

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

January 5, 2024

[REDACTED], PERSONAL CARE ADMINISTRATOR
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 11/08/2023, 11/27/2023 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: WELLINGTON COURT AT HERSHEY'S MILL License #: 14136 License Expiration: 03/23/2024
 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: 02/09/2022	Issued By: East Goshen Township
Type: Other	Date: 02/10/2015	Issued By: East Goshen Township
Type: I-1	Date: 01/31/2008	Issued By: East Goshen Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 87 Waking Staff: 65

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 11/08/2023

Inspection Dates and Department Representative

11/08/2023 - On-Site: [REDACTED]
 11/27/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 114 Residents Served: 52

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Unit Capacity: 40 Residents Served: 23

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 92
Diagnosed with Mental Illness: 10	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 35	Have Physical Disability: 1

Inspections / Reviews

11/08/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/14/2023

Inspections / Reviews *(continued)*

12/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/05/2024

01/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The Food Employee Certification Act requires one supervisory employee per food facility to obtain a food safety certification by taking an ANSI-CFP nationally recognized food safety class.

On 11-8-23, the home did not have a staff person in a supervisory position of the Culinary Department that had the food safety certification requirement.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

- Executive Chef obtained certification with a hire date of [REDACTED] 23. Remainder of dining leadership members (Director and Manager) will be certified no later than January 12,2024.
- Human Resources will add safe serve certification to quarterly audits to ensure we compliance beginning with January 2024.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [REDACTED] - 01/05/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On 11-8-23, it was identified that contractors have been working in the home during the renovation process without the proper criminal background check since August 2023.

The home did not have staff to accompany the contractual staff in the building.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

- All vendors (without a background check) will always be supervised by a community staff member during work needs for personal care. Implemented and corrected on 11.09.23.
- Executive Director in-serviced current leadership team on state regulation 2600. 51. Completion date of 11.09.23
- Training with the Concierge staff will be completed by 12/31/2023 on notifying a supervisor upon a vendor requiring community staff to accompany them during their visit .
- Upon entry to the community all vendors will sign in with reception and wait at front entrance until accompanied by community staff member implemented and corrected 11.09.23 and ongoing

51 - Criminal Background Check (continued)

Proposed Overall Completion Date: 12/14/2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [REDACTED] - 01/05/2024)

60b - Additional Staffing

3. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

On 11-8-23, at 12:00pm, one staff person, a server, was observed serving a dining room of 12-14 residents. The server had to plate the food and serve the plates which created a delay in the meal delivery. The residents waited 30 minutes in between the appetizer and the main lunch course, which was served around 10:30am.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

- Dining Service Director or designee will establish adequate coverage for timely meal delivery. Dining Service Director and or designee will monitor the staffing schedule daily and adjust accordingly.
- The Dining Director will report to the Executive Director if there is a scheduling need. Implemented and corrected 11.09.23.
- Dining support staffing will be discussed and documented during the daily stand-up meeting including the Executive Director or designee . Ongoing

Proposed Overall Completion Date: 12/14/2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [REDACTED] - 01/05/2024)

85d - Trash Receptacles

4. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 11-8-23 at 4:15pm there was trash full, uncovered, unattended trash can in the main kitchen located in the home.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

- The Dining service director or designee will audit trash receptacles to verify they are covered in kitchen by 12.15.23 and ongoing for 3 months or until compliance is established .
- The community will purchase the appropriate covered receptacles to ensure prevention of penetration of insects and/or rodents by 12.08.23 I
- The Dining Director or designee will conduct training with current dining & clinical staff on keeping the trash receptacles covered using the garbage and trash can guidelines and will be provided with a copy of company policy by 12.15.23

85d - Trash Receptacles (continued)

- The Dining director or designee will perform audits and monitoring with a daily log both in the morning and evening hours for the next 90 days to establish compliance and to report results during the quality assurance review monthly for 3 months, the Executive Director and leadership team will be in attendance, QA meeting scheduled for 12.13.23. After the 90-day audit is completed, audits will be weekly and ongoing and discussed at quarterly meetings.

Proposed Overall Completion Date: 12/14/2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (████) - 01/05/2024)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The door of the ice machine located in the main kitchen was not in good repair. The door was missing a cover, showing the insulation of the door.

Plan of Correction

Accept (████) - 12/18/2023)

- A new ice machine was ordered on 11.10.23 awaiting delivery due to supply chain issue. The new ice machine will be installed same day as delivery by the Plant Ops Director or designee.
- The Dining Director or designee will verify that ice is available during meals until the new ice machine is installed .
- Current machine has been removed from operations.

Proposed Overall Completion Date: 12/14/2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (████) - 01/05/2024)

89a - Water Pressure

6. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 11-8-23 at 4:20pm , the water temperature was not adequate as follows:

- Room # 220, the water pressure was 79 degrees Fahrenheit.
- Room #C023, the water pressure was 89 degrees Fahrenheit.

89a - Water Pressure (continued)

Plan of Correction

Accept (█) - 12/18/2023)

- Circulator pump mixing valve had been adjusted on 11.08.23, water temp was in compliance once adjusted.
- Plant operations director or designee will perform temperature audits weekly (beginning 11.13.23) and ongoing weekly, documented in CMMS system and any discrepancies will be reported to the Executive Director immediately. Results of the audits will be discussed at the scheduled Quality Assurance meetings starting the first scheduled one on 12.13.23
- Water temperature Audits also recorded in the computerized work order system. any discrepancies identified will be immediately reported to the Executive Director and audits will be reviewed as part of the communities Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (█) - 01/05/2024)

91 - Telephone Numbers

7. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the following rooms:

- Room # 220
- Room # 306
- Room # B002
- Room # C023

Repeated Violation: 6/27/22 et al

Plan of Correction

Accept (█) - 12/18/2023)

- The Director of health and wellness or designee will verify and audit current resident's phones in personal care including residents' rooms and new admissions will have an emergency sticker on them identifying local emergency contacts for the nearest hospital/ police department, fire department/ ambulance, poison control, local emergency management and personal care home complaint hotline. Completion by 12.31.23
- Monthly audits of 10% for the next 3 months will be completed by the clinical team (i.e. caregivers and MedTech's during environmental rounds. Any discrepancies will be reported to the Executive Director for follow up. Audits will be reviewed as part of the community quality assurance meeting starting by 12/13/2023.
- A training will be completed with the leadership team and current staff on regulation 2600.91 by the Health and Wellness director or designee. Completion date 12/31/2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (█) - 01/05/2024)

101j7 - Lighting/Operable Lamp

8. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident in room #220 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

- A Pop-up light was placed apartment #220 so the resident has access to light from [REDACTED] bed.
- The Health & Wellness Director or designee will conduct a training with current staff and the leadership team on regulation 2600.101j and train staff to report if any lighting is inoperable as soon as it is discovered. Completion date 12-31-23.
- The Plant Ops Director and or designee will perform monthly environmental rounds to verify that personal care residents have access to a light from their bedside , any area out of compliance with lighting will be reported to the Executive Director immediately . effective 12.31.23 and ongoing.
- Audits will be reviewed as part of the community Quality Assurance meeting quarterly beginning by 12/13/2023.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [REDACTED] - 01/05/2024)

103c - Food Protected**9. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 11-8-23, at 4:09m the salads were uncovered and not protected while being transported for dinner .

Plan of Correction

Accept [REDACTED] - 12/18/2023)

- Dining director or designee will in service and review policy with dining department on proper food handling practices using the food storage policy to be implemented by 12.15.23. Dining staff will be in-serviced on state regulations 2600.103C
- Dining service director or designee will perform daily audits of food storage . The results from the audit will be reviewed by the Executive Director starting in December 2023 for 3 months to establish compliance. Additionally, compliance to food storage requirements will continue to be formally monitored during a minimum of bi-annual Quality Excellence audits.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [REDACTED] - 01/05/2024)

103e - Left Overs**10. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were three containers with food unlabeled, undated in the refrigerator of the main kitchen.

103e - Left Overs (continued)

Plan of Correction

Accept (████) - 12/18/2023)

- The Dining Director or Designee will conduct an Inservice with the current dining team on the Food Storage Policy with a completion date of 12.15.23
- Dining service director or designee will perform daily audits of refrigerators, freezers and dry storage area to ensure proper labeling The results from the audit will be reviewed by the Executive Director starting in December 2023 for 3 months to establish compliance .

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (████) 01/05/2024)

103f - Refrigerator/Freezer Temps

11. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The following concerns were observed with the thermometers located in the basement area of the home:

- The thermometer in the main kitchen of the ice cream freezer was not present inside the freezer.
- The temperature of the 2nd ice cream freezer was 10 degrees Fahrenheit at 4:09pm.

Plan of Correction

Accept (████) - 12/18/2023)

- The thermometer was replaced on 11.09.23.
- The dining director or designee will check and log temperatures during the morning shift as well as the evening shift- any discrepancies will be immediately reported to supervisor and corrected immediately.
- The current dining staff and newly hired staff will be in serviced by the Director of Dining or designee on the food temperature policy by 12.15.23
- Audits to be reviewed as part of the community quality assurance meeting beginning on 12.13.23.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (████) - 01/05/2024)

103g - Storing Food

12. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following food storage concerns were observed in the main kitchen and kitchenette located in the home:

- Lay's potato chips on the counter in the kitchenette were opened and unsealed.
- Chicken patties were opened and and unsealed in the main kitchen.
- Mashed potatoes were not dated or labeled in the main kitchen.

103g - Storing Food (continued)

- Chicken wings in the freezer were noted dated and labeled
- Frozen fries not dated or labeled.

Plan of Correction

Accept ([REDACTED]) - 12/18/2023)

- An In service will be conducted by the Dining Director or designee with the current dining staff and newly hired staff on the Food Storage Policy with a completion date of 12.15.23
- The director of dining or designee will check all refrigerators daily to ensure all items are closed and dated. Any discrepancies will be immediately reported to supervisor and will be corrected immediately.
- Audits to be reviewed as part of the community quality assurance meeting beginning on 12.13.23.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented ([REDACTED]) - 01/05/2024)

124 - Notice to Fire Department

13. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept ([REDACTED]) - 12/18/2023)

- The administrator will send written notification to the local fire department notifying them of the address of the home, location of the apartments with community floor plan as well as a list of all residents with mobility needs that will require assistance to evacuate in an emergency by 12.08.23.
- This communication will be sent monthly to fire department or as mobility needs change.
- The Executive Director will keep this form on file.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented ([REDACTED]) - 01/05/2024)

132e - Fire Drill Sleeping Hours

14. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 6-9-23 at 5:09 am. The previous sleeping hours fire drill was conducted on 3-5-22 at 2:34 am.

132e - Fire Drill Sleeping Hours (*continued*)**Plan of Correction**

Accept () - 12/18/2023)

- Q4 Fire drill completed at 3:15 a.m. on Sunday 11.26.23 for the overnight shift.
- The Plant operations director or designee will be responsible for scheduling and or conducting unannounced fire drills for the morning, evening shifts and the overnight shift quarterly starting Q1 2024 and ongoing in adherence to state scheduled requirements.
- The records of the fire drills will be reviewed at the Quality Assurance /safety committee meetings monthly and ongoing. Starting in December 2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented () - 01/05/2024)

161d - Dietary Needs

15. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On 11-8-23, resident #1 has a special diet for food and beverage thickener "Thick It" However, on 11-8-23 at 12:30pm the resident was served juice without the thickener "Thick It."

Plan of Correction

Accept () - 12/18/2023)

- Resident #1 was identified in this violation.
- The resident had the order discontinued by the resident's physician on 12/07/2023 for thickened liquids as () no longer required this.
- The dining Director will purchase prepackaged (specified the desired thickness per physician/ RNP order). thickened liquids for ordered thickened liquid dietary needs ongoing effective 11.09.23
- Health and wellness director and or designee will conduct an in-service with current clinical and PC/MC dining team on the company policy Therapeutic Diets - Mechanically Altered Diets and Thickened Liquids Standard .Completion date of 12-31-2023.
- The Executive Director will provide training with the Director of Dining and the Health and Wellness Director on the purchase and use of pre-thickened liquids completed 11.08.23
Resident # 1 support plan will be updated by the Health and Wellness Director or designee by 12.07.23

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented () - 01/05/2024)

171b4 - Staff Training

16. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

171b4 - Staff Training (continued)

Description of Violation

Staff person A transports residents on a regular basis without a direct care staff present, and has not completed the initial new hire direct care staff person training.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

- Staff member A completed the initial new hire direct care staff person training on 11.24.23
- Newly hired staff that provide transportation will be required to complete the direct care exam prior to driving any personal care residents beginning 11.09.23.
- Current employees will complete required training by 12.31.23 and will not transport PC or MC residents until completed.
- Human Resources Director and Programming Director were in-serviced on 11.09.23 by the Executive Director on the direct care training requirements.
- The Executive Director will conduct quarterly audits of employee files beginning January 2024 ongoing.

Licensee's Proposed Overall Completion Date: 01/01/2024

Implemented [REDACTED] - 01/05/2024)

184b - Labeling OTC/CAM

17. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 11-8-23, a container of 36 ounces Food and Beverage Thick it Thickener, belonging to resident #1, was in the refrigerator located in the memory care kitchenette and was not labeled with the resident's name.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

- Resident # 1 was identified in this violation.
- OTC medication has been removed as this resident had the ordered discontinued on 12/7/2023.
- Health and Wellness Director will in-service Director of Dining on state regulation 2600.184.b by 12.31/2023
- Dining staff will be in-serviced by health and wellness director on state regulation 2600.184b by 12.31.23

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 01/05/2024)

227d - Support Plan Medical/Dental

18. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated [REDACTED]-23, the support plan indicates the resident has a need for for a bed mobility device. The resident's support plan, dated [REDACTED]-23, does not document how this need will be met and the evaluation

227d - Support Plan Medical/Dental (continued)

information by the assessor.

Plan of Correction

Accept [redacted] - 12/18/2023)

- Resident # 2 support plan will be updated by the Health and Wellness Director or designee by 12.11.23.
- The Health and Wellness Director or designee will in-service current MC direct care staff on resident # 2 support plan by 12.15.23
- The Health and Wellness Director or designee will complete an audit on the current residents rasp to ensure we are in compliance with 2600.227.d completion date of 12-31-2023.
- Health and Wellness Director or designee will perform 10% quarterly audits on going for four quarters starting Jan 2024

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 01/05/2024)

227g -Support Plan Signatures

19. 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 #1 participated in the development of [redacted] support plan on [redacted]-23. Neither the assessor nor the resident signed the support plan. There was no indication that the resident refused to or was unable to sign.

Resident #2 participated in the development of [redacted] support plan on [redacted]-23. The resident did not sign the support plan, nor was it indicated that the resident refused to or was unable to sign.

Repeated Violation: 6/27/22 et al

Plan of Correction

Accept [redacted] - 12/18/2023)

- Resident # 1 support plan was updated by the Health and Wellness Director or designee by 12.11.23.
- Resident # 2 support plan was already updated by a licensed staff member on [redacted]/2023. POA signed for and reviewed on [redacted]/2023 and marked resident was not able to sign.
- Resident # 1 has a change of condition with the thickened order being discontinued 12.07.23. New rasp will be updated to reflect change of condition by 12.11.23 and 3 attempts will be made to sign and documented by 12-15-2023.
- Health and Wellness Director or designee to complete an audit of current resident's RASPS to verify a signature has been obtained. The audit will be reviewed by the Executive Director and any additional discrepancies identified will be addressed immediately and in accordance with the regulation. Completion date of 12.31.23
- Health and Wellness Director or designee will perform 10% quarterly audits on going.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 01/05/2024)