

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

September 18, 2026

[REDACTED]
WELLTOWER OPCO GROUP LLC

[REDACTED]
ATTN LICENSING
[REDACTED]

RE: HEMSLEY HOUSE OF PAOLI
324 LANCASTER AVENUE
MALVERN, PA, 19355
LICENSE/COC#: 14325

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2026 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: HEMSLEY HOUSE OF PAOLI

License #: 14325

License Expiration: 03/09/2027

Address: 324 LANCASTER AVENUE, MALVERN, PA 19355

County: CHESTER

Region: SOUTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: WELLTOWER OPCO GROUP LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C 2 LP

Date: 09/02/1998

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 107

Waking Staff: 80

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 07/30/2026

Inspection Dates and Department Representative

07/30/2026 On Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110

Residents Served: 68

Secured Dementia Care Unit

In Home: Yes

Area: Reflections

Capacity: 25

Residents Served: 19

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 68

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 39

Have Physical Disability: 0

Inspections / Reviews

07/30/2026 - Partial

Lead Inspector:

Follow Up Type: POC Submission

Follow Up Date: 08/24/2026

Inspections / Reviews (*continued*)

09/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/18/2026

09/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], staff person A brought a firearm into the home at approximately 7:00 am. Staff person B notified the home after observing the firearm in staff person A's personal lunchbox that was left in the second-floor office approximately between 10:00 am-11:00 am. Interviews revealed that the second-floor office, which is accessible to staff and residents, remained unlocked from 7:00 am until the firearm was discovered. The home contacted the police and staff person A was escorted from the building by police at approximately 11:45 am and was terminated.

The house's policy prohibits possessing firearms, ammunition and/or weapons of any kind on the premises or in the community.

During interviews, the Department learned that staff person A had been involved in a verbal altercation with another staff person on approximately April 18, 2026, and May 1, 2026. The issue was not resolved.

The access code used to enter the building was not changed until 6/12/2026, approximately one week after the firearm was discovered. As a result, staff person A still had access to enter the home during that period.

Repeated Violation - [REDACTED], et al.

Plan of Correction

Accept [REDACTED] 09/01/2026)

On 6/8/2026, staff person A was immediately terminated for bringing a firearm to the community. Team member was advised that [REDACTED] was not to return to the property for any reason.

On 8/3/2026, the Residence Director or designee trained current staff on the communities firearm policy and the requirements found in 2600.42b. Documentation shall be maintained.

By 8/28/2026, the Residence Director or designee will audit current employee records and verify that they acknowledge receipt of the employee handbook. Any staff person who did not acknowledge receipt will be given a copy and ask to sign.

Ongoing, the workplace violence section of the employee handbook will be reviewed by the Residence Director or designee during new employee orientation. New staff will be asked to sign off on receipt of the employee handbook.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.42.b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented [REDACTED] 09/18/2026)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident [REDACTED] reported that an unknown [REDACTED] staff person grabbed and twisted [REDACTED] right hand. On [REDACTED], the Agent of the Department interviewed resident [REDACTED] about the incident. The resident was unable to recall when the incident occurred and stated that [REDACTED] has not seen the staff person in a long time. Documentation dated [REDACTED], notes that resident [REDACTED] had discoloration observed on their right hand and tender to palpation.

On [REDACTED], around dinner time, resident [REDACTED] was assisting another resident get their wheelchair around a chair in the dinningroom when resident [REDACTED] started yelling at resident [REDACTED] to "get the [REDACTED] out the way." Staff persons C and D attempted to redirect the residents after the incident. Resident [REDACTED] was sitting at a table in the dining area talking to another resident when resident [REDACTED] stated to resident [REDACTED] shut the [REDACTED] up." On [REDACTED], the Agent of the Department interviewed resident [REDACTED]. However, [REDACTED] was unable to recall the incident.

Plan of Correction

Accept [REDACTED] - 09/01/2026)

On 7/31/2026, the Residence Director educated the coordinators and directors on the requirements of 2600.42c. Documentation shall be kept.

On 8/3/2026, the Residence Director educated staff persons C and D on the requirements of 2600.42c. Documentation shall be kept.

On 8/10/2026, the Residence Director educated current staff on the requirements of 2600.42c. Documentation shall be kept.

Beginning 8/24/26, the Residence Director or designee shall schedule a manager in the memory care dining room for lunch daily for 2 weeks and then weekly for 2 weeks to gauge resident interactions. Documentation shall be maintained.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.42c during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented [REDACTED] - 09/18/2026)

105g - Lint Removal and Duct Cleaning

3. 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 one-inch accumulation of lint in the lint trap of the unimac dryer in the 1st floor laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept [REDACTED] - 09/01/2026)

Immediately on 7/30/26, upon notification by surveyor, the Maintenance Director removed the lint from the lint trap.

105g Lint Removal and Duct Cleaning (continued)

On 7/30/26, the Maintenance Director completed an audit of dryers to ensure there's no lint present in the lint trap. No additional concerns were noted. Documentation will be maintained.

On 8/3/26, the Residence Director or designee will provide education to current staff to ensure lint shall be removed from the lint trap and drum of clothes dryers after each use. Documentation will be maintained.

Beginning on 8/10/26, the Residence Director or designee shall audit all dryers to ensure there's no lint in the lint trap. This will be completed weekly x 4 weeks then bi weekly x 4 weeks to ensure compliance. Documentation will be maintained.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.105 (g) (1) during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented [REDACTED] - 09/18/2026)

108 - Firearms & Weapons**4. Requirements**

2600.

108. Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

1. Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.
2. Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.
3. The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.
4. The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
5. If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

Description of Violation

On [REDACTED] at 7:00 am, there was an unlocked, unattended firearm in the second floor office.

Plan of Correction

Accept [REDACTED] - 09/01/2026)

On 6/8/2026, staff person A was immediately terminated for bringing a firearm to the community. Team member was advised that [REDACTED] was not to return to the property for any reason.

On 7/31/2026, the Residence Director educated the coordinators and directors on the requirements of 2600.108, as well as Legend Senior Living policy on possession of weapons. Documentation shall be kept.

On 8/3/2026, the Residence Director or designee educated current staff on the requirements of 2600.108, as well as Legend Senior Living policy on possession of weapons. Documentation shall be kept.

108 - Firearms & Weapons (continued)

Ongoing, the workplace violence section of the employee handbook will be reviewed by the Residence Director or designee during new employee orientation. New staff will be asked to sign off on receipt of the employee handbook.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.108 during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented [REDACTED] - 09/18/2026)

162c - Menus Posted**5. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [REDACTED], and the following week were not posted in the secured dementia care unit.

Plan of Correction

Accepted [REDACTED] 09/01/2026)

Immediately on 7/30/26, upon notification by surveyor, the Memory Care Director posted the two-week menu in the dementia care unit.

On 8/3/26, the Residence Director educated the Memory Care Director and Chef on the requirements of 2600.162c. Documentation shall be kept.

Beginning on 8/10/26, the Residence Director or designee shall audit the secured dementia care unit to ensure the 2-week menus are posted. This will be completed weekly for 4 weeks then bi-weekly for 4 weeks to ensure compliance. Documentation will be maintained.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.162c during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented [REDACTED] 09/18/2026)

225c - Additional Assessment**6. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (continued)

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] current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] 09/01/2026)

We respectfully request that this violations be withdrawn. The above dated documentation was completed by a different company. Legend Senior Living did not assume management of this community until April 30, 2026 after these documents were completed.

On 8/3/2026, the Residence Director educated the Health Care Director on the requirements of 2600.225c. Documentation shall be kept.

Resident [REDACTED]'s annual assessment was completed timely for 2026 on 8/11/2026. Documentation maintained.

By 9/4/2026, the Heath Care Director or designee will audit the last assessment completed for current residents and any found to be out of date compliance will have a new assessment completed and the following statement will be added to the assessment that is out of date compliance. "Non-compliance identified during Resident Record audit completed on XXXXXX by who as part of a plan of correction for survey on 7/30/2026" Documentation to be maintained.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.225c during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented [REDACTED] - 09/18/2026)

227d - Support Plan Medical/Dental**7. 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], indicates the resident does not have any behavioral needs. However, resident [REDACTED] was seen by [REDACTED] medical provider for agitation on [REDACTED]. During interviews, it was revealed that resident [REDACTED] is easily agitated, resulting in [REDACTED] cursing and yelling at staff and residents. Resident [REDACTED] assessment dated [REDACTED] states that the resident uses a cane for ambulation. However, the resident utilizes a walker. The resident's assessment does not address all the assisted devices used for ambulation. On [REDACTED], resident [REDACTED] was utilizing a walker.

227d - Support Plan Medical/Dental (continued)**Plan of Correction****Accept () - 09/01/2026)**

On 8/3/2026, the Residence Director educated the Health Care Director on the requirements of 2600.227d. Documentation shall be kept.

By 8/10/26, The Health Care Director will update the support plan for resident [REDACTED] Documentation maintained.

By 9/4/2026, the Health Care Director or designee shall audit current resident support plans to validate that they meet the requirements of regulation 2600.227d. updates will be completed at this time. Documentation will be kept.

Starting 8/24/2026, the Residence Director will review all new support plans weekly for 4 weeks to ensure the requirements of 227d are being met. Documentation shall be kept.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.227d during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/18/2026**Implemented () - 09/18/2026)**