

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

May 8, 2025

[REDACTED], REGIONAL VICE PRESIDENT  
SHP V WILLISTOWN LLC  
[REDACTED]

RE: ARBOR TERRACE WILLISTOWN  
1713 WEST CHESTER PIKE  
WEST CHESTER, PA, 19382  
LICENSE/COC#: 14245

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2025, 03/04/2025 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: *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-1* Date: *11/01/2021* Issued By: *West Whiteland Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *121* Waking Staff: *91*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/04/2025*

**Inspection Dates and Department Representative**

03/03/2025 - On-Site: [REDACTED]  
 03/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *104* Residents Served: *77*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Evergreen* Capacity: *35* Residents Served: *27*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *44* Have Physical Disability: *0*

**Inspections / Reviews**

**03/03/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/05/2025*

**04/03/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/08/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2025*

Inspections / Reviews *(continued)*

04/07/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/25/2025

05/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/4/25 the home's Pa 55 Chapter 2600 regulation book was not posted in a conspicuous and public place in the home.

Repeat Violation: 3/18/24 et al

Plan of Correction

Accept (████) - 04/07/2025

Upon discovery of the 55 Pa. Code Chapter 2600 regulation was not posted in a conspicuous and public place in the home. The Executive Director relocated the 55 Pa. Code Chapter from the front desk to a common area bulletin board stating the 55 Pa. Code Chapter 2600 book is now located with our current license and inspection summary. There is also signage at the front desk stating where to find these items. The Executive Director completed an in-service on 3/5/25 with the receptionists to make them aware where to direct anyone requesting to view the information.

The Executive Director will randomly monitor the bulletin board going forward to ensure that 55 Pa. Code Chapter 2600 and current violation report is posted in a conspicuous place.

The Executive Director will audit the bulletin board starting 4/4/25 weekly x 4 to ensure regulations book is in a conspicuous place.

The Executive Director is responsible for ongoing sustained compliance.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented (████) - 05/08/2025

26b - Quality Management Plan Content

2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management plan does not include the following topics:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

26b - Quality Management Plan Content (continued)

**Plan of Correction**

Accept (████ - 04/03/2025)

The Executive Director re-educated the Department Head team that we will be meeting quarterly as a Quality Management Committee. We will meet quarterly to review and evaluate compliance with the following areas:

- Reportable Incidents and Conditions reporting procedures
- Complaint procedures
- Staff Person Training
- Licensing violations and plans of correction, if applicable
- Resident council
- Other areas identified to be at risk and/or identified in licensure violations and included in an approved plan of correction

Participants in the Quality Management Plan include, but are not limited to:

- Executive Director
- Resident Care Director
- Memory Care Director
- Business Office Director
- Maintenance Director
- Engagement Director
- Dining Director
- Other, as applicable

The Executive Director is responsible for leading Quality Management Committee and ongoing sustained compliance. The next scheduled meeting will be on 4/4/25.

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

Implemented (████ - 05/08/2025)

81b - Resident Personal Equipment

**3. 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 # 1 has a bedside mobility device that is not attached to the bed frame, is uncovered, and has openings of 11 inches wide by 21 inches high presenting a risk of entrapment. The bedside mobility device was slide under the mattress and is not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstance

Resident # 2 has a bedside mobility device that is not attached to the bed frame, is uncovered, and has openings of 11 inches wide by 21 inches high presenting a risk of entrapment. The bedside mobility device was slide under the mattress and is not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstance

Repeat Violation: 3/18/24 et al

81b - Resident Personal Equipment (continued)

**Plan of Correction**

**Accept (█ - 04/07/2025)**

*The Resident Care Director, Memory Care Director, and Maintenance Director were re-educated on 4/1/25 by the Executive Director on DHS regulation 2600.81b to ensure that residents personal equipment/enabler bars are clean, in good repair and free of hazards.*

*The Resident Care Director, Memory Care Director, and Maintenance Director completed an audit of all bed enablers on 4/1/2025.*

*The Resident Care Director and Memory Care Director will continue to audit the enablers weekly x 4 weeks to ensure continue compliance.*

*The Maintenance Director to complete a monthly checklist starting 4/1/25 x 4 weeks to ensure that residents personal equipment/enabler bars are clean, in good repair and free of hazards and is responsible for ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 04/23/2025**

**Implemented (█ - 05/08/2025)**

85e - Trash Outside Home

**4. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 3/4/25 there was a washing and drying unit, wheelchair, plastic shelves, and uncovered trashcan outside of the dumpster filled to the top of the can. There was also a tied up bag of trash in the parking lot located, between the fence and a row of cars, away from the dumpster area.*

*Repeat Violation: 3/18/24 et al*

**Plan of Correction**

**Accept (█ - 04/07/2025)**

*The Maintenance Director and Maintenance Assistant were re-educated on DHS regulation 2600.85e by the Executive Director on 3/5/25 to ensure all trash outside of the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.*

*The Maintenance Director and Maintenance Assistant will audit the grounds of community starting on 4/1 weekly x 4 weeks to ensure all trash outside is in covered receptacles.*

*The Maintenance Director is responsible for ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 04/23/2025**

**Implemented (█ - 05/08/2025)**

95 - Furniture and Equipment

**5. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*The toilet paper holder in bedroom 119 in the Memory Care Unit was broken. The toilet paper holder has a broken section which protrudes from the wall, potentially catching clothing or an assistive device such as a walker which poses a hazard.*

**Plan of Correction**

**Accept (████ - 04/07/2025)**

*The Executive Director and Maintenance Director will complete a re-education for all-staff in the community on DHS regulation 95. All staff is responsible for reporting any furniture or equipment that is not in good repair, not clean, or not free of hazards. Staff are educated to inform front desk to put in a work order in our TELS system to have it replaced/repared by Maintenance Team.*

*The Maintenance Director is responsible for managing TELS system work orders and ongoing compliance. Starting on 3/31 the Maintenance Director will view TELS work orders dashboard weekly x 4 to ensure ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 04/23/2025**

**Implemented (████ - 05/08/2025)**

**181f - Record of Medication**

**6. Requirements**

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

**Description of Violation**

*On 3/4/25, Resident #3's record did not include a current list of medications. The list in the resident's record included hycoscyamine and albuterol which the resident is no longer taking. Resident # 3 also had the below listed over the counter medications that are not present on the medication list:*

- 1. CVS Health Stool Softner Docusate Sodium 100 mg
- 2. Care One Allergy Relief Loratidine 10mg

**Plan of Correction**

**Accept (████ - 04/07/2025)**

*Immediately upon identification of the deficiency, the medication records for all residents who self-administered medications were reviewed by the Resident Care Director to ensure they contain a current and complete list of prescription, CAM, and OTC medications. The Executive Director and Resident Care Director completed an in-service on 3/10/25 to re-educate the Wellness Nurse and Medication Technician of regulation 181f that resident's record shall include current list of prescription, CAM, and OTC medications for each resident who is self-administering their medications.*

*The Resident Care Director will continue to audit resident records of resident's who are self-administrating starting on 4/1 weekly x 4 weeks to ensure continued compliance.*

*The Resident Care Director is responsible for ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 04/23/2025**

**Implemented (████ - 05/08/2025)**

183b - Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 3/4/25 at 12:27 P.M., vitamin C, vitamin D, magnesium, vitamin B-12, and presvision areds were unlocked, unattended, and accessible in resident bedroom 227. Resident bedroom 227 has two residents residing in this room and neither resident is able to self-administer their medications.

Plan of Correction

Accept ( [redacted] ) - 04/07/2025

Immediately following the discovery, all medications in #227 were secured in a locked container as per regulation requirements. The Resident Care Director did an audit to ensure that no other OTC medications or syringes were unsecured in the community. The Executive Director and Resident Care Director will complete an in-service on 4/17/25 with all staff members to re-educate on regulation 183b, all prescription medications, OTC medications, CAM and syringes shall be kept locked. All staff entering resident rooms, especially caregivers will check daily in resident rooms, other areas throughout the community to ensure that medications, syringes, and CAM are securely locked.

The Resident Care Director and Memory Care Director will continue to audit medications starting 4/1 weekly x 4 weeks to ensure continue compliance.

The Resident Care Director and Memory Care Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented ( [redacted] ) - 05/08/2025

183e - Storing Medications

8. 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 3/24/25 at 12:27 P.M., 4 bottles of expired medications were present in bedroom 227 to include:

- Super B - expired 12/2024
- Vitamin D - expired 6/2024
- Presvision Areds - expired 1/2025
- Turmeric Supplement - expired 2/2025

Plan of Correction

Accept ( [redacted] ) - 04/07/2025

The Executive Director and Resident Care Director re-educated the Wellness Nurse and Medication Technician's on 3/10/25 about medication storage, focusing on the importance of proper storage methods for all medications and accordance with the manufacturer's instructions.

The Resident Care Director and Memory Care Director will continue to audit medications starting 4/1 weekly x 4

**183e - Storing Medications (continued)**

weeks to ensure continue compliance.

*The Resident Care Director and Memory Care Director are responsible for ongoing compliance.*

**Licensee's Proposed Overall Completion Date:** 04/23/2025

**Implemented (** [REDACTED] **- 05/08/2025)**

**187d - Follow Prescriber's Orders****9. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #4 is prescribed accuchecks prior to meals at 8:00 A.M., 11:00 A.M., and 4:00 P.M. and Lispro Kwikpen 100Unit/ml subcutaneously per sliding scale (150-200 =2 units, 201-250 =4 units, 251-300 =6 units, 301-350 =8 units, 351-400 = 10 units, 401-450 =12 units, >451 call physician). On 3/3/25 at 11:00 A.M, Resident # 4's blood glucose level was not checked, and Lispro Kwikpen was not administered.*

**Plan of Correction**

**Accept (** [REDACTED] **- 04/07/2025)**

*The Executive Director and Resident Care Director re-educated the Wellness Nurse and Medication Technician's on 3/10/25 about following the directions of the prescriber.*

*The Resident Care Director and Memory Care Director will audit medications administration records starting 4/1 weekly x 4 weeks to ensure continue compliance.*

*The Resident Care Director and Memory Care Director are responsible for ongoing compliance.*

**Licensee's Proposed Overall Completion Date:** 04/23/2025

**Implemented (** [REDACTED] **- 05/08/2025)**