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

August 4, 2026

[redacted]
SHP V WILLISTOWN LLC
[redacted]

RE: ARBOR TERRACE WILLISTOWN
1713 WEST CHESTER PIKE
WEST CHESTER, PA, 19382
LICENSE/COC#: 14245

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/11/2026 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: *ARBOR TERRACE WILLISTOWN* **License #**: *14245* **License Expiration**: *07/19/2026*

Address: *1713 WEST CHESTER PIKE, WEST CHESTER, PA 19382*

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

Administrator

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

Legal Entity

Name: *SHP V WILLISTOWN LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *11/01/2021* **Issued By**: *West Whiteland Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *119* **Waking Staff**: *89*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *06/11/2026*

Inspection Dates and Department Representative

06/11/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* **Residents Served**: *82*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *35* **Residents Served**: *29*

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *NA*

Are 60 Years of Age or Older: *82*

Diagnosed with Mental Illness: *NA*

Diagnosed with Intellectual Disability: *NA*

Have Mobility Need: *37*

Have Physical Disability: *NA*

Inspections / Reviews

06/11/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/17/2026*

07/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/02/2026*

Inspections / Reviews *(continued)*

08/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

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

225c - Additional Assessment

1. 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 [redacted] assessment, dated [redacted] does not include the resident's need for ambulating. Resident [redacted] uses a cane for ambulating.

Plan of Correction ***Accept [redacted] 07/17/2026)***

On 6/23/26, the identified Resident Assessment Support Plans (RASPs) for Resident [redacted] was corrected by the Care Director. Resident [redacted] assessment was reviewed on and updated to accurately reflect the resident's need for ambulation assistance and use of a walker for mobility.
All staff responsible for RASP development and updates have been re-educated by the Executive Director on 6/16/26 on regulatory requirements, including ensuring assessments accurately reflect all resident care needs, assistive devices, and functional abilities.
Beginning 7/6/26, the Care Director or designee will conduct a complete audit of all Personal Care residents RASPs by 7/31/26 to ensure ambulation status and use of assistive devices are accurately documented. Any discrepancies identified will be corrected immediately. The Executive Director and Care Director are responsible for ensuring compliance with RASP requirements.
Audit results will be reviewed during Quality Improvement (QI) meetings to ensure sustained compliance and identify opportunities for improvement. The next scheduled QI Meeting will be on 7/24/26.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/04/2026)

227g -Support Plan Signatures

2. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction ***Accept ([redacted] 07/17/2026)***

On 6/23/26, the identified Resident Assessment Support Plans (RASPs) for Resident [redacted] was corrected by the Executive Director to ensure support was signed and dated by individual. Resident [redacted] refused to sign and checked the refused to sign box. All staff responsible for RASP development and updates have been re-educated by the Executive Director on 6/16/26 on regulatory requirements, including accuracy, signature and date completeness, and alignment with the current resident assessment. Beginning 7/6/26, the Care Director or designee will conduct a complete audit of all Personal Care residents RASPs by 7/31/26 to ensure regulatory requirements, including accuracy, signature and date completeness, and alignment with the current resident assessment.
The Executive Director and Care Director are responsible for ensuring ongoing compliance.
Audit results will be reviewed during Quality Improvement (QI) meetings to monitor trends and prevent recurrence. The next scheduled QI Meeting will be on 7/24/26.

227g Support Plan Signatures *(continued)*

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 08/04/2026)