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

August 18, 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 06/29/2026 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

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**: *135* **Waking Staff**: *101*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *06/29/2026*

Inspection Dates and Department Representative

06/29/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *114* **Residents Served**: *89*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *NA* **Are 60 Years of Age or Older**: *88*

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

Have Mobility Need: *46* **Have Physical Disability**: *NA*

Inspections / Reviews

06/29/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/24/2026*

07/27/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/17/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/01/2026*

Inspections / Reviews *(continued)*

07/28/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/17/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/17/2026*

08/18/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/17/2026*

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

105g - Lint Removal and Duct Cleaning

1. 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 [redacted] there was an approximate 1 inch accumulation of lint in the lint trap of the 2nd floor laundry room. There were no clothes in the dryer at the time.

Repeated Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 07/27/2026)***

• When identified by the Department of Human Services, the lint was immediately removed from the dryer vent, and the dryer was inspected to ensure it was clean and operating safely by the Director of Plant Operations.
• All direct care staff and directors will be re-educated on the community's laundry safety procedures, including the requirement to inspect and remove lint from the dryer lint trap after each use and ensure the dryer area remains free of lint accumulation. Training will be conducted by the Executive Director or designee.
• Training will begin on July 6, 2026, and be completed no later than July 30th, 2026.
• Audits to be implemented beginning July 6, 2026, through July 31, 2026, the Executive Director or designee will conduct daily inspections of the laundry room dryer vents to verify it is free of lint accumulation and maintained in a safe condition.
• Daily audit results will be documented and maintained for four consecutive weeks, resulting in a total of 168 daily dryer vent inspections.
• The Executive Director and Divisional Director of Plant Operations will review audit trends monthly and implement additional corrective action if compliance falls below 100%.
• Any deficiencies identified during audits will be corrected immediately, with retraining provided as indicated, and audits will continue until 100% compliance is achieved.
• The Executive Director will review audit trend outcomes with the leadership team and management on August 20th, 2026.
• Audit results will be maintained and available for DHS review.
• The Executive Director will again review audit outcomes with the leadership team at the next scheduled Quality Assurance Meeting on September 29, 2026.

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

Implemented [redacted] 08/18/2026)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1 10 Medical Evaluation Information *(continued)*

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation dated [redacted] for Resident [redacted] did not include if the resident's needs can be met in the personal care home or if they are Nursing Facility Clinically Eligible (NFCE).

Repeated Violation: [redacted] et al.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

• When identified by the Department of Human Services, the Health & Wellness Director immediately obtained a corrected medical evaluation for Resident [redacted] documenting whether the resident's needs can be met in the personal care home.

• The Divisional Director of Health & Wellness or designee will re educate the Health & Wellness Director, Resident Care Coordinator, and all licensed nurses responsible for the admission process on the requirements for completing and reviewing the Department approved medical evaluation form to ensure all required elements, including the determination of whether the resident's needs can be met in the personal care home and NFCE status, are completed within the required regulatory timeframe.

• Training will begin on July 15, 2026, and be completed no later than July 30th, 2026.

• Audits will be implemented beginning July 20, 2026, through August 14, 2026. The Health & Wellness Director or designee will review five resident medical evaluations every Monday, Wednesday, and Friday in Personal Care to verify that all required elements of the Department approved medical evaluation form are completed, including documentation that the resident's needs can be met in the personal care home and PCH status.

• Audits will be conducted for four consecutive weeks, resulting in a total of 60 medical evaluation audits based on the current Personal Care census of 62 units.

• The Executive Director and Divisional Director of Health and Wellness will review audit trends monthly and implement additional corrective action if compliance falls below 100%.

• Any deficiencies identified during audits will be corrected immediately, with retraining provided as indicated, and audits will continue until 100% compliance is achieved.

• Audit trends will be reviewed by the Executive Director and management on August 17th, 2026.

• Audit results will be maintained and available for DHS review.

• The Executive Director will again review audit outcomes with the leadership team at the next scheduled Quality Assurance Meeting on September 29, 2026.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented [redacted] 08/18/2026)

184a - Resident's Meds Labeled

3. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for Resident [redacted]'s [redacted] Capsules does not include the prescribed dosage and instructions for administration. The label reads" Take 1 capsule by mouth twice daily every 12 hours, the Physician orders read" Take 1 capsule by mouth twice daily on an empty stomach 1 hour away from Calcium, Vitamins & Probiotics, Boost liquid.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

• When identified by the Department of Human Services, the Health & Wellness Director immediately corrected the medication label to ensure it accurately reflected the required pharmacy labeling.
• The Divisional Director of Health and Wellness or designee will re-educate the Health & Wellness Director, Memory Care Coordinator, LPNs, and Medication Technicians on the requirements of medication administration according to physician orders and correct labeling of medications.
• Training will begin on July 6, 2026, and be completed no later than July 30th, 2026.
• Audits to be implemented beginning July 20, 2026, through August 14, 2026, the Health & Wellness Director or designee will review three resident medications every Monday, Wednesday, and Friday in the Memory Care neighborhood to verify that medications are maintained in properly labeled medication containers.
• Audits will be conducted for four consecutive weeks, resulting in a total of 60 resident medication label reviews based on the current Memory Care census of 29 residents.
• The Executive Director and Divisional Director of Health and Wellness will review audit trends monthly and implement additional corrective action if compliance falls below 100%.
• Any deficiencies identified during audits will be corrected immediately, with retraining provided as indicated, and audits will continue until 100% compliance is achieved.
• Audit trends will be reviewed by the Executive Director and leadership team on August 17th, 2026.
• Audit results will be maintained and available for DHS review.
• The Executive Director will again review audit outcomes with the leadership team at the next scheduled Quality Assurance Meeting on September 29, 2026.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented [redacted] - 08/18/2026)

185a - Implement Storage Procedures

4. 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

On [redacted] at 2:39pm, Resident [redacted]s [redacted] had a reading of [redacted], but [redacted] was documented on the MAR.

Repeated Violation: [redacted] et al.

185a - Implement Storage Procedures (continued)

Plan of Correction ***Accept [redacted] - 07/28/2026)***

• When identified by the Department of Human Services, the inaccurate glucometer documentation was immediately corrected to reflect the physician-ordered blood glucose reading. The Medication Administration Record (MAR) was reviewed to ensure the remaining documented blood glucose values were accurate and complete by the Health and Wellness Director.

• All Med-Techs and LPNs will be re-educated on proper blood glucose testing procedures, accurate documentation of glucometer readings on the Medication Administration Record (MAR), and verification of documented blood glucose values. Training will be conducted by the Divisional Director of Health and Wellness or designee.

• Training will begin on July 6, 2026, and be completed no later than July 30, 2026.

• Audits to be implemented beginning July 20, 2026, through August 14, 2026, the Health & Wellness Director or designee will conduct ongoing audits of glucometer readings and corresponding documentation in the Memory Care and Personal Care neighborhood.

• Three residents will be audited every Monday, Wednesday, and Friday for four consecutive weeks, resulting in a total of 60 individual glucometer readings and documentation reviews based on 8 total residents that utilize a glucometer.

• The Executive Director and Divisional Director of Health and Wellness will review audit trends monthly and implement additional corrective action if compliance falls below 100%.
• Any deficiencies identified during audits will be corrected immediately, with retraining provided as indicated, and audits will continue until 100% compliance is achieved.
• Audit trends will be reviewed by the Executive Director and management on August 17th, 2026.
• The Executive Director will again review audit outcomes with the leadership team at the next scheduled Quality Assurance Meeting on September 29, 2026.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented [redacted] - 08/18/2026)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [redacted], is prescribed [redacted]

187a Medication Record (continued)

. However, Resident [redacted] medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Resident [redacted] is prescribed [redacted]. However, Resident [redacted] medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Resident [redacted] is prescribed [redacted]. However, Resident [redacted]s medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

• When identified by the Department of Human Services, the Health & Wellness Director immediately reviewed and corrected the Medication Administration Record (MAR) to ensure the diagnosis or purpose for the medication was accurately documented.
• The Divisional Director of Health and Wellness or designee will re educate the Health & Wellness Director, Memory Care Coordinator, LPNs, and Medication Technicians on the requirements for maintaining complete and accurate Medication Administration Records, including documenting the diagnosis or purpose for each medication.
• Training will begin on July 6, 2026, and be completed no later than July 30, 2026.
• Audits to be implemented beginning July 20, 2026, through August 14, 2026, the Health & Wellness Director or designee will review three Memory Care Medication Administration Records every Monday, Wednesday, and Friday to verify that the diagnosis or purpose for each medication is accurately documented.
• Audits will be conducted for four consecutive weeks, resulting in a total of 60 Medication Administration Record reviews based on the current Memory Care census of 29 residents.
• The Executive Director and Divisional Director of Health and Wellness will review audit trends monthly and implement additional corrective action if compliance falls below 100%.
• Any deficiencies identified during audits will be corrected immediately, with retraining provided as indicated, and audits will continue until 100% compliance is achieved.
• Audit trends will be reviewed by the Executive Director and management on August 17th, 2026.
• Audit results will be maintained and available for DHS review.
• The Executive Director will again review audit outcomes with the leadership team at the next scheduled Quality Assurance Meeting on September 29, 2026.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 08/18/2026)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] "Take 1 capsule by mouth twice daily on an empty stomach 1

187d - Follow Prescriber's Orders (continued)

hour away from calcium, vitamins and probiotics, boost liquid. However, Resident [redacted] was administered [redacted] at 5pm for the month of June 2026.

Repeated Violation: [redacted] et al.

Plan of Correction ***Accept[redacted] - 07/28/2026)***

• When identified by the Department of Human Services, the Health & Wellness Director immediately reviewed Resident [redacted]'s medication administration schedule and contacted prescription provider to clarify order and update MAR per current order.
• The Divisional Director of Health & Wellness or designee will re-educate the Health & Wellness Director, Memory Care Coordinator, LPNs, and Medication Technicians on the requirement to administer medications in accordance with prescriber orders, including medications with specific timing, food, and medication interaction requirements.
• Training will begin on July 15, 2026, and be completed no later than July 30th, 2026.
• Audits will be implemented beginning July 20, 2026, through August 14, 2026. The Health & Wellness Director or designee will review the medication administration records and observe medication passes for three residents every Monday, Wednesday, and Friday in the Memory Care neighborhood who are prescribed medications with special administration instructions to verify compliance with prescriber directions.
• Audits will be conducted for four consecutive weeks, resulting in a total of 36 medication administration audits.
• The Executive Director and Divisional Director of Health and Wellness will review audit trends monthly and implement additional corrective action if compliance falls below 100%.
• Any deficiencies identified during audits will be corrected immediately, with retraining provided as indicated, and audits will continue until 100% compliance is achieved.
• Audit trends will be reviewed by the Executive Director and management on August 17th, 2026.
• Audit results will be maintained and available for DHS review.
• The Executive Director will again review audit outcomes with the leadership team at the next scheduled Quality Assurance Meeting on September 29, 2026.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 08/18/2026)

225c - Additional Assessment

7. 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] states resident can self-administer medications, but the residents DME dated [redacted] states that Resident [redacted] cannot administer medications.

Repeated Violation: [redacted] et al., [redacted] et al.

225c Additional Assessment *(continued)*

Plan of Correction ***Accept [redacted] - 07/28/2026)***

• When identified by the Department of Human Services, the Health & Wellness Director immediately completed a new Resident Assessment Support Plan (RASP) for the identified resident on June 30, 2026, to ensure the assessment accurately reflected the resident's current needs.
• Health and Wellness Director or designee will add Audit notes for charts that have been corrected as audits as completed.
• The Divisional Director of Health and Wellness or designee will re educate the Health & Wellness Director and Memory Care Coordinator on the requirements for completing annual Resident Assessment Support Plans timely and ensuring assessments are updated when a resident's condition significantly changes.
• Training will begin on July 6, 2026, and be completed no later than July 30, 2026.
• Audits to be implemented beginning July 20, 2026, through August 14, 2026, the Health & Wellness Director or designee will review three Personal Care Resident Assessment Support Plans every Monday, Wednesday, and Friday to verify that annual assessments have been completed timely and that Resident Assessment Support Plans are current.
• Audits will be conducted for four consecutive weeks, resulting in a total of 60 Resident Assessment Support Plan reviews based on the current Personal Care current census of 62 units.
• The Executive Director and Divisional Director of Health and Wellness will review audit trends monthly and implement additional corrective action if compliance falls below 100%.
• Any deficiencies identified during audits will be corrected immediately, with retraining provided as indicated, and audits will continue until 100% compliance is achieved.
• Audit trends will be reviewed by the Executive Director and management on August 17th, 2026.
• The Executive Director will again review audit outcomes with the leadership team at the next scheduled Quality Assurance Meeting on September 29, 2026.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented [redacted] - 08/18/2026)

227d - Support Plan Medical/Dental

8. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for Resident [redacted] dated [redacted], does not include how the home will assist the resident with turning and repositioning. Resident [redacted] was evaluated by a medical practitioner on [redacted] The completed medical evaluation indicates the resident requires one person assistance with repositioning, turning, and transfers.

Repeated Violation: [redacted] *et al.*

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

• When identified by the Department of Human Services, the affected Resident Assessment Support Plans (RASPs)

227d Support Plan Medical/Dental (continued)

were immediately reviewed and revised to ensure the documented resident's needs accurately matched the resident's Document of Medical Evaluation (DME).

• The Health & Wellness Director or designee will re educate all licensed nurses responsible for completing and updating Resident Assessment Support Plans on the requirement to ensure resident mobility needs and care documented on the Resident Assessment Support Plan (RASP) are consistent with the resident's current Document of Medical Evaluation (DME).

• Training will begin on July 6, 2026, and be completed no later than July 30, 2026.

• Audits to be implemented beginning July 20, 2026, through August 14, 2026, the Health & Wellness Director or designee will review three memory care Resident Assessment Support Plans every Monday, Wednesday, and Friday to verify that each resident's documented mobility needs are consistent with the resident's current Document of Medical Evaluation (DME).

• Audits will be conducted for four consecutive weeks, resulting in a total of 60 Resident Assessment Support Plans for a current census of 29 residents.

• The Executive Director and Divisional Director of Health and Wellness will review audit trends monthly and implement additional corrective action if compliance falls below 100%.

• Any deficiencies identified during audits will be corrected immediately, with retraining provided as indicated, and audits will continue until 100% compliance is achieved.

• Audit trends will be reviewed by the Executive Director and management on August 17th, 2026.

• Audit results will be maintained and available for DHS review.

• The Executive Director will again review audit outcomes with the leadership team at the next scheduled Quality Assurance Meeting on September 29, 2026.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented [redacted] - 08/18/2026)