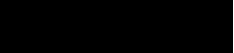


Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 4, 2023

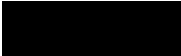

ARHC WHWCHPA01 TRS LLC
1361 EAST BOOT ROAD
EXECUTIVE DIRECTOR
WEST CHESTER, PA, 19380

RE: WELLINGTON COURT AT HERSHEY'S
MILL
1361 EAST BOOT ROAD
WEST CHESTER, PA, 19380
LICENSE/COC#: 14136

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2023 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,


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

Type: Other Date: 02/10/2015 Issued By: Township of East Goshen

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 94 Waking Staff: 71

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 02/22/2023

Inspection Dates and Department Representative

02/22/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 114 Residents Served: 73

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 40 Residents Served: 17

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 21 Have Physical Disability: 1

Inspections / Reviews

02/22/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/21/2023

03/29/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/31/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/01/2023

Inspections / Reviews (*continued*)

04/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

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

Resident #1 has a known history of hitting and abusing [REDACTED]; resident #2. Documentation shows the home has been aware of this situation since [REDACTED] but have not put any measures in place to avoid ongoing abuse. Resident #2 recently visited [REDACTED] primary care physician who suspected that a mark under [REDACTED] eye is a result of a physical altercation between resident #1 and resident #2. Resident #2 denied this but also has a history of "covering" for resident #1's actions [REDACTED].

Repeat Violation: 09/15/22.

Plan of Correction

Accept (MJ - 03/29/2023)

- Residents # 1 and 2 was identified in the incident on [REDACTED].
- Residents residing in the personal care home had the potential for harm, but no harm occurred.
- The Divisional Director of Health & Wellness and the Health & Wellness Director will provide a training on state reportable incident & conditions to the current clinical staff.

Completion date 3/16/2023

- The Divisional Health & Wellness Director and the Health & Wellness Director provided training to the current clinical staff on the 24-hour report communication standard. Completion date of 3/16/2023
 - Residents #1 & #2 are no longer residing at [REDACTED] as of [REDACTED]. These residents will reside in [REDACTED] in PCH moving forward.
 - Staff will continue to monitor residents for aggressive behavior when the residents are observed together and will report any aggressive behavior to a supervisor, Health & Wellness Director, and Executive director immediately.
 - Resident #1's nurse practitioner has referred resident #1 for a psych consult, Health Wellness is coordinating this appointment with the POA.
- Expected date of this consult is by [REDACTED]
- Reporting of abuse or allegation of abuse will be reported to the Executive Director and will be reviewed and discussed by the communities Quality Assurance committee monthly for three months then quarterly thereafter. Beginning by March 31st,2023

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (MJ - 04/04/2023)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

- Resident #1's last assessment and support plan is dated [REDACTED]. This support plan does not include a "Plan to

225c - Additional Assessment (continued)

Meet Medication Needs" of the resident where it is indicated that the resident cannot self-administer medications. In fact, resident #1 continued to self-administer medications until evaluated unable to do so on [REDACTED]. Additionally, a new assessment and support plan should have been completed after the home was informed on [REDACTED] that resident #1 "is hitting and fist fighting on" resident #2.

- Resident #2's last assessment and support plan is dated [REDACTED]. Additional updates should have been completed after resident #2's diet was changed to mechanical soft on [REDACTED] and again on [REDACTED]. Additionally, a new assessment and support plan should have been completed after the home was informed on [REDACTED] that resident #1 "is hitting and fist fighting on" resident #2.

Repeat Violation: 06/01/22.

Plan of Correction**Accept (MJ - 03/29/2023)**

- Residents # 1 and 2 was identified in the incident on [REDACTED]
- Residents residing in the personal care home had the potential for harm, but no harm occurred.
- The Health and Wellness Director will be in-service by the Divisional Director of Health and wellness on the Assessment & support plan completion expectation related to the requirements 2600. 225.a,b Completion on [REDACTED]
- Resident #1 support has been updated to include a plan to meet medication needs. Completed [REDACTED].
- Resident #2 support plan has been updated to reflect [REDACTED] current diet needs. Completion date by [REDACTED]
- The Health & Wellness Director or Designee will complete an audit of the current resident's support plan to verify that the current support plan is in compliance with current information pertaining to a resident . Completion by 3/31/2023
- The completed support plan will be reviewed with the resident /POA by [REDACTED]
- Any discrepancies from the audit of the assessments & support plans will be discussed by the Executive Director during the quarterly Quality review committee . Starting by 3/31/2023

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (MJ - 04/04/2023)