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

October 20, 2026

[redacted]
WEST CHESTER PA SENIOR PROPERTY LLC
[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 09/16/2026 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**: *101* **Waking Staff**: *76*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *09/16/2026*

Inspection Dates and Department Representative

09/16/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* **Residents Served**: *74*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *1st floor* **Capacity**: *23* **Residents Served**: *19*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *19*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *27*

Have Physical Disability: *0*

Inspections / Reviews

09/16/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/19/2026*

10/20/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/19/2026*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

10/20/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *10/20/2026*

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

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], at 7:37pm, an act of physical abuse took place between Staff Member A and Resident [redacted]. This incident was observed by Staff Member C and Staff Member D. This incident was reported to Staff Member B on [redacted] at 9:25am. However, this allegation of abuse was was not reported to the local area agency on aging until [redacted] at 3:27pm.

Plan of Correction ***Accept [redacted] - 10/20/2026)***

When the allegation was brought to the supervisor's attention on August 25, 2026, the incident was reported to the local Area Agency on Aging. The delay occurred because the team members who witnessed the incident did not notify the supervisor until the following day.
8-25-26 The Regional Director of Health Services conducted an in-service education session was with the team regarding mandated reporting requirements. The training emphasized immediate reporting of suspected abuse, prompt notification of supervisory personnel, and making all required external reports without delay. See attached in-service
The General Manager/ designee will conduct monthly in-services training with all team members on resident rights and abuse training monthly x 3 months beginning October 23rd through December 31st.

Licensee's Proposed Overall Completion Date: *10/19/2026*

Implemented [redacted] - 10/20/2026)

42b - Abuse

2. 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] around 7:20pm, Resident [redacted] was praying in the dining room of the memory care unit while being supervised by Staff Member D. Staff Member A began to yell at the resident that it was time for bed, which in turn aggravated resident [redacted] At 7:37pm, Staff Members A, C and D were escorting Resident 1 to their room. While helping to change the resident into their sleepwear in the bathroom, Resident [redacted] swung at Staff Member A, hitting the top of their hair bun. In response, Staff Member A slapped Resident [redacted] on the right side of their face. Staff Members A, C and D proceeded to put Resident [redacted] to bed shortly afterwards.

Repeated violation- [redacted]

Plan of Correction ***Accept [redacted] - 10/20/2026)***

The facility reinforced its expectations that any suspected abuse must be communicated immediately to the appropriate supervisory personnel and reported to the required external agency in accordance with applicable requirements. Staff were instructed not to wait until the next shift or the following day to report an allegation. Internal notification does not replace required external reporting. Training completed by Regional Director of Health Services 8-25-26

42b - Abuse (continued)

The General Manager/ designee will conduct monthly in-services training with all team members on resident rights and abuse training x 3 months beginning October 23rd through December 31st.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] - 10/20/2026)

65e - 12 Hours Annual Training

3. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.
1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A received only 11 hours of annual training in training year 2025.

Plan of Correction ***Accept [redacted] - 10/20/2026)***

Direct care staff person A was immediately terminated.
The community will use its existing training-tracking and auditing process to verify that current direct-care staff meet the required annual training hours.
The Business Office Director (BOD) will print a list of all staff trainings due at the beginning of each week and email the appropriate department Directors. Prior to the end of the month the BOD will run a report to ensure staff are in compliance with the training.
The GM shall review the trainings monthly with each department Director.to verify status of trainings monthly beginning 9-14-26 through 12-14-26.

Licensee's Proposed Overall Completion Date: *10/19/2026*

Implemented ([redacted] - 10/20/2026)

236 - Staff Training

4. Requirements

2600.
236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had only 4.5 hours of training in dementia care during the 2024 to 2025 training year.

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

Direct care staff person A was immediately terminated.
The community will start tracking the 6-hour dementia-care training separately from general annual staff training to help ensure that staff assigned to the secured dementia-care unit complete the required dementia-care training hours., in addition to the 12-hours of annual training hours. see attached form for 6-hours dementia training.

236 Staff Training (continued)

The Business Office Director (BOD) will print a list of all staff trainings due at the beginning of each week and email the appropriate department Directors.
Prior to the end of the month the BOD will run a report to ensure staff are in compliance with the training.
The GM shall review the trainings monthly with each department Director.to verify status of trainings monthly beginning 9 14 26 through 12 14 26.

Licensee's Proposed Overall Completion Date: *10/19/2026*

Implemented [redacted] 10/20/2026)