

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

July 3, 2023

[REDACTED]
WEST CHESTER PA SENIOR PROPERTY LLC
[REDACTED]
[REDACTED]

RE: MERRILL GARDENS AT WEST
CHESTER
1201 WARD AVENUE
WEST CHESTER, PA, 19380
LICENSE/COC#: 14912

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/24/2023 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,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MERRILL GARDENS AT WEST CHESTER License #: 14912 License Expiration: 11/14/2023

Address: 1201 WARD AVENUE, WEST CHESTER, PA 19380

County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: WEST CHESTER PA SENIOR PROPERTY LLC

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 Date: 11/21/2017 Issued By: West Goshen Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 90 Waking Staff: 68

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Incident Exit Conference Date: 04/24/2023

Inspection Dates and Department Representative

04/24/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 94 Residents Served: 73

Secured Dementia Care Unit

In Home: Yes Area: Garden House Capacity: 23 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: 17 Have Physical Disability: 1

Inspections / Reviews

04/24/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/25/2023

05/31/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/22/2023

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/05/2023

Inspections / Reviews *(continued)*

06/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/23/2023

07/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/22/2023

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

On [REDACTED] 23, between [REDACTED] and [REDACTED] resident #1 was outside on the patio with other residents and Staff persons A and B. Resident #1 exited from the patio through a gate unnoticed by staff. When properly latched and alarmed, the gate alarm makes a loud screaming sound when the gate is opened. However, the gate was improperly latched, and the resident was able to exit without sounding the alarm. Staff did not immediately notice that Resident #1 was not present on the patio. Staff later heard an alarm as Resident #2 attempted to exit through the gate. It was at that point that staff noticed that Resident #1 was not present on the patio, and a search of the home was initiated.

At approximately [REDACTED], Staff person C, the Concierge, was informed by a waitstaff person D that there was someone outside. Staff person C went to the SDCU and informed Staff person E that a resident was outside. At that time, Staff Person E had informed Staff person C that all residents were accounted for.

Resident #1 was returned to the SDCU unharmed after being properly identified.

The home's elopement policy dictates that elopement drills are to be conducted monthly. The most recent elopement drill conducted by the home was on 8/23/22.

Plan of Correction

Accept ([REDACTED] - 06/13/2023)

The courtyard fence in the SDCU was recently repaired (see invoice) as it was uprooted by the strong winds in March 2023. The fence repair company did not align the exit door perfectly with the fence which caused the open door to not shut securely. Resident #1 exited the door which had not been firmly shut after Resident #2 and opened the door and sounded the alarm. The courtyard door door was aligned and tested on April 25, 2023 by the Director of Maintenance. Weekly test operation of doors and locks will be conducted by the Director of Maintenance/designee. See attached for current tests. The Director of Maintenance has conducted an elopement drill with the staff on April 27, 2023. Elopement drills will be conducted quarterly with all staff for each shift by the Director of Maintenance/designee. Elopement drills were conducted monthly in 2023 and are attached. Prescreen Audit attached.

Licensee's Proposed Overall Completion Date: 06/05/2023

Implemented ([REDACTED] - 07/03/2023)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 4/4/23, the door leading from the patio to the outdoor area was not properly latched. The alarm failed to sound when a resident eloped through the gate due to the disrepair of the gate/latch.

Plan of Correction

Accept ([REDACTED] - 06/13/2023)

The courtyard fence in the SDCU was recently repaired (see invoice) as it was uprooted by the strong winds in March 2023. The fence repair company did not align the exit door perfectly with the fence which caused the door to not

95 - Furniture and Equipment (continued)

shut securely after it was opened.. Resident #1 exited the door which had not been firmly shut after Resident #2 and opened the door and sounded the alarm. The courtyard door has been aligned and tested by the Director of Maintenance on April 25, 2023 and also tested by the GM and GHD. In service has been completed (see attached).Weekly door checks will be conducted by the Director of Maintenance, GM or GHD to ensure the courtyard door shuts and latches automatically. Weekly door checks audit attached.

Licensee's Proposed Overall Completion Date: 06/05/2023

Implemented (████) - 07/03/2023)

121a Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 4-24-23 at 9:30am, a jukebox blocked egress from the home's patio door.

Plan of Correction

Accept (████) 06/13/2023)

On 4-24-23 the housekeeper mopped the hallways in Memory Care and moved the jukebox in front of the door leading to the courtyard. The housekeeper did not move the jukebox to its designated space after █████ had completed mopping the hallway floors. In service has been conducted with the Memory care staff to never to block the any of the stairways, hallways, doorways, passageways and egress routes in Memory Care. See attached current picture of the jukebox placement in Memory Care. In-service with staff was conducted by GHD on May 17, 2023. See attached.

Licensee's Proposed Overall Completion Date: 06/05/2023

Implemented (████) - 07/03/2023)

141a 1-10 Medical Evaluation Information

4. 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

The medical evaluation for resident #1, dated █████/23, did not include the resident's height and weight.

Plan of Correction

Accept (████) - 06/13/2023)

Resident #1 height and weight has been recorded by the CRNP, █████ on April 26, 2023. - see attached.

141a 1-10 Medical Evaluation Information (continued)

All DME's within the Memory Care Unit have been audited by the Garden House Director (GHD)/designee on May 25, 2023.

DME's will be audited every 30 days by the end of each month by the GHD/designee. May audit attached.

Licensee's Proposed Overall Completion Date: 06/05/2023

Implemented ([REDACTED] - 07/03/2023)