

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

January 24, 2025

[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 12/05/2024 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: 11/14/2025
 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: 119 Waking Staff: 89

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 12/05/2024

Inspection Dates and Department Representative

12/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 94 Residents Served: 81
 Secured Dementia Care Unit
 In Home: Yes Area: Garden House Capacity: 23 Residents Served: 16
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 81
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 38 Have Physical Disability: 2

Inspections / Reviews

12/05/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/02/2025

01/06/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/24/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/26/2025

Inspections / Reviews *(continued)*

01/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/24/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. 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 a bedside mobility device that is slid under the mattress and is not securely attached to the structure of the bed; the device slides out from under the mattress with minimal effort.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 01/06/2025)

Resident [redacted] bedside mobility device immediately removed by care staff. Family notified by RCD and educated on protocol for placing bedside mobility device. This was an isolated incident where the family brought in the device and placed on bed without communities' knowledge.

PCP for Resident [redacted] was contacted by RCD on 12-8-24 and order was obtained for bedside mobility device. Therapy evaluated resident on 12-8-24 for device and device ordered, secured to bed and care planned on 12-8-24.

Rounds were conducted on all rooms to ensure there were no unaccounted bedside mobility devices on 12-6-24. All bedside mobility devices that were identified by care staff were reviewed with RCD and confirmed that all residents had an order, therapy screen complete and devices were secured to the bed.

On December 30, 2024, the General Manager sent notification via mail to all residents and families providing education on bedside mobility devices and communities' protocol.

Prior to this 12-5-24 survey, a monthly audit was implemented and completed by RCD on 11-6-24.

RCD in process of training all care staff regarding bedside mobility devices and procedure to follow when a bedside mobility device is identified in a resident's room, to be completed by 1-3-25

Weekly audits of bedside mobility devices have been initiated as of 12-6-24 and will be completed by RCD/Designee x 3 months. 12-6-24 to 3-6-25

General Manager will review audits weekly x 3 months 12-6 24 to 3-6-25.

Regional Director of Heath Services will conduct random audits 2/month 12-6-24 through 3-6-25 to verify compliance.

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented ([redacted] - 01/24/2025)

82c - Locking Poisonous Materials

2. 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

Colgate Optic White Toothpaste, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact Poison Control Center right away", was unlocked, unattended, and accessible to resident [redacted]. Not all the residents of the home, including resident [redacted] have been assessed capable of recognizing and using poisons safely.

82c Locking Poisonous Materials (continued)

Head & Shoulders Clinical Strength Shampoo, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to resident [REDACTED]. Not all the residents of the home, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Baza Antifungal Cream, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to resident [REDACTED]. Not all the residents of the home, including resident [REDACTED], have been assessed capable of recognizing and using poisons safely.

Repeat violation: 8/6/2024

Plan of Correction

Accept [REDACTED] - 01/06/2025)

Poisonous Materials for residents [REDACTED] and [REDACTED] were immediately removed by care staff and secured in residents locked cabinet in bathroom.

Weekly audits were being conducted by GHD/Designee from 8 9 24 through 11 9 24

All care staff were re in serviced on poisonous materials in Garden House by Garden House Director & Regional Director of Health Services on 12 9 24.

Daily audits of Garden House rooms have been initiated as of 12 16 24. Audits will be completed by GHD/Designee x 3 months 12 16 24 to 3 16 25.

Daily audits will be reviewed weekly by the General Manger x 3 months, 12 16 24 to 3 16 25.

Regional Director of Health Services will conduct random audits 2/month x 3 months. 12 16 24 through 3 16 25 to verify compliance.

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented [REDACTED] - 01/24/2025)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] at 1:18 pm, an [REDACTED], prescribed to resident [REDACTED], was found in the home marked with an open date of [REDACTED]. According to the manufacturer's instructions, the pen should be disposed of 28 days after opening.

Plan of Correction

Accept [REDACTED] - 01/06/2025)

The [REDACTED] with an open date of [REDACTED] for resident [REDACTED] was immediately removed and re ordered by Med Tech.

In service in process with Med Techs by RCD to review expiration dates of [REDACTED]. Completion date 1 3 25

Weekly audits of all insulin will be conducted by RCD/Designee x 3 months. 12 6 24 to 3 6 25.

Audits will be reviewed by General Manager bi monthly x 3 months. 12 6 24 to 3 6 25

183e Storing Medications (continued)

Regional Director of Health Services will conduct random audits 2/month x 3 months. 12 6 24 to 3 6 25 to verify compliance.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented [redacted] - 01/24/2025)

185a - Implement Storage Procedures

4. 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

On the following dates and times, [redacted] tab 1/2 tablet by mouth twice daily as needed, prescribed to resident [redacted] was signed out on the controlled substance log, however, administration was not documented in the resident's November 2024 medication administration record (MAR): [redacted] at 7:30 am, [redacted] at 10:30 am, [redacted] at 7pm, [redacted] at 6:30pm, [redacted] at 11:30 am, [redacted] at 7:10 am, and [redacted] at 8 pm.

Plan of Correction

Accept [redacted] - 01/06/2025)

RCD identified the Med Techs involved and provided verbal education on documentation of prn narcotics.

In service in process by RCD with all Med Techs to ensure proper documentation is being completed when administering prn medications. Completion date 1 3 25

RCD/Designee to complete weekly audits of all prn narcotics to ensure documentation of prn narcotics are recorded on MAR and Narc log x 3 months. 12 6 24 to 3 6 25

General Manager will review weekly audits x 3 months ,12 6 24 to 3 6 25.

Regional Director of Health Services will conduct random audits 2/month x 3 months. 12 6 24 to 3 6 25 to verify compliance.

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented [redacted] - 01/24/2025)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [redacted], dated [redacted], indicates the resident has a need for Managing Finances, Securing and Using Transportation, and Shopping, but does not list a description of the service needs or a plan on how these

227d - Support Plan Medical/Dental (continued)

service needs will be met.

Plan of Correction

Accept [redacted] - 01/06/2025)

The Support Plan for Resident [redacted] was immediately updated by RCD to reflect how the needs of managing finances, securing, and using transportation and shopping will be met.

The home completes an assessment on every resident as well as the RASP, effective 11-15-24 all of the components of the RASP have been incorporated into the assessment that is completed. This will eliminate any omissions on how the needs of the residents will be met.

Audit of RASP in process by RCD to ensure all resident care plans reflect how residents' needs will be met to be completed by 1-24-25.

Weekly audits will be conducted by the RCD/Designee 12-6-24 to 3-6-25.

Regional Director of Health Services to review assessments monthly to verify compliance. 12-6-24 to 3-6-25

Licensee's Proposed Overall Completion Date: 01/24/2025

Implemented [redacted] - 01/24/2025)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan, nor is there documentation as to why the resident did not sign.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 01/06/2025)

Resident [redacted] is a Garden House (memory care resident). The support plan was immediately updated to reflect resident unable to sign by Regional Director of Health Services after confirming with GHD, resident was unable to sign. The Responsible Parties signature was on the support plan.

As per the POC submitted and accepted on 11-5-24 for Survey 10-7-24 &

10-16-24. All Garden House support plans had been audited by the RCD on 10-31-24 ensuring that signatures by Responsible Party and resident representatives are in compliance. The POC did not indicate reviewing resident signatures. Based on this information we kindly request this to be reconsidered as a repeat violation.

In-service conducted by Regional Director of Health Services with Garden House Director and Resident Care Director on 12-9-24 reviewing regulation on signatures of support plans for Garden House (memory care) residents.

A re-audit of all Garden House resident assessments was completed on 12-11-24 by GHD and Regional Director of Health Service, to ensure if resident was unable to sign, the appropriate box was checked.

Weekly audit to be conducted by GHD/Designee on all assessments to ensure compliance x 3 months. 12-9-24 to 3-9-25.

227g -Support Plan Signatures (continued)

Regional Director of Health Services to review assessments monthly to verify compliance x 3 months. 12-9-24 to 3-9-25

Licensee's Proposed Overall Completion Date: 01/02/2025

Implemented [REDACTED] - 01/24/2025)