

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

July 28, 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 06/12/2025 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: 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: 116 Waking Staff: 87

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 06/12/2025

Inspection Dates and Department Representative

06/12/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 94 Residents Served: 78

Secured Dementia Care Unit
 In Home: Yes Area: Garden House Capacity: 23 Residents Served: 21

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78
 Diagnosed with Mental Illness: 21 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 38 Have Physical Disability: 1

Inspections / Reviews

06/12/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/17/2025

07/18/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/24/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/08/2025

Inspections / Reviews *(continued)*

07/28/2025 Document Submission

Submitted By [REDACTED]

Date Submitted: 07/24/2025

Reviewer [REDACTED]

Follow Up Type: *Not Required*

16b - Incident Policies

1. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

On [redacted] resident [redacted] reported an incident where a [redacted] med tech placed a resident in [redacted] bed to sleep and moved [redacted] walker out of reach. The home did not interview any [redacted] med techs after being made aware of the allegation.

Plan of Correction

Accept [redacted] - 07/18/2025)

The RCD had a verbal conversation with all care staff to review the residents concern, The Regional Director of Health Services conducted an in-service with the Garden House Director, Resident Care Director and General Manager, reviewing the policies on incident reporting and conducting an investigation on 7-16-25.

Any allegation brought to the home's attention will result in a thorough documented investigation of all staff/residents/ that may have been involved - to be completed by GHD/RCD and provided to GM to ensure all information has been obtained.

The General Manager will review all incidents/allegations to ensure a thorough investigation has been completed with documented interviews from all parties involved x 3 months beginning 7-15-25 through 10-15-25

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented ([redacted] - 07/25/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] is prescribed [redacted] take two and one-half tablets by mouth 4 times a day. During resident [redacted] interview, [redacted] disclosed that staff person A was withholding the third dose of [redacted] medication for several months that [redacted] is prescribed to take four times a day. Resident [redacted] stated that when [redacted] did not receive the 3rd dose of the [redacted] medication [redacted] felt like it affected [redacted] mood and wellbeing. Resident [redacted] disclosed that when [redacted] asks [redacted] for the medication, staff person A would physically push the resident to the floor of [redacted] bedroom. Resident [redacted] stated that [redacted] did not ask for assistance to get up from the floor. Resident [redacted] stated that [redacted] would have verbal altercations, and one time staff person A put their hands around the resident's neck and stated, "I am bigger, younger and stronger than you." Resident [redacted] stated that [redacted] believed they had bruises following the incidents but was not sure. Resident [redacted] stated they did not report the incident to the home when it occurred because [redacted] was nervous and scared.

Repeated Violation: [redacted] et al., [redacted] et al.

Plan of Correction

Accept [redacted] - 07/18/2025)

In addition to staff completing annual Abuse Training in Brainier. All staff in community are in the process of being

42b - Abuse (continued)

re-inserviced on Abuse Training by their designated Department Director. Completion date 7-25-25
 Department Directors will review Abuse Training at their monthly staff meetings x 3 months. Beginning 8-1-25 through 10-31-25
 The General Manager will review completed in-service training from each department monthly x 3 months 8-1-25 through 10-30-25.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented (█ - 07/28/2025)

42c - Treatment of Residents**3. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

During resident █'s interview █ disclosed that a █ staff member provided care and left the bedroom. Resident █ disclosed that before the staff person left, they had a verbal altercation. Resident █ stated that the staff person returned to █ bedroom and moved █ walker out of reach while smiling then exited the bedroom. Resident █ stated that █ felt like the staff person was taunting them. Resident █ was able to retrieve █ walker without assistance. Resident █'s most recent assessment dated █ states at times █ requires assistance, uses a wheelchair and walker for mobility and sometimes █ requires assistance with transfers.

Plan of Correction

Accept █ - 07/18/2025)

In addition to staff completing annual Resident Right's training. All staff are in process of being re-inserviced on Resident Rights by their designated Department Director. Completion date 7-25-25
 Department Directors will review Resident Rights at their monthly staff meetings x 3 months. Beginning 8-1-25 through 10-31-25
 The General Manager will review the completed in-service training monthly x 3 months. Beginning 8-1-25 through 10-31-25.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented █ 07/25/2025)

63a - First Aid/CPR Training**4. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On █ from 10pm-6am, 78 residents were present in the home. During this time, only 1 staff person was present in the home who was certified in first aid and certified in obstructed airway techniques and CPR.

63a - First Aid/CPR Training (continued)

Plan of Correction

Accepted [redacted] - 07/18/2025)

Resident Care Director immediately reviewed schedule to ensure that there was a minimum of 2 certified CPR/First Aid staff members on each shift.

The Business Office Director conducted on audit of all staff trained in CPR/First Aid. Any staff person that was not CPR certified or required re-certification were sent to a CPR/First Aid class on June 30th, conducted by CPR road tour.

Schedule to be reviewed by RCD daily to ensure there is a minimum of 2 staff trained in CPR/First Aid on each shift x 3 months. Beginning 7-15-25 through 10-15-25.

General Manger to review weekly schedule to ensure a minimum of 2 care staff/shift are CPR/First Aid certified x 3 months beginning 7-15-25 through 10-15-25

Regional Director of Health Services to review schedules randomly when on site to ensure compliance x 3 months 7-15-25 through 10-15-25

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented [redacted] - 07/25/2025)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at approximately 10:45 am, the bathroom in room [redacted] had a strong odor of feces and the following were observed:

- feces in the toilet
- brown substance on the shower bench
- brown substance on the shower curtain

Plan of Correction

Accepted [redacted] - 07/18/2025)

Housekeeping was contacted immediately to thoroughly clean and sanitize the bathroom in room [redacted] Shower curtain was replace the next morning.

Care Staff/RCD to conduct weekly environmental rounds in room [redacted] to ensure cleanliness x 3 months. Beginning 7-15-25 through 10-15-25

General Manager to conduct random monthly audits to ensure compliance x 3 months. Beginning 7-15-25 through 10-15-25

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented [redacted] 07/25/2025)

103d - Storing Food Off Floor

6. Requirements

2600.

103d Storing Food Off Floor (continued)

103.d. Food shall be stored off the floor.

Description of Violation

At approximately 10:05 am, in the main kitchen's food storage room there was one box of salt, and one box of marinara sauce stored on the floor.

Plan of Correction

Accept ([redacted] - 07/18/2025)

The Executive Chef immediately removed the box of salt and the box of marina sauce from the floor. and placed on shelf.

The Executive Chef conducted an in service with dining staff regarding proper storage of food in storage area.

Completed 7 16 25

Weekly audit of storage area to be conducted by Executive Chef/designee to ensure food is stored properly x 3 months. Beginning 7 16 25 through 10 16 25

General Manager to conduct random monthly audits to ensure compliance x 3 months. Beginning 7 16 25 through 10 16 25

the Executive Chef.

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented [redacted] - 07/25/2025)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer of the 2nd floor activity room.

Plan of Correction

Accept [redacted] - 07/18/2025)

The thermometer was immediately placed in the 2nd floor Activity Room freezer.

Weekly audits to be conducted by the Executive Chef/Designee to ensure thermometers are in the refrigerators and freezers x 3 months. Beginning 7 15 25 through 10 15 25.

103f Refrigerator/Freezer Temps (continued)

General Manager to conduct random audits monthly to ensure compliance x 3 months. Beginning 7 15 25 through 10 15 25

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented [REDACTED] - 07/25/2025)

162c - Menus Posted**8. 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 [REDACTED] was posted in memory care. However, the following week was not posted.

Plan of Correction

Accept [REDACTED] - 07/18/2025)

The next week's menu was immediately posted in Garden House by the Executive Chef.

Executive Chef/Garden House Director/Designee shall check weekly to ensure that the current and following week's menu is posted x 3 months. Beginning 7 15 25 through 10 15 25

General Manager to conduct random monthly audits to ensure compliance x 3 months. Beginning 7 15 25 through 10 15 25

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [REDACTED] 07/25/2025)

183e - Storing Medications**9. 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

Resident [REDACTED] is prescribed [REDACTED] tab take one tablet by mouth every 12 hours as needed for constipation. On [REDACTED] the blister pack had a tear on [REDACTED] and [REDACTED] with pill still in the pack.

Repeated Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 07/18/2025)

The blister pack that was identified with a tear on #8 and #17 with pills still in the pack were immediately removed and destroyed by the Med Tech.

Weekly audits of all blister packs will be conducted to ensure the blister cards are not compromised with a puncture/tear. To be completed by Garden House Director/Resident Care Director/Designee x 3 months. Beginning 7 15 25 to 10 15 25

GM will review weekly audits x 3 months beginning 7 15 25 through 10 15 25

Regional Director of Health Services will conduct random audits of blister packs when on site, to ensure

183e - Storing Medications (continued)

compliance x 3 months 7-15-25 through 10-15-25

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented [REDACTED] - 07/25/2025)