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

July 2, 2026

[redacted]
THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER
[redacted]

RE: THE HICKMAN
400 N. WALNUT STREET
WEST CHESTER, PA, 19380
LICENSE/COC#: 14093

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2026 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: *THE HICKMAN* **License #**: *14093* **License Expiration**: *03/13/2027*

Address: *400 N. WALNUT STREET, WEST CHESTER, PA 19380*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *01/26/2018* **Issued By**: *Borough of West Chester*

Type: *C-2 LP* **Date**: *05/14/1993* **Issued By**: *COPA L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *107* **Waking Staff**: *80*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *06/02/2026*

Inspection Dates and Department Representative

06/02/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *65*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Darlington* **Capacity**: *26* **Residents Served**: *21*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *65*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *42* **Have Physical Disability**: *1*

Inspections / Reviews

06/02/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/29/2026*

06/29/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/01/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/09/2026*

Inspections / Reviews *(continued)*

07/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted], for Resident [redacted] indicates the resident requires assistance with transfers, toileting, and bladder management. On [redacted], and 4/27/26, the resident did not receive this assistance as required.

Plan of Correction ***Accept [redacted] - 06/29/2026)***

While Resident [redacted] denied not receiving assistance as required other than 1 time it was identified that the team may not be following standard operating procedure related to call bell response protocols. Education to all Shift Supervisors, Care staff and Concierge staff was performed to ensure understanding of equipment, escalation of alerts and responsibility to respond timely including "clearing" the device. Call bell reports will be monitored by Shift Supervisors daily and followed up appropriately if longer than desired response times are noted. Director of Resident Services will review Call bell reports weekly and intervene as needed with further investigation and education of team members.

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented [redacted] - 07/02/2026)

132f - Alternate Exit Routes

2. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The north marshall and south biddle were the only exit routes used during the fire drills held [redacted] and [redacted]

Plan of Correction ***Accept [redacted] - 06/29/2026)***

North Marshall and South Biddle are both "fire safe" stairwells in the building. Moving forward the Director of Facilities will implement a fire drill schedule that includes scenarios using alternate exits to ensure evacuation routes are rotated in accordance with 132f. The Director of Maintenance will review all fire drill documentation monthly for 3 months to confirm alternate exit routes are used and properly recorded. Audit results will be reviewed with the Risk Management Committee quarterly.

Licensee's Proposed Overall Completion Date: *09/28/2026*

Implemented [redacted] - 07/02/2026)

233c - Key-Locking Devices

3. 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.

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

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the exit door next to resident bedroom [redacted] to the Secure Dementia Care Unit (SDCU).

Plan of Correction ***Accept [redacted] - 06/29/2026)***

The sticker identifying the code for the door was immediately replaced on the underside of the keypad during the inspection. Moving forward the Concierge will audit this egress as well as all other locking egresses to ensure that the code is readily available. If the code has been dislodged it will be recorded in the daily security check list and immediately replaced. The Security Manager will review the notes monthly and audit results reviewed with Risk Management Committee quarterly.

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented [redacted] - 07/02/2026)