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

March 29, 2024

[redacted]
SHP V WILLISTOWN LLC
[redacted]

RE: ARBOR TERRACE WILLISTOWN
1713 WEST CHESTER PIKE
WEST CHESTER, PA, 19382
LICENSE/COC#: 14245

Dear Ms. Lakia Davis ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2024 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: *I-2* **Date**: *08/29/2013* **Issued By**: *Willistown Township*

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *01/04/2024*

Inspection Dates and Department Representative

01/04/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* **Residents Served**: *70*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care Unit* **Capacity**: *35* **Residents Served**: *18*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *70*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *17*

Have Physical Disability: *0*

Inspections / Reviews

01/04/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/19/2024*

02/16/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/25/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/20/2024*

Inspections / Reviews *(continued)*

02/20/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/25/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/30/2024*

03/29/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *03/25/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted], in the common area of the memory care unit, resident [redacted] attempted to walk without the use of their walker. Staff person A redirected the resident by encouraging the resident to utilize the walker. Resident [redacted] became verbally aggressive with the staff person.

Staff person B witnessed the interaction and moved to the resident and began yelling. The resident kicked staff person B, who in turn held the residents hands in [redacted] own lap to restrict the resident's movement.

Staff person C heard the yelling while sitting in the reception area, and entered the SDCU (secured dementia care unit) to assist with de-escalation of the situation. Staff person B stated to staff person C "You are always trying to save a [redacted]". Staff person C then left the unit and observed resident [redacted] crying.

Plan of Correction ***Accept [redacted] - 02/20/2024)***

Staff person B was suspended pending investigation, then terminated on [redacted].
All staff will be re-educated by the Executive Director on DHS regulation 2600.42(c) to ensure that all residents are treated with dignity and respect. Training will be completed by [redacted].
The Executive Director, Assistant Executive Director and or resident service director will complete 5 random resident interviews weekly for 4 weeks, then biweekly x 2, and monthly x 1, to ensure the residents are treated with dignity and respect.
The Executive Director and/or Assistant Executive Director are responsible for sustained compliance.

Proposed Overall Completion Date: 04/10/2024
Proposed Overall Completion Date: 03/29/2024

Licensee's Proposed Overall Completion Date: *03/29/2024*

Implemented [redacted] - 03/29/2024)

90b - Staff Communication

2. Requirements

2600.
90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home utilizes a walkie-talkie system that allows staff in different parts of the home to communicate with each other in an emergency. On [redacted] the home served 18 residents in the Secured Dementia Care Unit (SDCU). Staff person B and C failed to utilize the communication system while working in the SDCU and were not able to call for assistance during an incident between Resident [redacted] and Staff person B.

Plan of Correction ***Accept [redacted] - 02/16/2024)***

All staff will be re-educated by the Executive Director on DHS regulation 2600.90(b) to ensure that staff are using communication system (walkie-talkies) that enables staff persons to immediately contact other persons in the home for assistance in an emergency. Training will be completed by [redacted].

90b - Staff Communication (continued)

The Executive Director, Assistant Executive Director, Resident Care Director, and/ or Memory Care Director will complete 5 random weekly audits X 1 month, to ensure staff are using and carrying walkie-talkies/ communication devices.
The Resident Care Director and Memory Care Director are responsible for sustained compliance.

Proposed Overall Completion Date: 03/06/2024

Licensee's Proposed Overall Completion Date: *03/06/2024*

Implemented [redacted] - 03/29/2024)

184a - Resident's Meds Labeled

3. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident [redacted], [redacted] does not include the correct day of administration. The label reads to be given on Monday, the order reads to provide the medication on Sunday.

Plan of Correction ***Accept [redacted] - 02/20/2024)***

2600.184.a
A change in direction sticker was immediately added to the label, to ensure that the staff were aware of the change in direction.
All Med Techs and nurses will be re-educated by the Executive Director by [redacted] on DHS regulation 2600.184.a to ensure that the medication labels match the prescribers' orders.
The Resident Care Director and/or the Memory Care Director audited the medication carts by [redacted], to ensure all labels matched the prescribers' orders.
The RCD and MCD will audit the medication carts bi-weekly x 2, then monthly x 1 to ensure pharmacy labels are correct.
The RCD and MCD are responsible for sustained compliance.

Proposed Overall Completion Date: 03/06/2024
Proposed Overall Completion Date: 03/29/2024

Licensee's Proposed Overall Completion Date: *03/29/2024*

Implemented [redacted] - 03/29/2024)

202 - Prohibitions

4. Requirements

2600.
202. The following procedures are prohibited:

Description of Violation

On [redacted] in the common area of Secured Dementia Care Unit (SDCU), resident [redacted] attempted to walk without the

202 - Prohibitions (continued)

use of their walker. Staff person A redirected the resident by encouraging the resident to utilize the walker. Resident [redacted] became verbally aggressive with the staff person.

Staff person B witnessed the interaction and moved to the resident and began yelling. The resident kicked staff person B, who in turn held the residents hands in [redacted] own lap to restrict the resident's movement.

Plan of Correction ***Directed [redacted] - 02/16/2024)***

2600.202
Staff person "B" was suspended pending investigation, then terminated [redacted].
All staff will be re-educated by the Executive Director on DHS regulation 2600.202 to ensure understanding that prohibitions/ restraint use is prohibited in personal care homes. Training will be completed by [redacted].
The Executive Director, Resident Care Director, and/ or Memory Care Director will complete 5 random resident interviews weekly for 4 weeks, then biweekly x 2, to ensure that no resident is being involuntary confined or prohibited from moving around the community freely.
The Executive Director and/or Assistant ED is responsible for sustained compliance.

Proposed Overall Completion Date: 04/03/2024

Directed Completion Date: *04/03/2024*

Implemented [redacted] - 03/29/2024)

234d - Support Plan Revision

5. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The support plan, dated [redacted], for resident [redacted] indicates that the resident has no needs in the area of aggression. However, on [redacted], the resident attempted to kick staff members who were attempting to redirect the resident to use the walker. The support plan was not updated after the episode of aggression.

Plan of Correction ***Accept [redacted] - 02/16/2024)***

2600.234.d
The Resident Care Director and Memory Care Director were re-educated by the Executive Director on DHS regulation 2600.234.d, to ensure that the support plan will be updated at least annually and with changes in condition. Training was completed on [redacted].
Resident Support Plan was updated on [redacted], to include resident aggression.
RCD and MCD are responsible for sustained compliance.

Proposed Overall Completion Date: 02/29/2024

Licensee's Proposed Overall Completion Date: *02/29/2024*

Implemented [redacted] 03/29/2024)