

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

December 6, 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/COC#: 14136

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2022 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

## 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

## Staffing Hours

Resident Support Staff: Total Daily Staff: 88 Waking Staff: 66

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 09/22/2022

## Inspection Dates and Department Representative

09/22/2022 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 114 Residents Served: 64

## Secured Dementia Care Unit

In Home: Yes Area: [REDACTED] Capacity: 36 Residents Served: 8

## Hospice

Current Residents: 2

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 24 Have Physical Disability: 1

## Inspections / Reviews

## 09/22/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/16/2022

## 11/21/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/30/2022  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/30/2022

Inspections / Reviews *(continued)*

12/06/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

On [REDACTED], Resident #1 grabbed Resident #2, and would not let the resident go. After staff freed Resident #2, Resident #1 became physically aggressive with staff and the police were called to the home. The home did not report this incident to the department until [REDACTED].

Resident #1 is prescribed Sinemet Oral Tablet 25-100 MG, 2 tablets by mouth five times per day every day at 8:00 am, 11:00 am, 2:00 pm, 5:00 pm, 8:00 pm. This medication was not given on 9/15/22 at 2:00 pm. This medication error was not reported to the Department.

Repeat Violation: 2/18/22 et al.

POC Submission

Accept (SW - 11/21/2022)

- The Executive Director will In-service all department managers on reportable events by 10/31/2022
- The Health & Wellness Director will provide an in service to all current MC & PCH staff on reportable events by 10/31/2022
- State reportable will be discussed at the daily standup meetings by the Health and Wellness Director and by the Executive Director at the quarterly Quality Assurance review monthly for three months starting in October 2022

Licensee's Plan Completion Date: 10/31/2022

Implemented (SW - 12/05/2022)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/22/22 at 9:43 am, The floors around the tables in the dining room were littered with large amounts of crumbs and discarded food. There were no residents in the dining room at the time. The tables were set for lunch service.

POC Submission

Accept (SW - 11/21/2022)

- The Executive Director will provide an in service with the Director of Dining services on PA 2600.85a. by 10/31/2022.
- The dining staff will utilize a daily audit sheet which will include sweeping/cleaning the dining room floors after each meal and as needed . Starting by 10/31/2022
- The Director of Dining services will provide an in service with the current dietary staff on the use of the dining audit sheet by 10/31/2022.
- The Director of Dining services or designee will conduct weekly audits between meals to verify that the floors are swept/ cleaned. Starting by 10/31/2022

Licensee's Plan Completion Date: 10/31/2022

85a - Sanitary Conditions *(continued)**Implemented (SW - 12/05/2022)*

## 141a 1-10 Medical Evaluation Information

**3. 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 #2's medical evaluation did not include special health or dietary needs of the resident.*

*Repeat Violation: 2/18/22 et al.*

**POC Submission***Accept (SW - 11/21/2022)*

- *Resident #2 Medical evaluation was updated on [REDACTED]*
- *All current residents have the potential to be affected by the deficient practice, but no harm incurred.*
- *The Health and Wellness director or ED will review all preadmission Medical Evaluations prior to a resident admitting to the facility to verify compliance with PA2600. 141.a. Started by 10/31/2022 and ongoing.*
- *All current Memory care resident's charts will be audited by the Health and Wellness Director to verify that the required information on the DME is current and correct. The findings of the audit including discrepancies will be reported to the Executive Director. Completion date 10/30/2022*
- *The findings from the audit will be discussed by the Executive Director or Wellness Director at the quarterly Quality Assurance review monthly for three months starting in October 2022*

**Licensee's Plan Completion Date:** 10/31/2022

*Implemented (SW - 12/05/2022)*

## 183b - Meds and Syringes Locked

**4. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On 9/22/22 at 9:43 am, there was a loose, oblong, white pill on the floor at table 19 in the home's dining room.*

183b - Meds and Syringes Locked (*continued*)**POC Submission****Accept (SW - 11/21/2022)**

- *The identified pill observed on the floor on 9/22/2022 was removed and disposed of properly by a staff member .*
- *Current staff authorized to pass medications will be provided an in service on the proper disposal of medication & the medication policy per company standards also on observing the resident ingest their ordered medications and observing if a medication is on the floor & proper disposal of medication . Completed by 10/31/2022*

Licensee's Plan Completion Date: 10/31/2022

**Implemented (SW - 12/05/2022)**

## 187b - Date/Time of Medication Admin.

**5. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*On 9/16/22 at 1:30pm, resident #1 was administered Alprazolam Tab 0.25 MG. This is not documented on the Medication Administration Record.*

*Resident #1 is prescribed Sinemet Oral Tablet 25-100 MG, 2 tablets by mouth five times per day every day at 8:00 am, 11:00 am, 2:00 pm, 5:00 pm, 8:00 pm. This medication in initialed on the Medication Administration Record as administered on 9/17/22 at 5:00 pm and 8:00 pm by staff person A, however the resident was in the hospital at the time.*

**POC Submission****Accept (SW - 11/21/2022)**

- *Resident # 1 is no longer a resident at the facility.*
- *Current residents had the potential to be affected by the deficient practice however, no other residents were impacted.*
- *Current staff authorized to pass medications will be provided a training on the medication policy including recording a medication at the time of administration.by the Health & Wellness Director. Completed by 10/31/2022*
- *Staff nurse will monitor the medication administration record daily for omissions or for residents that may be on LOA and report to the Health & Wellness Director or Executive Director of any discrepancies immediately . Starting by 10/31/2022*

Licensee's Plan Completion Date: 10/31/2022

**Implemented (SW - 12/05/2022)**

## 187d - Follow Prescriber's Orders

**6. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #1 is prescribed Sinemet Oral Tablet 25-100 MG, 2 tablets by mouth five times per day every day at 8:00 am, 11:00 am, 2:00 pm, 5:00 pm, 8:00 pm. This medication was not given on 9/15/22 at 2:00 pm.*

187d - Follow Prescriber's Orders *(continued)***POC Submission****Accept (SW - 11/21/2022)**

- Resident # 1 is no longer a resident at the facility.
- Current residents had the potential to be affected by the deficient practice however, no other residents were impacted.
- Memory Care Director faxed the state reportable on 9/23/2022
- The Health and Wellness Director will in service staff authorized to pass medications on the company's medication policy which includes the administration process by 10/31/2022
- Staff nurse will monitor the medication administration records for omissions at least daily and address and report discrepancies immediately to the Health and Wellness Director or Executive Director . Starting by 10/31/2022
- The findings of the daily review of the medication administration records will be reviewed by the Executive Director during the quarterly Quality Assurance review , starting 10/31/2022

Licensee's Plan Completion Date: 10/31/2022

**Implemented (SW - 12/05/2022)**

## 188b - Medication Error Reporting

**7. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

Resident #1 is prescribed Sinemet Oral Tablet 25-100 MG, 2 tablets by mouth five times per day every day at 8:00 am, 11:00 am, 2:00 pm, 5:00 pm, 8:00 pm. This medication was not given on 9/15/22 at 2:00 pm. This medication error was not reported to the resident, the resident's designated person and the prescriber.

**POC Submission****Accept (SW - 11/21/2022)**

- Resident # 1 is no longer a resident at the facility
- Current residents had the potential to be affected by the deficient practice however, no other residents were impacted.
- Memory Care Director faxed the state reportable on 9/23/2022
- The Health and Wellness Director will provide an in service to current staff authorized to pass medications on the standard medication administration process & the medication error policy by 10/31/2022
- Staff nurse will monitor the medication administration records for omissions at least daily and address and report discrepancies to the Health and Wellness Director or Executive Director immediately . Starting by 10/31/2022
- Any reported medication errors will be reviewed by the Executive Director during the QA committee meeting in October 2022 and three months thereafter.

Licensee's Plan Completion Date: 10/31/2022

**Implemented (SW - 12/05/2022)**

## 191 - Resident Right to Refuse

**8. Requirements**

2600.

**191 - Resident Right to Refuse (continued)**

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**POC Submission****Accept (SW - 11/21/2022)**

- Resident # 1 is no longer a resident at the facility
- Resident # 2's authorized family was educated by the Memory Care Director on the residents right to refuse a medication if the resident believes there may be a medication error on [REDACTED]?
- Staff authorized to pass medication will be provided an in-service by the Health and Wellness Director on the company's policy on medication refusal by 10/31/2022
- Continual and ongoing education of the resident's right to refuse medication is ongoing and also at the time admission and will be discussed during resident counsel . Starting 10/31/2022

Licensee's Plan Completion Date: 10/31/2022

**Implemented (SW - 12/06/2022)****231b - Medical Evaluation****9. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation does not include the need for the resident to be served in a secured dementia care unit.

**POC Submission****Accept (SW - 11/21/2022)**

- Resident # 2 DME was updated [REDACTED]
- Current residents had the potential to be affected by the deficient practice however, no other residents were impacted.
- All new admissions to Memory Care will have their medical evaluation reviewed by the Health and Wellness Director and/or ED prior to the resident being admitted verifying compliance with the completion of the DME. Started by 10/31/2022 and ongoing
- Current MC resident charts will be audited to verify their medical evaluations include the need for the resident to be served in a secured dementia unit by the Health and Wellness Director and the findings of the audit will be reviewed by the Executive Director. Completion by 10/31/2022
- The findings from the audit will be discussed by the Executive Director or designee at the quarterly Quality Assurance review monthly for three months starting by 10/31/2022

Licensee's Plan Completion Date: 10/31/2022

231b - Medical Evaluation *(continued)**Implemented (SW - 12/05/2022)*

## 231c - Preadmission Screening

**10. 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 Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening did not have a determination about the home could meet the resident's needs.*

**POC Submission***Accept (SW - 11/21/2022)*

- Resident # 1 is no longer a resident at the facility
- Current residents had the potential to be affected by the deficient practice however, no other residents were impacted.
- The Health and Wellness director or ED will review all preadmission screenings prior to a resident admitting to the facility to verify compliance. Started by 10/31/2022 and ongoing.
- All current MC resident charts will be audited to ensure their preadmission screenings are following PA 2600.231.c by the Health and Wellness Director and the findings of the audit will be reviewed by the Executive Director. Completion by 10/31/2022
- The findings from the audit will be discussed by the Executive Director or designee at the quarterly Quality Assurance review monthly for three months starting in October 2022

Licensee's Plan Completion Date: 10/31/2022

*Implemented (SW - 12/05/2022)*

## 231e - No Objection Statement

**11. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

*Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.*

*Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.*

**POC Submission***Accept (SW - 11/21/2022)*

- Resident # 1 is no longer a resident at the facility
- Resident # 2 Objection Statement was updated on [REDACTED]
- All current MC resident contracts will be audited by the Business office Manager or designee to verify there is a no objection statement and these finding will be reviewed by the Executive Director. Completion by 10/31/2022
- The findings from the audit will be discussed by the Executive Director or Wellness Director at the quarterly

231e - No Objection Statement (continued)

Quality Assurance review monthly for three months starting in October 2022

Licensee's Plan Completion Date: 10/31/2022

Implemented (SW - 12/05/2022)

234b - Support Plan Needs Elements

12. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED], for resident #1 does not address how the resident's needs will be met for eating, toileting, caring for personal possessions, writing correspondence, orientation to time, place, person, irritability, judgement, agitation, aggression, understanding instructions, short term memory, long term memory, and the ability to use and avoid poisons.

The support plan, dated [REDACTED], for resident #2 does not address how the resident's needs will be met for transferring, toileting, bladder management, bowel management, ambulating, personal hygiene, turning and positioning, using the telephone, making and keeping appointments, caring for personal possessions, writing correspondence, understanding instructions, and the ability to use and avoid poisons.

POC Submission

Accept (SW - 11/21/2022)

- Resident # 1 is no longer a resident at the facility
- Resident #2 support plan was updated on by the Health & Wellness Director on [REDACTED]
- All current MC resident support plans will be audited by the Health and Wellness Director or ED to verify that the support plan includes how the resident's individual needs will be met, any deficiencies identified will be corrected on the support plan and these finding will be discussed with the Executive Director. Completion by 10/31/2022
- The findings from the audit will be discussed by the Executive Director or Wellness Director at the quarterly Quality Assurance review monthly for three months starting in October 2022

Licensee's Plan Completion Date: 10/31/2022

Implemented (SW - 12/06/2022)