

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

April 28, 2026

[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 03/05/2026 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:** 03/23/2027
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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 144 **Waking Staff:** 108

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 03/05/2026

Inspection Dates and Department Representative

03/05/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 114 **Residents Served:** 96

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 40 **Residents Served:** 28

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 96
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 48 **Have Physical Disability:** 1

Inspections / Reviews

03/05/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/10/2026

04/14/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/24/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/30/2026

Inspections / Reviews *(continued)*

04/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The home's nursing area on the 3rd floor has no physical barriers between the desk and the resident living area. On [REDACTED] at 09:20 AM, the area was unattended and hospice information for resident [REDACTED] was left out in plain sight.

Plan of Correction

Accept [REDACTED] - 04/14/2026)

- *On 3/5/26, upon notification via DHS, the hospice binder was placed in a secure area immediately by the Health and Wellness Director to prevent unauthorized access to resident information.*
- *Resident confidentiality was protected on 3/5/26 at time of notification through the immediate securing of all tools containing resident information.*
- *Current medication technicians and licensed practical nurses (LPNs) will receive re-education by Health and Wellness Director or designee on regulation 2600.17 including proper handling of resident confidentiality.*
- *Training will begin on April 1, 2026.*
- *All required training will be completed no later than April 21, 2026.*
- *Completion of training will be documented on a Record of Training.*
- *The Health & Wellness Director or designee will conduct audits starting April 6, 2026, to ensure resident confidentiality.*
- *Audits will begin the week of April 6, 2026, and will be conducted weekly for four weeks, biweekly for four weeks, and monthly for one additional month, concluding the week of July 6, 2026, for a total monitoring period of three months.*
- *The Executive Director will review outcomes of the weekly audits with the Director team at the next scheduled Quality Assurance Meeting on June 24, 2026.*

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented [REDACTED] - 04/28/2026)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A, B, C, D, E, F, and G did not receive training in (2) Emergency preparedness procedures and recognition

65g - Annual Training Content (continued)

and response to crises and emergency situations during training year 2025.

Plan of Correction

Accept [redacted] - 04/14/2026)

- When reported by DHS, it was confirmed that employees A, B, C, D, E, F,G did not have documented training on Emergency Preparedness procedures in 2025.
- Fire Safety Training was completed for employees A,B,C,D,E,G on February 18, 2026, at 9:30am and 2pm by fire safety expert, Michael Fure.
- Employee F is no longer employed in the community as of March 11, 2026.
- Fire safety Training, Train the Trainer, will be conducted for Executive Director, Associate Executive Director, and Plant Operations Director in 2026 on May 13, 2026. Training to be conducted via Fire Safety Solutions.
- The current management team will be re-educated on the annual training requirements outlined in 55 Pa. Code 5 2600.65(g). Training will be conducted by the Regional Director of Operations.
- Training will begin on April 1, 2026.
- All required training will be completed no later than April 21, 2026.
- Training will be documented on a Record of Training.
- Ongoing compliance will be monitored through monthly review of training records to ensure all required annual training elements are completed and documented. Ongoing compliance will be monitored by Business Office Manager or designee and with a start date on April 7, 2026 and continuing indefinitely.
- Monitoring will be completed monthly by the Human Resources representative or designee.
- The Executive Director will review current training needs with the Director team at the next scheduled Quality Assurance Meeting on June 24, 2026.

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented [redacted] - 04/28/2026)

82c - Locking Poisonous Materials

3. 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

On 0 [redacted] around 09:40 AM, following items with manufacturer's labels indicating "If more than normal amount is ingested, call poison control" or "Dangerous if inhaled," were observed unlocked and unattended:

-Dynacare toothpaste and Act zero-alcohol mouth wash in resident room [redacted]

-Unlocked Dynacare toothpaste, and Lysol disinfectant spray in resident room [redacted]

Not all the residents of the home, including resident [redacted] and # [redacted] have been assessed as capable of recognizing and using poisons safely.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 04/14/2026)

- When reported by DHS on 3/5/26, all items noted as poisonous materials found in Memory Care were immediately removed and stored in a secured location not accessible to residents by Memory Care Director.
- Current direct care staff will be re-educated on hazardous material storage requirements under 55 Pa. Code §

82c Locking Poisonous Materials (continued)

2600.82(c), including the requirement that disinfectants and other poisonous materials be kept locked and not accessible to residents.

- The Executive Director or designee will conduct the training.
- Training will begin on April 1, 2026.
- All required training will be completed no later than April 21, 2026.
- Completion of training will be documented on a Record of Training.
- Health and Wellness Director or designee will conduct audits to ensure all poisonous materials are secured in accordance with regulation 2600.82c.
- Audits will begin the week of April 6, 2026, and will be conducted weekly for four weeks, biweekly for four weeks, and monthly for one additional month, concluding the week of July 6, 2026, for a total monitoring period of three months.
- The Executive Director will review outcomes with the Director team at the next scheduled Quality Assurance Meeting on June 24, 2026.

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented [REDACTED] - 04/28/2026)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 09:50 AM, a pungent odor of stale urine was detected in the bathroom of resident room [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/14/2026)

- Upon notification by DHS, the Environmental Services staff immediately addressed concerns related to odor identified in the bathroom of resident room #A002.
- Resident rights and safety were protected, as the issue was isolated to odor and did not impact the resident's care or immediate health and safety.
- The bathroom in resident room #A002 was immediately cleaned and sanitized to eliminate odor by the Wellington housekeeping staff on 3/5/26.
- On March 9, 2026, the toilet in resident room #A002 was replaced to address any potential odor originating from internal components.
- To prevent recurrence, beginning the week of March 9, 2026, the bathroom in resident room #A002 will receive weekly deep cleaning in addition to the routine daily cleaning schedule. This schedule will continue indefinitely.
- Environmental services staff will be re educated on maintaining sanitary conditions, including identification and timely correction of odors. Training will be conducted by the Executive Director or designee.
- Training will begin on April 1, 2026, and will be completed no later than April 21, 2026.
- Trainings will be documented on a Record of Training.
- Ongoing compliance will be monitored through routine environmental rounds by Memory care Director or designee to ensure sanitary conditions are maintained throughout the community. Observations will continue indefinitely.
- The Executive Director will review outcomes with the Director team at the next scheduled Quality Assurance Meeting on June 24, 2026.

85a Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented [redacted] - 04/28/2026)

183b - Meds and Syringes Locked

5. 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 [redacted], a cardboard box containing prescription wound care was found unlocked on the bedroom floor of resident room [redacted]. The box included boxes of gauze with "RX only and caution" symbols on the packaging including:

[redacted]

A prescription Destin cream was found unlocked in resident room [redacted]

Plan of Correction

Accepted [redacted] - 04/14/2026)

- Upon notification by DHS, it was identified that a that wound care supplies and dressings, in addition to Destin cream, were found in a resident room in Memory care.
- Upon identification, all items identified as hazardous materials were removed from resident accessible areas and secured appropriately by Memory Care Director.
- All memory care staff will be re educated on storage and disposal of medications and medical supplies in accordance with 55 Pa. Code § 2600.183(b).
- The Health and Wellness Director or designee will conduct the training.
- Training will begin on April 1, 2026
- All required training will be completed no later than April 21, 2026.
- Ongoing compliance will be monitored through supervisory observation of resident areas to ensure hazardous items are not accessible. Observations to be completed by memory Care Director or designee and will continue indefinitely.
- The Executive Director will review outcomes with the Director team at the next scheduled Quality Assurance Meeting on June 24, 2026.

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented [redacted] - 04/28/2026)

183e - Storing Medications

6. 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 [redacted], [redacted] prescribed for resident [redacted] was in the home's medication cart; however, the

183e - Storing Medications (continued)

medication expired on [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/14/2026)

- Upon notification by DHS, expired medication was removed and destroyed by the Health and Wellness Director.
- Current Medication Technicians and Licensed Practical Nurses (LPNs) will be re-educated on medication storage and handling requirements under 55 Pa. Code § 2600.183(e), including that medications expired will be immediately removed from the medication cart.
- The Health and Wellness Director, or designee will conduct the training.
- Training will begin on April 1, 2026.
- All required training will be completed no later than April 21, 2026.
- Completion of training will be documented on a Record of Training.
- Health and Wellness Director or designee will conduct audits to maintain compliance with regulation 2600.183e
- Audits will begin the week of April 6, 2026, and will be conducted weekly for four weeks, biweekly for four weeks, and monthly for one additional month, concluding the week of July 6, 2026, for a total monitoring period of three months.
- The results of the audit will be reviewed by the Executive Director or designee.
- The Executive Director will review audit outcomes with the Director team at the next scheduled Quality Assurance Meeting on June 24, 2026.

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented ([REDACTED] - 04/28/2026)

185a - Implement Storage Procedures

7. 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] as needed. On [REDACTED] this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] as needed. On 03/05/2026, this medication was not available in the home.

On [REDACTED] at 2:22pm , resident [REDACTED]'s [REDACTED] was not calibrated to correct date and time; it was set to [REDACTED] 14:21.

Resident [REDACTED] is prescribed blood sugar check once daily at 04:15 PM. The resident's March 2026 medication administration record (MAR) documented the resident's blood sugar as [REDACTED] on [REDACTED]; however, there was no reading on the resident's glucometer.

Plan of Correction

Accept ([REDACTED] - 04/14/2026)

- Upon notification by DHS, the medication management process related to glucometer calibration, PRN

185a - Implement Storage Procedures (continued)

medication availability, and documentation of glucometer readings was immediately reviewed.

- Current Medication Technicians and Licensed Practical Nurses (LPNs) will be re-educated on medication management requirements under 55 Pa. Code § 2600.18(a), including:
 - o Proper calibration and use of glucometers,
 - o Ensuring ordered PRN medications are available and accessible,
 - o Accurate and timely documentation of glucometer readings.
- The Health and Wellness Director or designee will conduct the training.
- Training will begin on April 1, 2026.
- All required training will be completed no later than April 21, 2026.
- Completion of training will be documented on a Record of Training.
- Health and Wellness Director or designee will conduct audits to monitor medication availability and proper glucometer readings.
- Audits will begin the week of April 6, 2026, and will be conducted weekly for four weeks, biweekly for four weeks, and monthly for one additional month, concluding the week of July 6, 2026, for a total monitoring period of three months.
- The results of the audit will be reviewed by the Executive Director or designee.
- The Executive Director will review audit outcomes with the Director team at the next scheduled Quality Assurance Meeting on July 24, 2026.

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented [REDACTED] - 04/28/2026)

224a - Preadmission Screen Form

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] 04/14/2026)

- Upon notification by DHS, the community reviewed the preadmission screening documentation for Resident [REDACTED]
- Resident rights and safety were protected, as the community was able to meet the residents' needs at the time of admission.
- To prevent recurrence, the community has reinforced the requirement that a preadmission screening determination must be completed within 30 days prior to admission.
- The clinical leadership team will be re-educated on the requirements of 55 Pa. Code § 2600.224(a). Training will be conducted by the Executive Director or designee.
- Training will begin on April 1, 2026, and will be completed no later than April 21, 2026.
- Trainings will be documented on a Record of Training.
- Ongoing compliance will be monitored through review of all new admissions to ensure preadmission screenings are completed within the required timeframe by the Health and Wellness Director or designee.
- The Executive Director will review outcomes with the Director team at the next scheduled Quality Assurance

224a Preadmission Screen Form (continued)

Meeting on June 24, 2026.

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented [REDACTED] - 04/28/2026)

231c - Preadmission Screening

9. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/14/2026)

- Upon notification by DHS, the community reviewed the cognitive preadmission screening documentation for Resident [REDACTED] related to admission to the Secured Dementia Care Unit (SDCU).
- Resident rights and safety were protected, as the resident received appropriate care and supervision within the SDCU.
- The cognitive preadmission screening for Resident [REDACTED] was reviewed and completed by the Health and Wellness Director to ensure compliance with the requirement for a written cognitive preadmission screening completed in collaboration with a physician or geriatric assessment team on the Department's approved form.
- To prevent recurrence, the community has reviewed and reinforced the requirement that all residents admitted to the SDCU must have a completed cognitive preadmission screening within 72 hours prior to admission.
- The clinical leadership team will be re educated on the requirements of 55 Pa. Code § 2600.231(c). Training will be conducted by the Executive Director or designee.
- Training will begin on April 1, 2026, and will be completed no later than April 21, 2026.
- Trainings will be documented on a Record of Training.
- Ongoing compliance will be monitored through review of all SDCU admissions to ensure preadmission screenings are completed within the required timeframe.
- Monitoring will be completed monthly by the Executive Director or designee.
- The Executive Director will review outcomes with the Director team at the next scheduled Quality Assurance Meeting on June 24, 2026.

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented [REDACTED] 04/28/2026)