

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

May 6, 2024

[REDACTED]  
SHP V WILLISTOWN LLC  
[REDACTED]  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/26/2024 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

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: Total Daily Staff: *110* Waking Staff: *83*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *04/26/2024*

**Inspection Dates and Department Representative**

04/26/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *104* Residents Served: *72*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *38* Have Physical Disability: *0*

**Inspections / Reviews**

04/26/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**