

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

July 18, 2025

[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 05/29/2025 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: Total Daily Staff: 128 Waking Staff: 96

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 05/29/2025

Inspection Dates and Department Representative

05/29/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 104 Residents Served: 82
 Secured Dementia Care Unit
 In Home: Yes Area: Evergreen Capacity: Residents Served: 29
 Hospice
 Current Residents: 6
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 46 Have Physical Disability: 0

Inspections / Reviews

05/29/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/28/2025

07/02/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/16/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/07/2025

Inspections / Reviews *(continued)*

07/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/16/2025

07/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration during training year 2024.

Plan of Correction

Accept () - 07/02/2025

Business Office Director and/or Executive Director starting on 6/23 will audit 2024 annual training binder to ensure all employees have received the training for the training topics required. All employees who did not receive the 2024 annual training required will receive the training by 7/11/25. Arbor Terrace Willistown's 2025 annual training plan includes all 2600.65.f. Training topics required.

The Business Office Director is responsible for ongoing training compliance.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented () - 07/18/2025

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 toothpaste, with a manufacturer's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", and, Head and Shoulders shampoo, with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center right away" was unlocked, unattended, and accessible to residents in room (). Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept () - 07/02/2025

Memory Care Director starting on 6/16 will audit resident rooms in our secured dementia unit biweekly x 4 weeks to ensure all poisonous materials are kept in resident's locked cabinet. The Memory Care Director and Executive Director re-educated care staff on DHS regulation 82C. The Memory Care director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented () - 07/18/2025

183a - Original Containers and Injections

3. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On [REDACTED] at 11:00 PM, one half-tablet of [REDACTED] for Resident [REDACTED] was signed out in the controlled drug record, however, this medication was not administered to Resident [REDACTED] until [REDACTED] at 1:55 AM.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

The Executive Director and Memory Care Director re-educated the Wellness Nurse and Medication Technician's on 6/26/25 about recording the medication administration time at the same time the medication was administered. The Memory Care Director will audit medications administration records starting 6/16 weekly x 4 weeks to ensure continuing compliance.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented [REDACTED] - 07/18/2025)

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED] prescribed for resident [REDACTED] was in the home's medication cart; however, the medication was discontinued on [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/08/2025)

The Memory Care Director immediately audited the Med cart and removed all discontinued medications from the cart. The Memory Care Director educated all medication techs on policy. The Memory Care Director starting on 6/16/25 will audit medications weekly x 4 weeks to ensure all discontinued medications are removed from the medication cart and Medication Administration Records (MARs).

The Memory Care Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented [REDACTED] - 07/18/2025)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

184a - Resident's Meds Labeled (continued)

Description of Violation

A bottle of [REDACTED], presumed to belong to Resident [REDACTED] did not include a label indicating the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, and/or the name and title of the prescriber.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

The Memory Care Director immediately audited the Med cart to ensure compliance with regulation 184a. The Executive Director and Memory Care Director re-educated the Wellness Nurse and Medication Technician's on 6/26/25 about the 5 rights of Medication Administration. The Memory Care Director will audit medications administration records starting 6/16 weekly x 4 weeks to ensure continuing compliance. The Memory Care Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented [REDACTED] - 07/18/2025)

185a - Implement Storage Procedures

6. 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

Resident [REDACTED] is prescribed [REDACTED] 1/2 tablet (.25 mg) by mouth every 4 hours as needed. On [REDACTED] at 4:12 PM, the resident's medication administration record (MAR) indicates this medication was administered to the resident, however, [REDACTED], 1/2 tablet (.25 mg) was not signed out on the controlled drug record on this date and time. The home's medication policy states "All controlled substances must be securely stored and accurately tracked".

On [REDACTED] at 10:14 AM, the following pro re nata (PRN) medications prescribed to Resident [REDACTED] were not available in the home:

- [REDACTED]
- [REDACTED]

On [REDACTED] at 10:26 AM, the following pro re nata (PRN) medications prescribed to Resident [REDACTED] were not available in the home:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/08/2025)

The Memory Care Director immediately audited the Med cart to ensure all PRN medications are available for residents who have a physician's order for them. The Executive Director and Memory Care Director re-educated the Wellness Nurse and Medication Technician's on 6/26/25 about recording the medication administration time at the same time the medication was administered. The Memory Care Director will audit medications administration

185a - Implement Storage Procedures (continued)

records starting 6/16 weekly x 4 weeks to ensure continuing compliance.
The Memory Care Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented () - 07/18/2025)

187b - Date/Time of Medication Admin.**7. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident () is prescribed (), 1/2 tablet (.25 mg) by mouth every 4 hours as needed. On () at 3:07 PM, (), 1/2 tablet (.25 mg) was signed out on the controlled drug record, however, Resident () May 2025 medication administration record (MAR) does not include the initials of the staff person who administered () mg, 1/2 tablet (.25 mg) on () at 3:07 PM.

Plan of Correction

Accept () - 07/02/2025)

The Executive Director and Memory Care Director re-educated the Wellness Nurse and Medication Technician's on 6/26/25 about recording the medication administration time at the same time the medication was administered. The Memory Care Director will audit medications administration records starting 6/16 weekly x 4 weeks to ensure continuing compliance.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented () - 07/18/2025)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

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

Description of Violation

Resident () is prescribed (), 1 tablet by mouth once a day. However, this medication was not administered to Resident () on () at 9:00 AM because the medication was not available in the home.

The below medications prescribed to Resident () were not administered on the following dates and times because the medications were not available in the home:

- (), 1 tablet by mouth twice a day, was not available on () at 8:00 PM.
- (), 1 tablet by mouth every week on Mondays, was not available on () at 6:00 AM.
- (), 1/2 tablet (12.5 mg) by mouth at bedtime, was not available on () and () at 8:00 PM.

Plan of Correction

Accept () - 07/02/2025)

The Executive Director and Memory Care Director re-educated the Wellness Nurse and Medication Technician's on 6/26/25 about following the directions of the prescriber. The Memory Care Director will audit medications

187d - Follow Prescriber's Orders (continued)

administration records starting 6/16 weekly x 4 weeks to ensure continuing compliance.
The Memory Care Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented (█) - 07/18/2025)

231e - No Objection Statement**9. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident █ was admitted to the Secure Dementia Care Unit (SDCU) on █. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident █ was admitted to the Secure Dementia Care Unit (SDCU) on █. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept (█) - 07/02/2025)

The Business Office Director, Memory Care Director, and Community Sales Director were re-educated on DHS regulation 2600.231e. The Business Office Director to audit all current secured dementia residents to ensure they all have the "no objection statement" in the admin file by 7/7/25.

The Business Office Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/07/2025

Implemented (█) - 07/18/2025)

233c - Key-Locking Devices**10. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the exit door in the Namaste Room of the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept (█) - 07/08/2025)

Upon discovery, the maintenance director immediately posted code in a conspicuous area. The Maintenance Director and Maintenance Assistant were re-educated on DHS regulation 2600.233c by the Executive Director on 5/30 to ensure the directions for home locking mechanism are conspicuously posted near the exit door. The Maintenance Director and Maintenance Assistant will audit our key-locking devices in the community weekly x 4 weeks to ensure compliance.

The Maintenance Director is responsible for ongoing compliance.

233c - Key-Locking Devices *(continued)*

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented [REDACTED] - 07/18/2025)

236 - Staff Training

11. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had only 5.25 hours of training in dementia care during the 2024 training year.

Plan of Correction

Accept [REDACTED] - 07/02/2025)

Business Office Director and/or Executive Director to audit all care employee training records to ensure all employees have received the required training hours. All care employees who did not receive dementia care and services training will receive the training by 7/11/25. Arbor Terrace Willistown's 2025 annual training plan includes all 2600.65.f. Training topics required and required hours related to dementia care and services. The Business Office Director is responsible for ongoing training compliance.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented [REDACTED] - 07/18/2025)