

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

December 23, 2024

[REDACTED]
WEST CHESTER PA SENIOR PROPERTY LLC

[REDACTED]
Suite 300
[REDACTED]

RE: MERRILL GARDENS AT WEST
CHESTER
1201 WARD AVENUE
WEST CHESTER, PA, 19380
LICENSE/COC#: 14912

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2024, 08/07/2024 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: MERRILL GARDENS AT WEST CHESTER **License #:** 14912 **License Expiration:** 11/14/2024
Address: 1201 WARD AVENUE, WEST CHESTER, PA 19380
County: CHESTER **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: WEST CHESTER PA SENIOR PROPERTY LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 11/21/2017 **Issued By:** West Goshen Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 120 **Waking Staff:** 90

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 08/08/2024

Inspection Dates and Department Representative

08/06/2024 - On-Site: [REDACTED]

08/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 94 **Residents Served:** 82

Secured Dementia Care Unit

In Home: Yes **Area:** Garden House **Capacity:** 23 **Residents Served:** 17

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 82
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 38 **Have Physical Disability:** 2

Inspections / Reviews

08/06/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/18/2024

11/01/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/27/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/06/2024

Inspections / Reviews *(continued)*

11/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/29/2024

12/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/27/2024

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], Resident [REDACTED] pushed Resident [REDACTED] down onto the floor causing a [REDACTED] to Resident [REDACTED]. The home did not report this incident to the department until [REDACTED].

Plan of Correction

Accepted [REDACTED] - 11/01/2024)

Incidents occurred on [REDACTED] in the evening. The incident was reported on the next business day, Monday, [REDACTED].

This violation was corrected immediately by the Resident Care Director & GM. Moving forward all abuse incidents will be reported within 24 hours, regardless of the day of the week by the Resident Care Director. Training has been conducted by Resident Care Director to all Care staff on reporting incidents/abuse to the Resident Care Director immediately with date & time.

Proposed Overall Completion Date: 09/16/2024

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented [REDACTED] - 12/18/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] Resident [REDACTED] was sitting in the dining area of the home's garden house area. Resident [REDACTED] was standing behind the Resident [REDACTED] while they were sitting at the table. Resident [REDACTED] suddenly got up and pushed Resident [REDACTED] down onto the floor causing a serious injury of a [REDACTED] to Resident [REDACTED] [REDACTED] and [REDACTED] area.

Plan of Correction

Accepted [REDACTED] 11/01/2024)

Resident [REDACTED] did not have any documented behaviors prior to this incident. Incident reported and change in condition care plan has now been completed by the Resident Care Director to reflect new findings of behaviors in Resident [REDACTED] and for all staff to anticipate new needs.

See attached

Proposed Overall Completion Date: 09/20/2024

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented [REDACTED] - 12/18/2024)

51 - Criminal Background Check

3. Requirements

51 - Criminal Background Check (continued)

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

Staff Person A does not have a Pennsylvania Criminal Background check through Patch.

On [redacted] at 1:27 pm, There were two contractors installing carpet inside room [redacted]. There were no staff present and the contractors were left alone. The home did not have current Pennsylvania Criminal Background checks for these individuals.

Plan of Correction

Accept [redacted] - 11/01/2024)

This incident was corrected immediately by the Business Office Director. See attached for Staff Person A Patch.

The 2 contractors that were installing new carpet in apartment [redacted] are employed at Sherwin Williams. Sherwin Williams is our approved contractor/vendor for flooring installation, and they keep all criminal background checks at their location for all their employees. We can request the criminal background check for all the Sherwin William employees that work at Merrill Gardens at West Chester.

Moving forward all outside vendors to be supervised by Merrill Gardens staff at all times while they are providing services.

Proposed Overall Completion Date: 09/16/2024

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented [redacted] - 12/18/2024)

60a - Staff/Support Plan

4. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On the following dates, there was only one staff person working in the Memory Care unit, on the overnight shift of 10 pm to 6 am, with a census of 17 residents: [redacted]

On the following dates, between 10 pm and 6 am, there was no staff available to administer medications in PC. PC residents, including resident [redacted], are prescribed PRN medications: [redacted]. None of the staff working, per provided schedule, during these time periods are qualified to administer medications. The only staff qualified to administer medications is staff person B who was working alone on the Memory Care Unit.

Plan of Correction

Accept [redacted] - 11/01/2024)

See attached.\ schedule. This violation was resolved immediately by the Resident Care Director..

60a - Staff/Support Plan (continued)

Moving forward the Resident Care Director will review schedule daily and weekly, on Monday's, to ensure 2 care staff persons are scheduled in Garden House during overnight shift at all times.

Proposed Overall Completion Date: 09/16/2024

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented [redacted] - 12/18/2024)

65e - 12 Hours Annual Training

5. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

- 1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
- 2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A received only 4.5 hours of annual training in training year 2023.

Direct care staff person C received only 6 hours of annual training in training year 2023.

Direct care staff person D received only 5 hours of annual training in training year 2023.

Direct care staff person E received only 4.75 hours of annual training in training year 2023.

Plan of Correction

Accept ([redacted] - 11/01/2024)

See attached trainings for Staff persons A, C, D & E. This list is from Brainier, Merrill Gardens training portal for all staff persons learning development with required courses.

Staff person A has also completed over 40 hours of MedTech training.

Staff person C&D have completed on the job training which will put them above the required 12 hours of training.

Staff person E is the bus driver.

The GM & Business Office Director will ensure that continued required training is provided and completed for all Staff persons by completing monthly audits for every care staff team member.

Proposed Overall Completion Date: 09/17/2024

Licensee's Proposed Overall Completion Date: 09/17/2024

Implemented [redacted] - 12/18/2024)

65f - Training Topics

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.

65f - Training Topics (continued)

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, care for residents with dementia and cognitive impairments during training year 2023.

Direct care staff person C did not receive training in medication self-administration training, care for residents with dementia and cognitive impairments during training year 2023.

Direct care staff person D did not receive training in medication self-administration training, care for residents with dementia and cognitive impairments during training year 2023.

Plan of Correction

Accept [REDACTED] - 11/19/2024)

See attached for Merrill Gardens Corporate training assignments.

Immediate action has been taken by the General Manager to have the above mentioned trainings assigned & completed to care staff person A, C &D by [REDACTED].

Immediate action has been taken by the General Manager to have the above-mentioned trainings assigned & completed to care staff person A, C &D by [REDACTED]. The General Manager and/or Business Office Director will complete monthly audits to ensure that continued required training is provided and completed for all staff persons, starting [REDACTED], for the next three months.

Proposed Overall Completion Date: 11/6/2024

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented ([REDACTED] - 12/18/2024)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

65g - Annual Training Content (continued)

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 2023.

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 2023.

Staff person D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 2023.

Plan of Correction

Directed [REDACTED] - 11/19/2024)

Staff persons A completed Fire Safety class 9/8/2023.

Staff person C completed Fire Safety class 6/30/2023.

Staff person D completed Fire Safety class 5/17/2023.

See attached for all other trainings that were completed.

The Business Office Director will complete monthly audits for all care staff to ensure that their assigned trainings are current.

Immediate action was taken by the General Manager and Business Office Director to ensure trainings were assigned and completed by 11/6/2024 for staff persons A, C, & D. The General Manager and/or Business Office Director will complete monthly audits to ensure that continued required training is provided and completed for all staff persons, starting [REDACTED] for the next three months.

Directed Plan of Correction ([REDACTED] 11/19/24);

- In addition to the steps noted in the above plan of correction please complete training for staff persons A, C and D on emergency preparedness and emergency situations, resident's rights, Older Adult Protective Services Act and falls prevention within the next 15 days.

emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 2023.

Proposed Overall Completion Date: 11/25/2024

Directed Completion Date: 11/25/2024

Implemented ([REDACTED] - 12/18/2024)

81b - Resident Personal Equipment

9. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [redacted] has two enabler bars on their bed. One enabler measures 18" wide x 13" high with an opening of about 16" wide. The enabler is not secured to the frame of the bed and also does not have a cover. Another enabler measures 13" wide x 15" high with an opening of about 11" wide. The enabler is not secured to the frame of the bed and also does not have a cover.

Plan of Correction

Accept [redacted] - 11/19/2024)

Enabler bar at the end of the bed was removed immediately by the Resident Care Director.. Enabler bar measuring 18" W & 14" H removed and replaced with new bed cane and secured properly by Director of Maintenance. See attached.

Enabler bar at the end of the bed was removed immediately by the Resident Care Director. Enabler bar measuring 18" W & 14" H removed and replaced with new bed cane and secured properly by Director of Maintenance. See attached. Resident Care Director/Designee will complete monthly audits, starting [redacted] on all enabler bars to ensure compliance for the next three months.

Licensee's Proposed Overall Completion Date: 02/06/2025

Implemented [redacted] - 12/23/2024)

82c - Locking Poisonous Materials

10. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Two cans of shaving cream, with a manufacture's label indicating "to contact poison control", was unlocked, unattended, and accessible to resident's salon located inside the garden house area. Not all the residents of the home, including garden house residents have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 11/19/2024)

Immediately following the inspection, environmental checklist audits were completed by the Resident Care Director. Moving forward this inspection will be completed weekly and to be ongoing for the next 3 months by the Garden House Director and Resident Care Director, to ensure safe use and avoidance of poisonous materials left unlocked.

The two cans of shaving cream were immediately locked up and a full audit of Garden House was completed by

82c Locking Poisonous Materials (continued)

Resident Care Director on [REDACTED] to ensure there were no items unlocked with a manufacture's label indicating "to contact poison control". Weekly audits will be completed immediately by Resident Care Director/Designee for the next three months. On [REDACTED], all staff were trained on Regulation 82c, Locking Poisonous Materials, by Resident Care Director.

See attached.

See attached.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented ([REDACTED] - 12/23/2024)

132g - Fire Drills Days/Times

13. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills during the same week around the same time in each month.

Plan of Correction

Directed ([REDACTED] - 11/19/2024)

We are asking for this violation to be removed because Fire & Life Safety Solutions located in Abington, PA, schedules & conducts the monthly fire drills. The drills are conducted the 3rd or 4th week of the month during different shifts and days of the week.

We will continue to maintain compliance moving forward.

See attached schedule for 2024

General Manager and Maintenance Director contacted Fire & Life Safety Solutions to request a revised schedule of monthly fire drills, on [REDACTED], to be in compliance with regulation 132g. Maintenance Director and/or Designee will review schedule of fire drills each month, for three months., to ensure it aligns with expected compliance, by 11/25/24.

Directed Plan of Correction ([REDACTED] 11/19/24):

- The General Manager will arrange for fire drills to be help, unannounced, on various weeks and days of the month, starting immediately.
- The General Manager will review the fire drill records on a monthly basis to ensure the drills are conducted unannounced on various weeks and days of the month to ensure compliance of the regulation.
- Documentation of all drills will be maintained for the Departments review.

Proposed Overall Completion Date: 11/25/2024

Directed Completion Date: 11/25/2024

132g Fire Drills Days/Times (continued)

Implemented ([redacted] 12/18/2024)

185a Implement Storage Procedures

15. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

[redacted] tablet, prescribed to resident 6, 1 of 2, 2 full packets in home with total of 60 tablets. Prescription number on bubble packs is 1154 0547236; prescription number recorded on Controlled Drug record/count is 008762385. Home was unable to determine where the RX number noted on the Controlled Drug Record came from. No discrepancy in quantity

On [redacted] at 3:26 pm, Resident [redacted] had a reading of [redacted], the medication administration record was documented as [redacted]

On [redacted] at 3:06 pm, Resident [redacted] had a reading of [redacted], the medication administration record was documented as [redacted]

Plan of Correction

Accept [redacted] - 11/19/2024)

Resident [redacted] - error corrected immediately following the state visit, by the Resident Care Director.

See attached. Narcotic audit is part of ongoing cart audits performed by the Resident Care Director for the next three months.

Resident [redacted] error corrected immediately following the state visit, by the Resident Care Director.

See attached. A Narcotic audit, starting, [redacted] will be part of the ongoing cart audits performed by the Resident Care Director/Designee for the next three months.

Resident [redacted] - corrected Immediately after inspection by the Resident Care Director- glucometer audit initiated weekly and to be ongoing by the Resident Care Director. Record of training complete with medication technicians. see attached audits and record of training, dated [redacted].

Proposed Overall Completion Date: 11/09/2024

Licensee's Proposed Overall Completion Date: 11/09/2024

Implemented [redacted] - 12/23/2024)

231e No Objection Statement

16. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

231e - No Objection Statement (continued)

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept [redacted] - 11/01/2024)

Garden House SDCU form was emailed via DocuSign to the Resident's POA on [redacted]. The consent form was signed by the POA & saved in the computer but was not printed for the file in error. This has been corrected by the General Manager and has been printed for the file.

See attached.

All Garden House files have been audited by the General Manager, to ensure that the SDCU consent form has been acknowledged & signed by the POA of the Garden House resident.

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented [redacted] - 12/18/2024)

236 - Staff Training

17. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the 2023 training year.

Direct care staff person C who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the 2023 training year.

Direct care staff person D who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the 2023 training year.

Plan of Correction

Accept [redacted] - 11/01/2024)

Direct care staff person A is not assigned to Memory Care.

Direct care staff person C was not assigned to Memory Care in 2023.

Direct care staff person D has been assigned all required dementia care training to be completed by [redacted]. Business Office Director will complete weekly audits to ensure that all required trainings for direct care staff will be completed in the next three months.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: 12/11/2024

Implemented [redacted] - 12/18/2024)