

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

August 9, 2023

[REDACTED], ADMINISTRATOR  
SHP V WILLISTOWN LLC  
[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 07/20/2023 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:** ARBOR TERRACE WILLISTOWN      **License #:** 14245      **License Expiration:** 07/19/2024  
**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

**Type:** 1 2      **Date:** 08/20/2013      **Issued By:** Willistown Township

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 108      **Waking Staff:** 81

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 07/20/2023

## Inspection Dates and Department Representative

07/20/2023 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 104      **Residents Served:** 64

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** Evergreen      **Capacity:** 35      **Residents Served:** 19

## Hospice

**Current Residents:** 4

## 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:** 44      **Have Physical Disability:** 0

## Inspections / Reviews

## 07/20/2023 - Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/10/2023

## 08/04/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 08/08/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 08/12/2023

Inspections / Reviews *(continued)*

08/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2023

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] 2023, resident 1 fell forward out of their wheelchair hitting their head on the floor causing a bruise to the forehead. The resident was sent out to the hospital. The home did not report this incident to the Department.

Plan of Correction

Accept ([redacted] - 08/04/2023)

2600.16.c

All Department Heads and Nurses will be re-educated by the Executive Director on DHS regulation 2600.16.c to ensure that DHS is notified when any incident occurs that requires a resident to be sent to the hospital. Training will be completed by 8/11/2023.

Resident Service Director will audit all hospitalizations, daily for one month beginning July 31, 2023, then weekly for 4 weeks, to ensure that any transfer related to an injury is reported to DHS within 24 hours.

Resident Service Director is responsible for sustained compliance.

The Executive Director and/or The Associate ED will audit reportable incidents at random, weekly times 1 month to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented ([redacted] - 08/09/2023)