evaluations. Moreover, a re-training was completed with the Resident Care Director and Memory Care Director on the contents of regulation 2600.141(b)(1). Ongoing compliance with regulation 2600.141(b)(1) is the responsibility of the Resident Care Director, Memory Care Director, and/or designee.

141b1 - Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 07/28/2022

Document Submission

Implemented (████ - 12/01/2022)

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

Upon news that Resident 2's annual medical evaluation had not been updated annually, an audit was completed immediately to see if any other resident medical evaluations were out of compliance. There were no additional medical evaluations found out of compliance in this audit. Resident 2's medical evaluation could not be updated to bring within compliance because Resident 2 had passed away previously on ██████ 22. Additionally, Compliance Tracker was updated to track upcoming due dates for annual medical evaluations. Moreover, a re-training was completed with the Resident Care Director and Memory Care Director on the contents of regulation 2600.141(b)(1). Ongoing compliance with regulation 2600.141(b)(1) is the responsibility of the Resident Care Director, Memory Care Director, and/or designee.

All documentation previously submitted, but attached is another copy.

Licensee's Proposed Overall Completion Date: 12/01/2022

202 - Prohibitions

5. Requirements

2600.

202. The following procedures are 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.

Description of Violation

On ██████/2022 around ██████ PM, resident #1 refused to go to bed. Staff A grabbed resident #'s wrists in an effort to put the resident to bed against the resident's will, restrained the resident on the bed by keeping the resident's legs from moving under the blanket, and kept pushing the resident back to bed when the resident tried to get up.

POC Submission

Accept

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

Upon receiving the report from Resident 1's family that on ██████/22 Staff Member A was allegedly in violation of the rights of Resident 1 while providing evening care ██████. Staff Member A was suspended immediately to protect the resident and to allow the community to investigate. On ██████ 2, the Executive Director held a family meeting and was able to review the tape of the alleged incident, and was in agreement that Staff Member A had violated the rights of Resident 1. Immediately, Staff Member A's employment was terminated by the Home. Additionally, to prevent future recurrences, all staff were retained on the Essentials of Resident Rights, focusing on that a resident shall be free of restraints, and Prevention and Identification of Resident Abuse on ██████/22. Ongoing compliance with regulation 2600.202(6) is the responsibility of Administrator and/or designee.

202 - Prohibitions (continued)

Licensee's Proposed Overall Completion Date: 08/17/2022

Document Submission

Implemented [REDACTED] - 12/01/2022)

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

Upon receiving the report from Resident 1's family that on [REDACTED]/22 Staff Member A was allegedly in violation of the rights of Resident 1 while providing evening care [REDACTED] Staff Member A was suspended immediately to protect the resident and to allow the community to investigate. On 7/20/22, the Executive Director held a family meeting and was able to review the tape of the alleged incident, and was in agreement that Staff Member A had violated the rights of Resident 1. Immediately, Staff Member A's employment was terminated by the Home. Additionally, to prevent future recurrences, all staff were retained on the Essentials of Resident Rights, focusing on that a resident shall be free of restraints, and Prevention and Identification of Resident Abuse on [REDACTED]22. Ongoing compliance with regulation 2600.202(6) is the responsibility of Administrator and/or designee.

All documentation previously submitted, but attached is another copy.

All documentation previously submitted, but attached is another copy. All documentation previously submitted, but attached is another copy.

Licensee's Proposed Overall Completion Date: 12/01/2022

225a - Assessment 15 Days

6. 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

Resident #1 was admitted on [REDACTED]/2022; however, the resident's assessment was not completed until [REDACTED]/2022.

POC Submission

Accept

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

Upon discovery that Resident 1 had moved in on [REDACTED]/22; however, the resident's written initial assessment was not completed until [REDACTED]/22, immediately an audit was completed to identify if any other resident written initial assessments were out of compliance. There were no additional findings of resident assessments that were out of compliance during this audit. Additionally, a re-training was completed with the Resident Care Director and Memory Care Director on the requirements of this regulation. Ongoing compliance with regulation 2600.225(a) is the responsibility of the Resident Care Director, Memory Care Director and/or designee.

Licensee's Proposed Overall Completion Date: 07/28/2022

225a - Assessment 15 Days (continued)

Document Submission

Implemented (█ - 12/01/2022)

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

Upon discovery that Resident 1 had moved in on █/22; however, the resident's written initial assessment was not completed until █/22, immediately an audit was completed to identify if any other resident written initial assessments were out of compliance. There were no additional findings of resident assessments that were out of compliance during this audit. Additionally, a re-training was completed with the Resident Care Director and Memory Care Director on the requirements of this regulation. Ongoing compliance with regulation 2600.225(a) is the responsibility of the Resident Care Director, Memory Care Director and/or designee.

All documentation previously submitted, but attached is another copy.

Licensee's Proposed Overall Completion Date: 12/01/2022

227g -Support Plan Signatures

7. 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 #2's support plan dated █/2022 was not signed by the assessor or by the resident.

POC Submission

Accept

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

Upon news that Resident 2's support plan was not properly signed and dated, an audit was completed immediately to see if any other support plans that were out of compliance. There were no additional support plans found out of compliance in this audit. Resident support plan could not be updated and signed by the resident to bring within compliance because Resident 2 had passed away previously on █/22. Additionally, a re-training was completed on the contents of regulation 2600.227(g) with the Resident Care Director and Memory Care Director. Ongoing compliance with regulation 2600.227(g) is the responsibility of the Resident Care Director, Memory Care Director, and/or designee.

Licensee's Proposed Overall Completion Date: 07/28/2022

Document Submission

Implemented (█ - 12/01/2022)

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

227g -Support Plan Signatures (continued)

Upon news that Resident 2's support plan was not properly signed and dated, an audit was completed immediately to see if any other support plans that were out of compliance. There were no additional support plans found out of compliance in this audit. Resident support plan could not be updated and signed by the resident to bring within compliance because Resident 2 had passed away previously on [REDACTED]/22. Additionally, a re-training was completed on the contents of regulation 2600.227(g) with the Resident Care Director and Memory Care Director. Ongoing compliance with regulation 2600.227(g) is the responsibility of the Resident Care Director, Memory Care Director, and/or designee.

All documentation previously submitted, but attached is another copy.

Licensee's Proposed Overall Completion Date: 12/01/2022

231c Preadmission Screening**8. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED]/2022. However, the resident's written cognitive preadmission screening dated [REDACTED]/2022 does not indicate if the needs of the resident require secured care.

POC Submission**Accept**

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

Upon discovery that Resident 1's written cognitive prescreening assessment did not indicate that the needs of the resident require secured care, the prescreening assessment was corrected immediately to accurately reflect that Resident 1 requires secured care. Additionally, the Memory Care Director completed an audit of all resident's written cognitive preadmission screenings to ensure that all residents who reside within the secure dementia care unit had accurately been assessed to require secured care. There were no additional findings of prescreening assessments that were out of compliance. Moreover, a re-training was completed with the Memory Care Director regarding the requirements of this regulation. Ongoing compliance with regulat on 2600.231(c) is the responsibility of the Memory Care Director, Resident Care Director, and/or designee.

Licensee's Proposed Overall Completion Date: 07/28/2022

Document Submission**Implemented ([REDACTED] - 12/01/2022)**

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

Upon discovery that Resident 1's written cognitive prescreening assessment did not indicate that the needs of the resident require secured care, the prescreening assessment was corrected immediately to accurately reflect that

231c - Preadmission Screening (continued)

Resident 1 requires secured care. Additionally, the Memory Care Director completed an audit of all resident's written cognitive preadmission screenings to ensure that all residents who reside within the secure dementia care unit had accurately been assessed to require secured care. There were no additional findings of prescreening assessments that were out of compliance. Moreover, a re-training was completed with the Memory Care Director regarding the requirements of this regulation. Ongoing compliance with regulation 2600.231(c) is the responsibility of the Memory Care Director, Resident Care Director, and/or designee.

All documentation previously submitted, but attached is another copy.

Licensee's Proposed Overall Completion Date: 12/01/2022