

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

October 24, 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 09/24/2024 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:** 1 2      **Date:** 08/29/2013      **Issued By:** Willistown Twp

## Staffing Hours

**Resident Support Staff:**      **Total Daily Staff:** 154      **Waking Staff:** 116

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 09/24/2024

## Inspection Dates and Department Representative

09/24/2024 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

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

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** Evergreen      **Capacity:** 35      **Residents Served:** 26

## Hospice

**Current Residents:** 8

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 71  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 50      **Have Physical Disability:** 0

## Inspections / Reviews

## 09/24/2024 - Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/18/2024

## 10/17/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 10/18/2024  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 11/18/2024

Inspections / Reviews *(continued)*

10/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. 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.

Description of Violation

The home's policy on recording device's "prohibits the use of recording devices of any type, including the use of 'granny cams', in the Resident's apartment without the Community Executive Director's express written consent". The home has posted signs on the entrance doors of private apartments where video recording devices are in use.

Plan of Correction

Accept [redacted] - 10/17/2024)

All Directors will be re-educated by the Executive Director by 10/11/2024 on DHS regulation 2600.42.s to ensure that residents have the right to possess video recording devices without the homes knowledge.

The Associate Executive Director removed the camera in use signs from resident's apartment doors on 9/25/2024.

The Executive Director emailed all residents POA the attached letter, ensuring that they are aware of notifications of communication devices.

An audit was completed on 10/16/24, for residents with audio recording devices. Residents with audio recording devices have the attached signage on the apartment doors.

The Executive Director and AED are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented [redacted] - 10/24/2024)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] uses a rolling walker for ambulation. The assessment for resident [redacted] dated [redacted], does not indicate the resident has a need for ambulating and/or how this need will be met.

Plan of Correction

Accept [redacted] - 10/17/2024)

2600.225.c

The AED, RCD and MCD will be re-educated by the Executive Director by 10/11/2024, on DHS regulation 2600. 225.c to ensure that resident assessment plans are completed annually, with a change of condition or at the states request. The plans will include the resident needs and a plan to address the resident's needs.

Resident [redacted] assessment plan was amended to indicate the need and use of a walker, and our plan to address his needs. (Copy of the plan is attached)

The RCD and or MCD will audit all residents RASP by 10/18/24 to ensure that residents service plans are reflective of the resident's current needs.

The RCD and MCD will audit new and or updated RASPS Bi-weekly x2 weeks.

225c - Additional Assessment (continued)

*The RCD and MCD are responsible for sustained compliance.*

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 10/24/2024)