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

November 20, 2024

[redacted]
SHP V WILLISTOWN LLC
[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 review on 08/28/2024 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**: *07/19/2025*

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**: *118* **Waking Staff**: *89*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *08/28/2024*

Inspection Dates and Department Representative

08/28/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* **Residents Served**: *75*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care Unit* **Capacity**: *35* **Residents Served**: *22*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *75*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *43*

Have Physical Disability: *0*

Inspections / Reviews

08/28/2024 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/03/2024*

11/19/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/19/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/29/2024*

Inspections / Reviews *(continued)*

11/20/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/19/2024*

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

16d - Final Incident Report

1. Requirements

2600.
16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On [redacted], at 3:30 p.m., the home submitted an initial incident report for resident [redacted]. The home did not submit a final report to the Department.

Plan of Correction ***Accept ([redacted] - 11/19/2024)***

All Directors were re-educated by the Executive Director on 9/10/2024, on DHS regulation 2600.16.d to ensure that persons submitting a state reportable will submit the final report immediately following the conclusion of an investigation.
The Executive Director will audit state reportables weekly x4 weeks, then biweekly x 2, to ensure that final reports are being forwarded to DHS immediately following the completion of an investigation.
The Executive Director and/or Assistant Executive Director are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: *11/07/2024*

Implemented [redacted] - 11/20/2024)

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

Based on a recorded video provided from resident [redacted] family members, witness statements, and interviews, on 8/12/2024, resident [redacted] informed staff member A that [redacted] needed [redacted] blood pressure and pulse checked and to be sent to the hospital. Staff member A turned to resident [redacted] and stated, "There is nothing wrong with you" and for the resident to contact [redacted] children to take [redacted] to the hospital. The staff member was quoted saying, "We are not doing this tonight" and "you are not the only one who lives here." Staff member A closed the door and left resident [redacted] in the bedroom. Resident [redacted] went into a common area and triggered a pull station, which alerted the fire department to get the staff's attention and send [redacted] to the hospital. The fire department came to the home and reset the call system. Report states that resident [redacted] "complained of chest pains and arm sensations" and was sent to Chester County Hospital. Based on the progress notes, resident [redacted] was diagnosed with a [redacted]

Plan of Correction ***Accept [redacted] - 11/19/2024)***

All staff will be re-educated by the Executive Director AED on DHS regulation 2600.42.b to ensure that residents are not neglected, intimidated, physically or verbally abused, or disciplined in any way. Training will be completed by 9/30/2024.
The Executive Director, MCD or RCD will complete 5 random resident interviews weekly for 4 weeks, then biweekly x 2, to ensure the residents are not neglected, intimidated, physically or verbally abused, or disciplined in any way.
The Executive Director and/or Assistant Executive Director are responsible for sustained compliance by discussing treating residents with dignity at monthly staff meetings for the next six months, starting immediately.

42b - Abuse (continued)

Proposed Overall Completion Date: 11/07/2024

Licensee's Proposed Overall Completion Date: *11/07/2024*

Implemented [redacted] - 11/20/2024)

42i - Health Services

3. Requirements

2600.
42.i. A resident shall receive assistance in accessing health services.

Description of Violation

On [redacted], resident [redacted] informed staff member A that [redacted] needed [redacted] blood pressure and pulse checked and to be sent to the hospital. Staff member A turned to resident [redacted] and stated, "There is nothing wrong with you and for the resident to contact [redacted] children to take [redacted] to the hospital. A resident shall receive assistance in accessing health services.

Plan of Correction ***Accept [redacted] 11/19/2024)***

All staff will be re-educated by the Executive Director or AED on DHS regulation 2600.42.i to ensure that residents receive assistance in accessing health services. Training will be completed by 9/30/2024.
The Executive Director, MCD or RCD will complete 5 random resident interviews weekly for 4 weeks, then biweekly x 2, to ensure the residents are receiving assistance in accessing healthcare services.
The Executive Director and/or Assistant Executive Director are responsible for sustained compliance by discussing treating residents with dignity at monthly staff meetings for the next six months, starting immediately.

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Proposed Overall Completion Date: 11/07/2024

Licensee's Proposed Overall Completion Date: *11/07/2024*

Implemented [redacted] 11/20/2024)

42v - Resident-Home Contract

4. Requirements

2600.
42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

On [redacted], the home failed to provide assistance in accessing health services to resident [redacted] as contracted for in the resident-home contract.

42v Resident Home Contract (continued)

Plan of Correction ***Accept (- 11/19/2024)***

All staff will be re educated by the Executive Director or AED on DHS regulation 2600.42.v to ensure that residents are receiving services contracted for in the resident home contract. Training will be completed by 9/30/2024.
The Executive Director, MCD or RCD will complete 5 random resident interviews weekly for 4 weeks, then biweekly x 2, to ensure the residents are receiving all services contracted for in the resident home contract.
The Executive Director and/or Assistant Executive Director are responsible for sustained compliance by discussing treating residents with dignity at monthly staff meetings for the next six months, starting immediately.

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Proposed Overall Completion Date: 11/07/2024

Licensee's Proposed Overall Completion Date: *11/07/2024*

Implemented - 11/20/2024)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident medical evaluation dated did not include a list of medications. The evaluation indicated see attached, however there was no attachments.

Plan of Correction ***Accept - 11/19/2024)***

2600.141.a
The Resident Care Director, Memory Care Director, AED, and Nurses will be re educated by the Executive Director by 9/18/2024 on DHS regulation 2600.141.a, to ensure that the resident records will include a current list of medications for each resident. This shall include having a medication list attached to the DME.
The original DME with med list was placed in the residents file on 8/29/2024. (see attachment)
The RCD and MCD will audit all residents' medical evaluations by 10/2/2024, to ensure all DME 's include a

141a 1-10 Medical Evaluation Information (continued)

medication regimen per 2600.141.a. Additionally, RCD and MCD will audit new, change in condition and annual DME's weekly x 4 then bi-weekly x 2.
The RCD and MCD are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: *11/07/2024*

Implemented [redacted] - 11/20/2024)

187a - Medication Record

6. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted]. However, resident's 7/2024 medication administration record does not indicate name and initials of the staff person administering the medication on 7/7/24.

Resident [redacted] is prescribed [redacted]. However, resident's 7/2024 medication administration record does not indicate the name and initials of the staff person administering the medication on July 22, 2024.

Plan of Correction ***Accept [redacted] - 11/19/2024)***

The RCD, MCD, Nurses and Med Techs will be re-educated by the executive director by 10/5/2024, on DHS 2600.187.a to ensure that the medication record requirements are adhered to, and to also ensure that the staff person administering the medication has documented the administration.
The RCD and MCD will audit the medication records weekly x 6 weeks to ensure that the person administering the medication has documented the administration.
The RCD and MCD are responsible for sustained compliance

Licensee's Proposed Overall Completion Date: *11/07/2024*

187a - Medication Record *(continued)*

Implemented [redacted] - 11/20/2024)

202 - Prohibitions

7. Requirements

2600.
202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

According to the progress notes on [redacted], at 4:48 pm, Seroquel was administered to resident [redacted] for agitation.

Repeat Violation: 1/4/2024

Plan of Correction ***Accept[redacted] - 11/19/2024)***

The MCD, RCD, AED, Nurses and Med Techs will be re-educated by the executive Director on DHS Regulation 2600.202.4, to ensure that chemical restraints are not used for the purpose of controlling acute or episodic aggressive behavior.
The MCD and RCD will audit resident's orders by 9/30/2024 to ensure that there are no orders with diagnoses of aggression. Then the MCD and RCD will audit new orders weekly x 6 weeks to ensure no medications are ordered for controlling acute or episodic aggressive behavior.
RDC and MCD are responsible for sustained compliance

Licensee's Proposed Overall Completion Date: *10/31/2024*

Implemented [redacted] - 11/20/2024)

227h - Support Plan Refuse Sign

8. Requirements

2600.
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plans on 6/28/2024 and 8/09/2024. Resident [redacted] did not sign the support plans. The home did not make a notation regarding the resident's inability or refusal to sign.

Repeat Violation: Renewal 3/18/2024

Plan of Correction ***Accept [redacted] 11/19/2024)***

2600.227.h Support Plan Refuse to Sign
The Resident Care Director and Memory Care Director were re-educated by the Executive Director on DHS regulation 2600.227.g, to ensure that if a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal shall be documented. Training was completed on 9/10/2024.
Memory Care Director and Resident Care Director will audit all support plans to ensure that they are signed and dated by all participants by 9/30/24. Then MCD and RCD will audit new, annual and updated RASPS bi-weekly X 3 to ensure continued compliance.
Resident Support Plan was unable to be corrected. Resident moved out of the community on 9/3/2024.
RCD and MCD are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: *11/07/2024*

Implemented [redacted] - 11/20/2024)

234a - Admission Support Plan

9. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on May 28, 2024. However, the resident's initial support plan was completed on June 28, 2024.

Plan of Correction ***Accept ([redacted] - 11/19/2024)***

The AED, Resident Care Director and Memory Care Director were re-educated by the Executive Director on DHS regulation 2600.234.a, to ensure that support plans will be created within 72 hours of the admission into a secured dementia care unit. Training was completed on 9/10/2024.
The Resident Support Plan was unable to be updated. The resident was transferred to the hospital on 8/13/2024, then moved out of the community on 9/3/2024.
The MCD will audit all resident support plans in Memory Care to ensure that the support plans have been created within 72 hours of admission. Then MCD will audit new admissions weekly X 6 weeks to ensure compliance with regulation 2600.234.a.
MCD is responsible for sustained compliance.

234a Admission Support Plan *(continued)*

Licensee's Proposed Overall Completion Date: *10/31/2024*

Implemented [redacted] - 11/20/2024)

252 - Record Content

10. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident [redacted] record does not include a record of incident reports for the individual resident.

Plan of Correction ***Accept ([redacted] - 11/19/2024)***

The AED, Resident Care Director and Memory Care Director were re educated by the Executive Director on DHS Regulation 2600.252, on 9/10/2024 to ensure that state reportable are kept in residents records.
The state reportable dated 8/13/2024 was placed in the resident's records.

252 Record Content (continued)

The RCD and MCD will complete and audit of the state reportables to ensure that all residents records include reportable incidents.
The MCD and RCD will audit resident records weekly x 6weeks to ensure Reportable incidents are stored in the resident records.
RCD is responsible for sustained compliance

Licensee's Proposed Overall Completion Date: *11/07/2024*

Implemented [redacted] - 11/20/2024)