

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

October 20, 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 09/18/2025 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:** 01/31/1998 **Issued By:** East Goshen Township
Type: I-2 **Date:** 01/31/1998 **Issued By:** East Goshen Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 124 **Waking Staff:** 93

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 09/18/2025

Inspection Dates and Department Representative

09/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 114 **Residents Served:** 65

Secured Dementia Care Unit

In Home: Yes **Area:** memory care **Capacity:** 40 **Residents Served:** 36

Hospice

Current Residents: 15

Number of Residents Who:

Receive Supplemental Security Income: NA **Are 60 Years of Age or Older:** 65
Diagnosed with Mental Illness: NA **Diagnosed with Intellectual Disability:** NA
Have Mobility Need: 59 **Have Physical Disability:** NA

Inspections / Reviews

09/18/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/19/2025

Inspections / Reviews *(continued)*

10/20/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/20/2025
Reviewer: [REDACTED] Follow Up Type: *Bypass Document
Submission*

10/20/2025 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 10/20/2025
Reviewer: [REDACTED] Follow Up Type: *Not Required*

82c - Locking Poisonous Materials

1. 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

Purell Hand Sanitizer, with a manufacture's label indicating "if swallowed, get medical help or contact Poison Control Center right away", was unlocked, unattended, and accessible in room [REDACTED]. Not all the residents of the home, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept [REDACTED] - 10/20/2025)**

The hand sanitizer was immediately removed from the resident's room and secured in the designated storage area.

All memory care staff to attend reeducation training on Safe storage of hazardous substances (including cleaning supplies, medications, and alcohol-based sanitizers) in accordance with § 2600.82(c). Training to be conducted by Memory Care Director or Health and Wellness Director. Training to begin on 9/22/25 with a completion date of 10/3/25.

Effective immediately, Memory Care staff will conduct daily room checks during each shift to ensure hazardous materials (including hand sanitizers) are not present in resident rooms.

The Memory Care Director or designee will complete weekly audits for 4 weeks to confirm compliance. Audit to begin 9/25/25 with an end date of 10/16/25. Executive Director will be notified of the audit results at completion of audit by the Memory Care Director.

Audit results, with Executive Director and current directors in attendance, will be reviewed at the next scheduled Quality Assurance meeting on December 23, 2025.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented [REDACTED] - 10/20/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at approximately 9:05 am, approximately 10 clear bags of trash filled with adult briefs and disposable bed liners were observed sitting on the floor in the hallway in the Secured Dementia Care Unit. There was a strong urine odor in the hallway.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept [redacted] - 10/20/2025)

Care staff were immediately instructed to discontinue placing garbage bags in hallways and instructed that all trash must be brought directly to the trash room.

On 9/19/25 the community has purchased rolling garbage cans with lids at the recommendation of DHS. (see attached)

Upon receipt of the garbage cans, staff will be required to keep the rolling garbage can outside the room during morning care, deposit tied garbage bags directly into the can and close the lid after each use. Staff will bring all trash directly to trash room until arrival of garbage cans beginning immediately.

All Memory Care staff will be re-educated on sanitation requirements under § 2600.85(a) and proper use of the rolling garbage cans. Training will be conducted by the Memory Care Director and will begin on 9/19/25 with a completion date of 10/3/25.

The Memory Care Director or designee will conduct random daily observations of morning care rounds for 14 days to ensure compliance with the new process.

The violation and this Plan of Correction will be reviewed at the next Quality Assurance meeting, with Executive Director and current directors in attendance, scheduled for December 23, 2025.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented [redacted] - 10/20/2025)

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 [redacted] at approximately 9:45am there was an uncovered, unattended trash can in the kitchen near the entrance.

Plan of Correction

Accept [redacted] - 10/20/2025)

The lid was immediately replaced on the trash can at the time of survey.

All trash receptacles were inspected by Dining Services Director at time of survey and confirmed to be in working order.

All kitchen staff will attend a training on proper trash removal procedures, including the requirement that lids must be replaced on all trash receptacles immediately after bag removal (§ 2600.85(d)). Training will be conducted by Dining Services Director with a start date of 9/19/25 with a completion date of 10/3/25.

Effective immediately, Dining Services Director, Executive Chef, or Dining Room Supervisor will check all trash

85d Trash Receptacles (continued)

receptacles during daily rounds to ensure lids are in place.

The Environmental Services Director or designee will conduct weekly audits of trash receptacles for 30 days with a start date of 9/25/25 and end date of 10/16/25. Executive Director will be notified of the audit results at completion of audit by the Environmental Services Director.

Findings will be documented and reviewed at the next scheduled Quality Assurance meeting, with Executive Director and current directors in attendance, on December 23, 2025.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented [redacted] - 10/20/2025)

103d - Storing Food Off Floor

4. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On [redacted] at approximately 9:50am, a box of canned vegetables and a box of canned beef stew was stored on the floor in the basement.

Plan of Correction

Accept [redacted] - 10/20/2025)

All emergency food supply boxes were immediately removed from the floor and placed on a pallet to ensure proper storage.

The storage area was inspected to confirm compliance by Dining Services Director at time of survey.

Training to be conducted for Executive Chef and Dining Room Manager on proper storage of emergency food supplies, including maintaining items off the floor and in clean, sanitary conditions per § 2600.103(d). Training will be conducted by Dining Services Director and will begin 9/19/25 with a completion date of 9/26/25.

Dining Director or designee will inspect the emergency food supply storage area weekly for 4 weeks to verify compliance with a start date of 9/25/25. Executive Director will be notified of the inspection results at completion of inspection period by the Dining Services Director..

Findings will be documented and reviewed at the next Quality Assurance meeting, with Executive Director and current directors in attendance, on December 23, 2025.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented [redacted] - 10/20/2025)

103i - Outdated Food

5. Requirements

2600.

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

Description of Violation

There was an unlabeled, undated container of pickled beet eggs in the walk-in refrigerator.

Plan of Correction

Accept (████ - 10/20/2025)

The undated food item was immediately discarded at the time of survey.

A full review of all stored food items was conducted by Dining Services Director at time of survey, and no additional undated items were found.

All Dining staff to attend training on food storage and labeling requirements under § 2600.103(i), including dating all perishable, prepared, and opened items. Training to be conducted by Dining Services Director and will begin 9/22 with a completion date of 10/3/25.

The Dining Director or designee will conduct weekly audits of all food storage areas for 4 weeks to confirm compliance starting on 9/25/25 and with an end date of 10/16/25. Executive Director will be notified of the audit results at completion of audit by the Dining Services Director.

Audit results will be documented and reviewed at the next scheduled Quality Assurance meeting, with Executive Director and current directors in attendance, on December 23, 2025.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented (████ - 10/20/2025)

105g - Lint Removal and Duct Cleaning**6. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On █████ there was an approximate 1/2 inch accumulation of lint in the lint trap of the main laundry room dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept (████ - 10/20/2025)

The dryer lint trap was immediately cleaned during the survey.

Both commercial dryers were inspected to ensure lint traps were clear and functioning properly by Director of Plant Operations at time of survey.

Housekeeping Supervisor to conduct training on for all housekeepers on proper cleaning and maintenance of commercial dryers, including clearing lint traps after every use, per §2600.105(g). Training will begin on 9/22/25 with a completion date of 10/3/25.

Effective immediately, the commercial laundry room will only be accessible to the Environmental Services team.

105g - Lint Removal and Duct Cleaning (continued)

Environmental Services staff will ensure lint traps are cleaned at the end of each shift and document completion on a daily log. Daily documentation of trap cleaning to begin September 22, 2025, and continue until October 21, 2025. Executive Director to review completed tracking sheet with Housekeeping Supervisor.

Results will be documented and reviewed at the next scheduled Quality Assurance meeting, with Executive Director and current directors in attendance, on December 23, 2025.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented [REDACTED] - 10/20/2025)

162c - Menus Posted

7. 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

On [REDACTED], there was no menu posted in the Secure Dementia Care Unit.

Plan of Correction

Accept [REDACTED] - 10/20/2025)

Menus for the current week were immediately printed and posted in the Memory Care common area during survey.

Executive Chef and Dining Room Manager were instructed at time of survey by Dining Services Director to ensure menus remain posted at all times.

Dining Services Director to conduct training for Executive Chef, Dining Room Manager, and Lead Server on regulation 2600.162.c regarding menu posting in advance. Training to begin on 9/22/25 with a completion date of 10/3/25.

Designated area for menu posting will be the memory care hallway outside of the dining room.

The Dining Director or designee will complete weekly audits for 4 weeks to confirm menus are posted in the required locations. Audit to begin on 9/25/25 with a completion of 10/16/25. Executive Director will be notified of the audit results at completion of audit by the Dining Services Director.

Audit results will be documented and reviewed at the next scheduled Quality Assurance meeting, with Executive Director and current directors in attendance, on December 23, 2025.

Licensee's Proposed Overall Completion Date: 10/16/2025

162c - Menus Posted (continued)

Implemented () - 10/20/2025)

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident () most recent assessment was completed on ().

Plan of Correction

Accept () - 10/20/2025)

The missing RASP was immediately filed in the resident's chart.

Health and Wellness Director to provide training for Memory Care Director and Resident Care Coordinator on resident record maintenance under 2600.225(c), with emphasis on ensuring RASPs are current, complete, and filed in the chart at all times. Training to begin on 9/22/25 with a completion date of 10/3/25.

Health and Wellness Director, Resident Care Coordinator, and memory care Director will review all new admissions and updates to ensure RASPs are completed and filed promptly indefinitely.

A weekly audit of all resident charts will be completed for 30 days, with deficiencies corrected immediately. Audit to be completed by Health and Wellness Director, Resident Care Coordinator, and Memory care Director. Audit to begin on 9/25/25 with a completion date of 10/16/25. Executive Director will be notified of the audit results at completion of audit by the Health and Wellness Director.

Audit findings will be reviewed during the next scheduled Quality Assurance meeting, with Executive Director and current directors in attendance, on December 23, 2025.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented () 10/20/2025)

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.

231e No Objection Statement (continued)**Plan of Correction**

Accepted [REDACTED] - 10/20/2025)

The missing consent/non objection letter was obtained and placed in the resident's file.

All other secure Memory Care resident files to be reviewed to verify that the required documentation is present beginning 9/25/25 with a completion date of no later than 10/20/25.

Executive Director to provide training for all sales team members and Memory Care Director on resident record requirements for secure dementia placement, specifically the need for a signed statement of non objection under § 2600.231(e). Training to begin on 9/22/25 with a completion date of 10/3/25.

Business Office Manager/Community Relations Director has updated the admission checklist to include confirmation that the signed non objection letter is obtained and filed before a resident moves into the secured unit. Checklist to be utilized starting 9/19/25.

Audit will be completed for all residents by Business Office Manager or Community Relations Director. Audit will have a start date of 9/25/25 and be conducted weekly with an end date of 10/16/25. Executive Director will be notified of the audit results at completion of audit by the Business Office Manager or Community Relations Director.

Audit findings will be reviewed during the next scheduled Quality Assurance meeting, with Executive Director and current directors in attendance, on December 23, 2025.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented [REDACTED] - 10/20/2025)