

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

September 8, 2026

[REDACTED]
WEST CHESTER PA SENIOR PROPERTY LLC
[REDACTED]
[REDACTED]

RE: MERRILL GARDENS AT WEST
CHESTER
1201 WARD AVENUE
WEST CHESTER, PA, 19380
LICENSE/COC#: 14912

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2026 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: MERRILL GARDENS AT WEST CHESTER

License #: 14912

License Expiration: 11/14/2026

Address: 1201 WARD AVENUE, WEST CHESTER, PA 19380

County: CHESTER

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: WEST CHESTER PA SENIOR PROPERTY LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2

Date: 11/21/2017

Issued By: West Goshen Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 107

Waking Staff: 80

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 07/28/2026

Inspection Dates and Department Representative

07/28/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 94

Residents Served: 80

Secured Dementia Care Unit

In Home: Yes

Area: Garden House

Capacity: 23

Residents Served: 18

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 80

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 27

Have Physical Disability: 0

Inspections / Reviews

07/28/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/20/2026

08/31/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/03/2026

Inspections / Reviews (*continued*)

09/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

09/08/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15b - Supervisor Plan**1. Requirements**

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED], at 5:30 am, resident [REDACTED] reported that [REDACTED] was sexually assaulted by staff person A. The home did not suspend staff person A or implement a plan of supervision.

Plan of Correction**Accept [REDACTED] - 09/08/2026)**

The attached policy Reportable Incidents and Investigation was updated and reviewed with the Garden House Supervisor, Guest Service Director, Business Office Director and GM - by Regional Director of Health Services on 9-2-26

The GM/Designee will ensure if there is an allegation against a staff member the staff member shall immediately be suspended pending investigation. Ongoing

GM/Designee to contact Regional Director Health Services, Regional Director of Operations/Regional Vice President Operations to discuss any allegation and ensure all steps have been followed as outlined in the document attached - Guide to follow for alleged abuse allegations

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented [REDACTED] - 09/08/2026)**16b - Incident Policies****2. Requirements**

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

On [REDACTED], resident [REDACTED] reported an incident alleging that staff person A sexually assaulted [REDACTED]. The home did not complete an internal investigation to include written statements from staff or residents.

Plan of Correction**Accept [REDACTED] 09/08/2026)**

Moving forward the team has been in-serviced to follow the attached protocol for conducting an internal investigation.

In-service with the Garden House Supervisor, BOD, Guest Service Director and GM was conducted by the Regional Director of Health Services on 9-2-26 to review process for investigating and maintaining documentation in a file.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented [REDACTED] - 09/08/2026)

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] resident [REDACTED] had a witnessed fall without injury at 7:02 am and 8:04 pm. On [REDACTED] at 1:02 pm, resident [REDACTED] was transported to Chester County Hospital via 911 emergency transportation due to increased pain and discomfort in the knees and lower extremity. The resident was unable to ambulate at baseline. Resident [REDACTED] was discharged to the home on [REDACTED] and is no longer able to ambulate independently. Resident [REDACTED] requires a wheelchair for ambulation. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Moving forward any resident that is sent out to the ER for an evaluation due to a fall will be re-evaluated to ensure there has been no change in their functional status. If a change is observed ie: resident was previously walking and now in a w/c, a status change DME and COC assessment will be completed as per DHS guidelines, and a state reportable incident shall be completed.

In-service conducted with GHS to review criteria for a change in condition - conducted by Regional Director of Health Services on 9-1-26

All ER Visits will be reviewed by GHS and GM weekly to ensure reporting completed as needed. 9-1-26 through 12-1-26

Regional Director of Health Services to conduct random review of residents sent to ER monthly x 3 months 9-1-26 through 12-1-26 to verify compliance.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented [REDACTED] - 09/08/2026)

65g - Annual Training Content

4. 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 did not receive training on the following topics during 2025 training year:

- Emergency preparedness procedures and recognition and response to crises and emergency situations.
- The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

65g Annual Training Content (continued)

Plan of Correction

Accept [REDACTED] - 08/31/2026)

Employee was scheduled to complete the training immediately and has since resigned from the community.

A comprehensive audit of all employee training records will be conducted by the BOD to identify any additional staff with incomplete training requirements. To be completed by 9 11 26

Leadership staff will be re educated on the importance of monitoring annual training complained and maintaining complete training records by GM to be completed Tuesday, August 25, 2026

The GM/Designee will conduct monthly audits of employee training records for three months to verify completion of all required annual training topics. Any missing training identified during the audits will be addressed immediately through retraining and follow up review. Audits to start 9 1 26 through 11 30 26

Regional Director Health Services to conduct random monthly audits on employee trainings when on site x 3 months beginning 9 1 26 through 11 30 26

Licensee's Proposed Overall Completion Date: 09/11/2026

Implemented [REDACTED] 09/08/2026)

141b2 - Medical Evaluation Changes

5. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

On [REDACTED], resident [REDACTED] was discharged home from Chester County Hospital following a fall. Resident [REDACTED] was previously independent with ambulation. Resident [REDACTED] is currently unable to ambulate independently and requires a wheelchair for ambulation. The home has not completed a medical evaluation for the resident's change of medical condition.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

The GHS did complete a status change DME for Resident [REDACTED] see attached

Moving forward any resident that is sent out to the ER for an evaluation due to a fall will be re evaluated to ensure there has been no change in their functional/cognitive status. If a change is observed ie: resident was previously walking and now in a w/c, a status change DME and COC assessment will be completed as per DHS guidelines, and a state reportable incident shall be completed.

In service conducted with GHS to review criteria for a change in condition conducted by Regional Director of Health Services on 9 1 26

All ER Visits will be reviewed by GHS and GM weekly to ensure reporting completed as needed. 9 1 26 through 12 1 26

Regional Director of Health Services to conduct random review of residents sent to ER monthly x 3 months 9 1 26 through 12 1 26 to verify compliance

141b2 Medical Evaluation Changes (continued)

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented [REDACTED] - 09/08/2026)

225c - Additional Assessment

6. 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]'s most recent assessment was completed on [REDACTED] states the resident is independent with ambulation. Resident [REDACTED] was admitted to Chester County Hospital on [REDACTED] following a fall. Resident [REDACTED] was discharged to the home on [REDACTED] and is unable to walk and requires a wheelchair to ambulate. The home has not completed an assessment to address the resident's significant change

Plan of Correction

Accept [REDACTED] - 09/08/2026)

The GHS did complete a COC assessment for resident [REDACTED] / see attached

Moving forward any resident that is sent out to the ER for an evaluation due to a fall will be re evaluated to ensure there has been no change in their functional/cognitive status. If a change is observed ie: resident was previously walking and now in a w/c, a status change DME and COC assessment will be completed as per DHS guidelines, and a state reportable incident shall be completed.

In service conducted with GHS to review criteria for a change in condition conducted by Regional Director of Health Services on 9 1 26

All ER Visits will be reviewed by GHS and GM weekly to ensure reporting completed as needed. 9 1 26 through 12 1 26

Regional Director of Health Services to conduct random review of residents sent to ER monthly x 3 months 9 1 26 through 12 1 26 to verify compliance.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented [REDACTED] - 09/08/2026)

234b - Support Plan Needs Elements

7. Requirements

234b - Support Plan Needs Elements (continued)

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan for resident [REDACTED] dated [REDACTED] states not applicable for the resident's ability to safely use and avoid poisonous materials. Resident [REDACTED] most medical evaluation dated [REDACTED], states the resident cannot safely use or avoid poisonous materials. Resident [REDACTED] resides in a secured dementia care unit.

Plan of Correction**Accepted [REDACTED] - 08/31/2026)**

Resident [REDACTED]'s support plan was immediately updated to reflect that the resident is unable to avoid poisonous materials. All poisonous materials will be secured in the residents' apartment. Direct Care staff to ensure all items are locked in the apartment.

Regional Director Health Services reviewed and explained rationale and specific verbiage required to be documented in residents support plan for residents residing in a Secured Memory Care Unit regarding poisonous materials on 8-20-26.

Addendum added to all resident support plans to reflect the residents are unable to avoid poisonous materials. See attached addendum added 8-20-26

GM/Designee to audit all new admission support plans for accuracy for the next 3 months - 8-20-26 through 11-20-26

Currently the Memory Care Unit at full capacity.

Licensee's Proposed Overall Completion Date: 08/20/2026**Implemented [REDACTED] - 09/08/2026)**