

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

March 18, 2025

[REDACTED] REGIONAL DIRECTOR OF OPERATIONS
ARHC WHWCHPA01 TRS LLC
1361 EAST BOOT ROAD
EXECUTIVE DIRECTOR
WEST CHESTER, PA, 19380

RE: WELLINGTON COURT AT HERSHEY'S
MILL
1361 EAST BOOT ROAD
WEST CHESTER, PA, 19380
LICENSE/COC#: 14136

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/11/2024, 12/12/2024 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: WELLINGTON COURT AT HERSHEY'S MILL **License #:** 14136 **License Expiration:** 03/23/2025
Address: 1361 EAST BOOT ROAD, WEST CHESTER, PA 19380
County: CHESTER **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: ARHC WHWCHPA01 TRS LLC
Address: 1361 EAST BOOT ROAD, EXECUTIVE DIRECTOR, WEST CHESTER, PA, 19380
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 01/31/2008 **Issued By:** East Goshen Township
Type: I-2 **Date:** 01/31/2008 **Issued By:** East Goshen Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 140 **Waking Staff:** 105

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/12/2024

Inspection Dates and Department Representative

12/11/2024 - On-Site: [REDACTED]
12/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 114 **Residents Served:** 79

Secured Dementia Care Unit

In Home: Yes **Area:** Lower Level **Capacity:** 40 **Residents Served:** 33

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 79
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 61 **Have Physical Disability:** 1

Inspections / Reviews

12/11/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/17/2025

Inspections / Reviews (*continued*)

02/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/10/2025

02/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/18/2025

03/18/2025 Document Submission

Submitted By: [REDACTED] *ith*

Date Submitted: 03/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 12/12/24 at 9:00 A.M., the second floor narcotic log was unlocked, unattended, and accessible on the second floor medication cart.

Plan of Correction

Accept () - 02/14/2025

- Narcotic binder was placed in locked medication cart by Health and Wellness Director (HWD) at time of incident on 12/12/2024.
- HWD will conduct training for all RNs, LPNs, and Med Techs, on proper protocol in accordance with regulation 2600.17. All training to be completed no later than 12/30/24.
- HWD or Assistant Wellness Director to complete random cart checks weekly for with a start date of 12/16/2024 and end date of 2/15/2025.
- The Executive Director will discuss & review audits with current Directors in attendance at next Quality Assurance meeting on 1/8/2025.

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented () - 03/18/2025

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 02/14/2025

- Direct Care Staff Person "A" removed from all direct care duties on 2/10/25 indefinitely or until requirement is met.
- Community started process for a Waiver of Eligibility on 12/11/2024 for the employee.
- Human Resources Director and Executive Director will audit all employee files to confirm eligibility of employment as it pertains to 2600.54.C. Audit to begin on 12//13/2024 with an end date of no later than 12/30/2024.
- Human Resources Director will review all new hires for eligibility starting 12/12/2024 and continuing in perpetuity.
- The Executive Director will discuss & review audits with current Directors in attendance at next Quality Assurance meeting on 1/8/2025.

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented () - 03/18/2025

65f - Training Topics

3. Requirements

2600.

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

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct Care Staff Person B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year January 1, 2023 to December 31, 2023.

Plan of Correction

Accept (████) - 02/05/2025)

- Health and Wellness Director completed training for this employee on 12/16/2024
- On 12/16/24 specific training for 65F was added to this employee's annual Relias training beginning in 2025.
- Human Resources Director will audit all employee training files for completion of training in accordance with regulation 2600.65.f. Audit to be completed no later than 12/20/2024.
- The Executive Director will discuss & review audits with current Directors in attendance at next Quality Assurance meeting on 1/8/2025.

Licensee's Proposed Overall Completion Date: 01/13/2025

Implemented (████) - 03/18/2025)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 1's most recent medical evaluation was completed on ██████. The resident's previous medical evaluation was completed on ██████. Resident # 1 did not have a medical evaluation completed for the year of 2024.

Plan of Correction

Accept (████) - 02/14/2025)

- New annual DME for this resident completed and placed in chart on 12/13/2024 by Health and Wellness Director (HWD).
- All DMEs to be reviewed and audited by HWD or Assistant Wellness Director (AWD) no later than 12/30/2024 to ensure DMEs have been completed annually in accordance with regulation 2600.141.b.
- HWD will conduct a training for all LPNs and AWD on observation and appropriate completion of an annual DME. Training to be completed no later than 12/30/2024.
- HWD or AWD will conduct monthly audits of DMEs, after initial audit, for two months. Audit dates as follows: 1/15/25 – 2/15/2025.
- Tracking tool put in place by HWD for DME completion date on 12/30/2024. Tracker to be utilized indefinitely.
- The Executive Director will discuss & review audits with current Directors in attendance at next Quality Assurance meeting on 1/8/2025.

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented (████) - 03/18/2025)

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 12/8/24 to 12/14/24 was posted. However, the menu for the week of 12/15/24 to 12/21/24 was not posted.

Plan of Correction

Accept ([REDACTED] - 02/14/2025)

- Menu posted in conspicuous area by Director of Dining Services (DDS) on 12/11/2024 while surveyors were on site.
- Executive Director to conduct training for Executive Chef, Dining Room Manager, and Lead Server on regulation 2600.162.c regarding menu posting in advance. Training to be completed no later than 12/30/2024.
- Executive Chef to complete weekly audits for proper menu postings weekly for three months with a start date of 12/16/2024 and end date of 2/15/2025.
- The Executive Director will discuss & review audits with current Directors in attendance at next Quality Assurance meeting on 1/8/2025.

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented ([REDACTED] - 03/18/2025)

184b Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 12/12/24, a package of slow release iron belonging to Resident # 2 was in the medication cart and was not labeled with the resident's name.

Plan of Correction

Accept ([REDACTED] - 02/14/2025)

- Medication was labeled in accordance with regulation 2600.184 at time of survey on 12/12/2024 by Health and Wellness Director (HWD).
- HWD and Assistant Wellness Director (AWD) will conduct a training for all LPNs and Med Techs on medication labeling in accordance with regulation 2600.184. Training to be completed no later than 12/30/2024.
- HWD or AWD will conduct weekly audits of medication carts with a start date of 12/16/2024 with an end date of 2/15/2025 to ensure compliance of medication labeling.
- The Executive Director will discuss & review audits with current Directors in attendance at next Quality Assurance meeting on 1/8/2025.

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented ([REDACTED] - 03/18/2025)