



Pennsylvania Department of Human Services

Emailing date: May 30, 2025

[REDACTED]
[REDACTED]
LCS Bellingham Tenant, LLC
[REDACTED]
[REDACTED]

RE: Bellingham at West Chester
1615 East Boot Road
West Chester, Pennsylvania 19380
License #: 151990

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 24, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

May 27, 2025

[REDACTED]
LCS Bellingham Tenant LLC
[REDACTED]

RE: Bellingham at West Chester
1615 East Boot Road
West Chester , PA , 19380
LICENSE/COC#: 151990

Dear [REDACTED] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2025 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: *Bellingham at West Chester* License #: *151990* License Expiration:

Address: *1615 East Boot Road, West Chester, PA 19380*

County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *LCS Bellingham Tenant LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *05/04/2023* Issued By: *East Goshen Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

Inspection Information

Type: *Full* Notice: *Announced* BHA Docket #:

Reason: *Change Legal Entity* Exit Conference Date: *02/24/2025*

Inspection Dates and Department Representative

02/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *51*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care Unit* Capacity: *24* Residents Served: *12*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*

Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

02/24/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/22/2025*

03/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/15/2025*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2025*

Inspections / Reviews *(continued)*

04/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/30/2025

05/27/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2025

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 2/24/2025, the medication room in the memory care unit where resident information is kept was unlocked, unattended, and accessible to all.

Plan of Correction

Accept () - 03/24/2025)

The Wellness Staff and Directors will be re-educated by the Executive Director by 3/22/2025, on regulation 2600.17 to ensure that all residents records are kept secured and locked away.

The Director of Nursing, Business Office Director or designee will audit/ survey public access areas randomly, multiple times weekly for 4 weeks, to ensure that all records are kept confidential and secured.

Director of Nursing and Business Office Director are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented () - 04/16/2025)

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

Scent Sational, an odor eliminator, with a manufacturer's label indicating "Keep out of the reach of children, immediately call poison control or a doctor" was unlocked, unattended, and accessible to residents in the memory care unit. Not all the residents of the home, including residents in the memory care unit, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept () - 03/24/2025)

The products noted were immediately removed from the memory care community at the time of the survey.

The Wellness Staff and Directors will be re-educated by the Executive Director and or Director of Nursing by 3/22/2025, on regulation 2600.82c to ensure that poisonous materials are kept secured away from the residents.

The Director of Nursing and or designee will complete random audits multiple times weekly for 4 weeks, to ensure that all poisonous materials are secured and locked away from residents.

The Director of Nursing and ADON are responsible for sustained compliance

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented () - 04/16/2025)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/24/2025, there was a full, uncovered, unattended trash can in the main kitchen.

Plan of Correction

Accept (████ - 03/24/2025)

The trash receptacles were immediately covered during the time of the survey.

The Dining Director, Executive Chef, Dining room manager, and cooks will be re-educated by The Executive Director by 3/22/2025, on regulation 2600.85.d to ensure that the trash receptacles are kept covered while unattended.

The Dining Director, Executive Chef and / or Dining room manager will audit trash receptacles daily X 2 weeks, then random audits multiple times weekly X 2, to ensure the receptacles are covered.

The Dining Director and Executive Chef are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented (████ - 04/16/2025)

86b - Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathrooms in the personal care and memory care units do not have an operable window or ventilation fan. The fan is inoperable, and there is no window in the bathroom.

Plan of Correction

Accept (████ - 04/03/2025)

The Maintenance Director and Maintenance Technicians were re-educated by the Executive Director on 3/13/2025 on regulation 2600.86.b

A full house Audit was completed on 3/21/25, to identify apartments with inoperable ventilation.

In Personal care, it was noted that 2 roof top motors need to be replaced. We purchased the motors on 3/24 and are awaiting delivery, they will be installed once received.

In MC, there are 4 apartments that require duct work to make the exhaust operational.

We are contracting with a vendor to complete the repairs.

It is estimated that the repairs will be completed within the next thirty days 4/30/2025.

The Maintenance Director is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (████ - 05/27/2025)

93a - Handrails

5. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

93a - Handrails (continued)

Description of Violation

The ramp, leading to one of the main entrances in the personal care unit, does not have a well-secured handrail. Four of the poles on the handrail are missing or broken.

Plan of Correction

Accept [redacted] - 03/24/2025)

The Maintenance Director and Maintenance Technicians were re-educated by the Executive Director on 3/13/2025 on regulation 2600.93.a, to ensure that all handrails are well secured.

The four poles identified at the time of survey were replaced and are well secured.

The Maintenance Director will complete a full house audit of all handrails in Personal care and memory care by 3/30/25, to ensure they are well secured.

The Maintenance Director is responsible for sustained compliance

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 04/16/2025)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Room A114 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 03/24/2025)

The Directors were re-educated by the Executive Director on 3/14/2025, on regulation 2600.101.j, to ensure that each resident has an operable source of light that can be operated at bedside.

An operable push button light source was installed at bedside in room A-114 on 2/25/2025.

The Maintenance Director will complete a full house audit by 3/31/25 to ensure that all apartments have operable bedside lighting.

The Maintenance Director is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 04/16/2025)

103c - Food Protected

7. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

103c - Food Protected (continued)

Description of Violation

There was an uncovered tray of salad stored in the refrigerator of the main kitchen.

Plan of Correction

Accept [redacted] - 03/24/2025)

The Dining Director, Executive Chef, Dining room Manager and Cooks were re-educated by the Executive Director on 3/14/2025, on regulation 2600.103.c to ensure that stored refrigerated food is protected and covered.

The tray of food was discarded at the time of the survey.

The Dining Director and or the Executive Chef will complete random daily audits X 2 weeks, Then Random audits multiple times weekly x 2 weeks to ensure that food is protected, covered and stored correctly.

The Dining Director is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented [redacted] - 04/16/2025)

103i - Outdated Food

8. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were unlabeled, undated bags of French fries, carrots, onion rings, and hashbrowns in the main kitchen freezer.

Plan of Correction

Accept [redacted] - 03/24/2025)

The Dining Director, Executive Chef, Dining room Manager and Cooks were re-educated by the Executive Director on 3/14/2025, on regulation 2600.103.i to ensure that food is dated and labeled when opened.

Unlabeled / undated food was discarded at the time of the survey.

The Dining Director and or the Executive Chef will complete random daily audits X 2 weeks, Then Random audits multiple times weekly x 2 weeks to ensure that food labeled and dated immediately after opening and or preparation.

The Dining Director is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented [redacted] - 04/16/2025)

123b - Emergency Procedures Posted

9. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 03/24/2025)

The Directors and the receptionist were re-educated by the Business Office Director on 3/14/2025, on regulation 2600.123.b to ensure that the emergency procedures are posted in an conspicuous public place.

123b - Emergency Procedures Posted (continued)

At the time of the survey, the EP binder was placed on the front desk, accessible to the public. The Executive Director and or the Business office Director will complete random daily audits X 1week, then weekly x 3 weeks to ensure that the EP binder is accessible to the public

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented [redacted] - 04/16/2025)

124 - Notice to Fire Department

10. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, the location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept [redacted] - 03/24/2025)

The Business Office Director and Director of Nursing were re-educated by the Executive Director on 3/14/2025, on regulation 2600.124 to ensure that the Fire Department is notified of the assistance needed to evacuate the community in an emergency.

Violation was corrected at the time of survey. The fire department was notified of the residents' needs in the event of an emergency.

The director of nursing is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented [redacted] - 04/16/2025)

125a - Combustible Storage

11. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A can of Fire Block Foam with a manufacturer's label indicating "Danger! Extremely Flammable" was located near the boilers and hot water heaters.

Plan of Correction

Accept [redacted] - 03/24/2025)

The Directors and Maintenance team were re-educated by the Executive Director on 3/14/2025, on regulation 2600.125.a to ensure that all flammable products are kept away from heat sources.

125a - Combustible Storage (continued)

Violation was corrected at the time of survey. The can of fire block was removed from the boiler room.

A full House Audit will be completed by 3/31/25, then weekly audits x 4 will be completed to ensure that there is no combustible products are located in heat sourced areas.

The Maintenance Director is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented [REDACTED] - 04/16/2025)