

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

February 23, 2024

[REDACTED]  
ARHC WHWCHPA01 TRS LLC  
[REDACTED]  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2023 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: Other Date: 02/15/2015 Issued By: Township of East Goshen

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 129 Waking Staff: 97

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 01/08/2024

## Inspection Dates and Department Representative

12/19/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 114 Residents Served: 76

## Secured Dementia Care Unit

In Home: Yes Area: SCDU Capacity: 40 Residents Served: 23

## Hospice

Current Residents: 18

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 53 Have Physical Disability: 0

## Inspections / Reviews

## 12/19/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/05/2024

## 02/08/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/21/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/19/2024

Inspections / Reviews *(continued)*

02/23/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 23a - Activities of Daily Living Assistance

## 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

The assessment and support plan, dated [REDACTED], for resident [REDACTED] indicates the resident requires assistance with ambulating. The resident did not receive this assistance as required.

## Plan of Correction

Accept [REDACTED] - 02/08/2024)

An in-service will be conducted by H.W.D. or designee with the current clinical staff on the use of support plans and that they are being followed when providing care daily. Completion by 02.09.24

Resident [REDACTED] support plan will be reviewed by current clinical staff by H.W.D. or designee to verify that the ADL care outlined in the support plan are being followed.

The use of support plans will be discussed during the quarterly assurance review by the E.D. and current directors in attendance. Completion by 02.09.24

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [REDACTED] - 02/23/2024)

## 42c - Treatment of Residents

## 2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

Resident [REDACTED] reports that an unknown staff person came into their room to provide care to assist them to bed. During this care the staff person told the resident that they can do this themselves and left the room when Resident [REDACTED] asked for assistance moving their small table towards the bed so it could be closer to the resident.

## Plan of Correction

Accept [REDACTED] - 02/08/2024)

An in-service will be conducted by H.W.D. or designee with the entire care team to ensure all residents are treated with dignity and respect. This in-service will be conducted by 02.09.24

Resident rights and treating residents with respect and dignity will be discussed during the quarterly assurance review by the E.D. and current directors in attendance. Completion by 02.09.24

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [REDACTED] - 02/23/2024)

## 42s - Privacy

## 3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

42s - Privacy (continued)

**Description of Violation**

Staff Person A is administering medication to the memory care residents in the common areas of the community in the memory care unit.

Staff are constantly on their phones with earpieces in their ears while providing care to residents in their rooms.

**Plan of Correction**

Accept [REDACTED] - 02/08/2024)

An in-service will be conducted by the H.W.D or designee with the current Medication Technicians and directors on the company's medication policy.

The B.O.M. or designee will review the employee handbook that references the use of personal cell phones during working hours with current staff and directors. The review of the handbook and personal cellphone usage will be ongoing with newly hired staff. Completion by 02.09.24

The medication policy and use of personal cellphones will be discussed during quarterly assurance review by the E.D. and current directors in attendance. Completion by 02.09.24

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [REDACTED] - 02/23/2024)

227g -Support Plan Signatures

**4. 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 [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

**Plan of Correction**

Accept [REDACTED] 02/08/2024)

Resident [REDACTED] support plan will be updated to include a signature and date by the Health and Wellness Director or designee by [REDACTED]

Health and Wellness Director or designee to complete an audit of current resident's RASPS to verify a signature and date 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 2/16/2024

Health and Wellness Director or designee will perform 10% quarterly audits on going to verify compliance .

The Wellness Director or designee will complete an in service with licensed staff on the use of the support plan and obtaining a signature after review prior to placing the support plan in the clinical chart .

A new R.A.S.P. will be completed for resident [REDACTED] and a signature will be obtained . by 02/16/24

Licensee's Proposed Overall Completion Date: 02/16/2024

227g -Support Plan Signatures (*continued*)

*Implemented* [REDACTED] 02/23/2024)