

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

July 25, 2025

[REDACTED]
ARHC WHWCHPA01 TRS LLC

[REDACTED]
EXECUTIVE DIRECTOR
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2025 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: WELLINGTON COURT AT HERSHEY'S MILL **License #:** 14136 **License Expiration:** 03/23/2026
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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 01/31/1988 **Issued By:** East Goshen Township
Type: I-2 **Date:** 01/31/1988 **Issued By:** East Goshen Township

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 101 **Waking Staff:** 76

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 06/23/2025

Inspection Dates and Department Representative

06/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 114 **Residents Served:** 63

Secured Dementia Care Unit

In Home: Yes **Area:** Lower Level **Capacity:** 40 **Residents Served:** 37

Hospice

Current Residents: 17

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 100
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 38 **Have Physical Disability:** 0

Inspections / Reviews

06/23/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/20/2025

07/18/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/23/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/22/2025

Inspections / Reviews *(continued)*

07/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/24/2025

07/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] staff person A worked as the med-tech in the secure dementia care unit (SDCU) from 3:00 pm to 7:00 pm. At 3:28 pm, staff person A sent a text informing their supervisor, staff person B, that there were medications for residents in the unit scheduled for 8:00 pm. Staff person B asked staff person A to administer the medications before leaving, but staff person A refused to stay past 7:00 pm. Staff person B replied that the 8:00 pm meds "can be administered at 6:59 or even 6:30 pm." Staff person A clocked out at 7:01 pm and informed staff person B they had administered the afternoon's medications but had not signed them out in the residents' medication administration records (MARs). Staff person B sent another med-tech, staff person C, to the SDCU to check whether medications had been given. Staff person C was unsure whether medications had been administered and therefore did not administer any to avoid overdose.

The next morning, [REDACTED], resident [REDACTED]'s spouse asked staff person D to check whether the resident had received their medications the previous night. Staff person D found that the medications had not been logged in resident [REDACTED] MAR and informed staff person B and other staff of the omission. The home suspended staff person A and conducted an internal investigation.

Resident [REDACTED] is prescribed two sprays of [REDACTED], one 5-ML dose of [REDACTED] one drop into each eye of [REDACTED], and an application of [REDACTED] nighttime eye ointment at 8:00 pm. On [REDACTED], staff person A administered these medications at around 6:45 pm. The home wrote an incident report dated [REDACTED] which was not received by the Department. The report contained incomplete information, stating that there were 7:00 pm medications which had not been logged in residents' medication administration records, but omitting the fact the medications for resident #1 and other residents of the SDCU which were administered more than hour before their scheduled time of 8:00 pm.

Plan of Correction

Accept [REDACTED] - 07/22/2025)

- Reportable for this event was sent via virtual FAX on May 6, 2025.
- All DHS reportable events will be sent via email to ra-pwarlsoutheast@pa.gov.
- The Health and Wellness Director (HWD) or their designee will be responsible for submitting these reports.
- A printed copy of the "Sent" email will be maintained as evidence of submission.
- The printed copy will include the full email with date/time stamp and any relevant attachments.
- All DHS reportables and their corresponding email documentation will be filed in the DHS Reportable Binder, which will be stored in the Health and Wellness Director's office.
- The Executive Director will provide targeted training on § 2600.16(c) to the Health and Wellness Director, Memory Care Director, and Resident Care Coordinator.
- Training will begin on July 11, 2025 and be completed no later than July 20, 2025.
- The Executive Director will review outcomes with the Director team at the next scheduled Quality Assurance Meeting on September 23, 2025.
- Any deficiencies identified will be addressed through staff re-education or process reinforcement.

16c - Written Incident Report (continued)

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented (█ - 07/25/2025)

187b - Date/Time of Medication Admin.

2. 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

On █, staff person A administered, but did not initial, the afternoon medications administered to residents of the Secure Dementia Care Unit in the residents' medication administration records (MARs).

At 7:00 pm, resident █ was prescribed █, one █, and one █. At 8:00 pm, the resident was prescribed two sprays of █, one █, one drop into each eye of █, and an application of █ nighttime eye ointment. These medications were administered on █ at approximately 6:45 pm; however, they were not initialed on resident █ MAR.

Resident █ is prescribed a █ at bedtime. This medication was administered on █ before 7:00 pm but was not initialed on resident █ MAR.

Plan of Correction

Accept (█ - 07/18/2025)

- Staff Person A was placed on Administrative Leave and subsequently terminated on █
- The Health and Wellness Director (HWD) will provide targeted training on § 2600.187(b) for all Licensed Practical Nurses (LPNs) and Medication Technicians.
- Training will begin on July 11, 2025, and be completed no later than July 20, 2025.
- Topics will include timely documentation requirements, accountability protocols, SLC medication administration policy, and real-time MAR entry expectations.
- Beginning July 11, 2025, the HWD or designee will audit Medication Administration Records (MARs) daily to ensure real-time documentation of medication administration. This audit process will continue through August 11, 2025.
- The Executive Director will review the audit findings with current Department Directors during the next scheduled Quality Assurance meeting on September 23, 2025.

Licensee's Proposed Overall Completion Date: 07/20/2025

Implemented (█ - 07/25/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed two sprays of [REDACTED], one [REDACTED] [REDACTED], one drop into each eye of [REDACTED], and an application of [REDACTED] nighttime eye ointment at 8:00 pm. However, resident [REDACTED] was administered these medications by staff person A at around 6:45 pm on [REDACTED]

Resident [REDACTED] is prescribed a [REDACTED] at 8:00 pm. However, staff person A administered this medication to resident [REDACTED] before 7:00 pm on [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/22/2025)

- Staff Person A was placed on Administrative Leave and subsequently terminated on [REDACTED]
- The Health and Wellness Director (HWD) will provide targeted training on § 2600.187(d) for all Licensed Practical Nurses (LPNs) and Medication Technicians.
- Training will begin on July 11, 2025 and be completed no later than July 20, 2025.
- Beginning July 11, 2025, the HWD or designee will audit Medication Administration Records (MARs) that the home is following the directions of the prescriber. This audit process will continue through August 11, 2025.
- The Executive Director will review outcomes with the Director team at the next scheduled Quality Assurance Meeting on September 23, 2025.
- Continued compliance and any recurring concerns will be addressed through policy reinforcement and staff performance monitoring.

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented [REDACTED] 07/25/2025)

188b - Medication Error Reporting

4. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [REDACTED] is prescribed two sprays of [REDACTED], one 5-ML dose of [REDACTED] [REDACTED], one drop into each eye of [REDACTED], and an application of [REDACTED] nighttime eye ointment at 8:00 pm. However, resident [REDACTED] was administered these medications by staff person A at around 6:45 pm on [REDACTED]. The home did not report these errors to the prescribers.

188b - Medication Error Reporting (continued)**Plan of Correction****Accept (█ - 07/22/2025)**

- *Event was reported to Primary Care Physician and Hospice Representative on May 5, 2025*
- *Beginning immediately and indefinitely, the Primary Care Physician and any Health Care Proxies will be notified immediately of any medication error.*
- *The Health and Wellness Director (HWD) will provide targeted training on § 2600.188(b) for all Licensed Practical Nurses (LPNs) and Medication Technicians.*
- *Training will begin on July 11, 2025 and be completed no later than July 20, 2025.*
- *Beginning July 11, 2025, the HWD or designee will audit Medication Administration Records (MARs) to ensure all errors are immediately reported to the resident, the resident's designated person and the prescriber This audit process will continue through August 11, 2025.*
- *The Executive Director will review outcomes with the Director team at the next scheduled Quality Assurance Meeting on September 23, 2025.*
- *Continued compliance and any recurring concerns will be addressed through policy reinforcement and staff performance monitoring.*

Licensee's Proposed Overall Completion Date: 07/22/2025**Implemented (█ - 07/25/2025)**