



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing date: November 15, 2022

[REDACTED]  
[REDACTED]  
West Chester PA Senior Property, LLC  
[REDACTED]  
[REDACTED]

RE: Merrill Gardens at West Chester  
1201 Ward Avenue  
West Chester, Pennsylvania 19380  
License #: 149120

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on June 30, 2022 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

*Jamie F. Buchenauer*

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *Arbour Square at West Chester* License #: 14912 License Expiration:  
Address: *1201 Ward Ave, West Chester, PA 19380*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *484-401-9800* 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: *115* Waking Staff: *86*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
Reason: *Change Legal Entity* Exit Conference Date: *06/30/2022*

**Inspection Dates and Department Representative**

06/30/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: Residents Served: *76*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Gardenhouse* Capacity: *23* Residents Served: *17*

**Hospice**

Current Residents: *11*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *39* Have Physical Disability: *0*

**Inspections / Reviews**

**06/30/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2022*

07/26/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/01/2022

11/10/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2022

Reviewer: [REDACTED]

Follow-Up Type:

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 6/30/22 there is an unlabeled spray bottle of yellow liquid in a cleaning caddy in the unlocked kitchenette area in the SDCU. There is no writing or label on the bottle to indicate its contents.

POC Submission

Accept

EcoLab is our supplier for all cleaning products. They have also supplied us with labels for all the cleaning chemicals to affix on smaller spray bottles.

The GHD/Designee is accountable to ensure that the labels are secured on all spray bottles and all supplies are behind locked doors.

An In service has been conducted for all staff.

See attached.

Licensee's Proposed Overall Completion Date: 07/22/2022

Document Submission

Implemented [redacted] 11/10/2022

EcoLab is our supplier for all cleaning products. They have also supplied us with labels for all the cleaning chemicals to affix on smaller spray bottles.

The GHD/Designee is accountable to ensure that the labels are secured on all spray bottles and all supplies are behind locked doors.

An In service has been conducted for all staff.

See attached.

Licensee's Proposed Overall Completion Date: 07/22/2022

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 6/30/22, the door to the kitchenette service area in the Gardenhouse- SDCU, is unlocked. Inside the service area there is a cleaning caddy that has a bottle of HOT SHOT bug spray, an unlabeled spray bottle of yellow liquid, bottles of dishwasher detergent and other various cleaning supplies. All items are considered dangerous if swallowed or used inappropriately. This service area was unattended, and accessible to residents at approximately 11:00am. Not all the residents of the home, including residents of the Gardenhouse SDCU, have been assessed capable of recognizing and using poisons safely.

POC Submission

Accept

The door in the dining room leading to the back kitchen in the SDCU will always remain shut and inaccessible to the residents. In service has been conducted with the care staff by the GHD. GHD/care staff are held accountable for the door to be shut at all times.

An in service has been conducted for the entire care staff.

See attached.

Licensee's Proposed Overall Completion Date: 07/22/2022

82c - Locking Poisonous Materials (continued)

Document Submission

Implemented (PA - 11/10/2022)

The door in the dining room leading to the back kitchen in the SDCU will always remain shut and inaccessible to the residents. In service has been conducted with the care staff by the GHD. GHD/care staff are held accountable for the door to be shut at all times.

An in service has been conducted for the entire care staff.

See attached.

Licensee's Proposed Overall Completion Date: 07/22/2022

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/30/22 at approximately 10:45am, there is an accumulation of wet coffee grounds and brown liquid in the bottom of the ice cream freezer chest in the dining area by the drinks dispenser. The freezer is not in use at the time.

POC Submission

Accept

The ice cream freezer chest in the dining are on the second floor has been cleaned and will be checked on a daily basis for cleanliness.

The 2nd floor servers/designee will be responsible for checking the chest free of debris daily.

Licensee's Proposed Overall Completion Date: 07/05/2022

Document Submission

Implemented (████ - 11/10/2022)

The ice cream freezer chest in the dining are on the second floor has been cleaned and will be checked on a daily basis for cleanliness.

The 2nd floor servers/designee will be responsible for checking the chest free of debris daily.

Licensee's Proposed Overall Completion Date: 07/05/2022

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated opened bottle of orange juice and a plastic container of various cookies and butter in the coffee bistro mini fridge.

Additionally, there is a white plastic container of frozen brown liquid that is unlabeled and undated on the shelf of the walk in freezer in the main kitchen area.

POC Submission

Accept

The opened bottle of orange juice and plastic container of various cookies and butter in the coffee bistro mini fridge did belong to one of our Independent Living Residents as they had met in the morning of 6/30/2022 for coffee chat. All Independent residents have been informed that they are to take all coffee chat food and beverage back to their apartments and not leave any items in the bistro fridge.

**103e - Left Overs (continued)**

The lead housekeeper/designee on the 2nd floor is responsible for checking the bistro fridge daily to ensure it is empty.

Licensee's Proposed Overall Completion Date: 07/07/2022

**Document Submission****Implemented (PA - 11/10/2022)**

The opened bottle of orange juice and plastic container of various cookies and butter in the coffee bistro mini fridge did belong to one of our Independent Living Residents as they had met in the morning of 6/30/2022 for coffee chat. All Independent residents have been informed that they are to take all coffee chat food and beverage back to their apartments and not leave any items in the bistro fridge.

The lead housekeeper/designee on the 2nd floor is responsible for checking the bistro fridge daily to ensure it is empty.

Licensee's Proposed Overall Completion Date: 07/07/2022

**103f - Refrigerator/Freezer Temps****5. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

There was no thermometer in the refrigerator in the bistro area.

**POC Submission****Accept**

A thermometer has been placed in the bistro refrigerator which is mainly used by the Independent Living Residents.

Licensee's Proposed Overall Completion Date: 07/05/2022

**Document Submission****Implemented (█ - 11/10/2022)**

A thermometer has been placed in the bistro refrigerator which is mainly used by the Independent Living Residents.

Licensee's Proposed Overall Completion Date: 07/05/2022

**107d - Procedure Emergency Management Agency Submission****6. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

The home's written emergency procedures have not been submitted to the local emergency management agency since 5/19/2021.

**POC Submission****Accept**

The home's written emergency procedures have been submitted and received by the West Goshen Township. This plan will be submitted to the West Goshen Township every year in July but the DOM/Designee. See attached

Licensee's Proposed Overall Completion Date: 07/06/2022

**Document Submission****Implemented (█ 11/10/2022)**

The home's written emergency procedures have been submitted and received by the West Goshen Township. This plan will be submitted to the West Goshen Township every year in July but the DOM/Designee.

**107d - Procedure Emergency Management Agency Submission (continued)**

See attached

Licensee's Proposed Overall Completion Date: 07/06/2022

**121a - Unobstructed Egress****7. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

On 6/30/22 at approximately 10:30am, there is a sign posted on the emergency exit door on the 3rd floor near room [REDACTED]. The sign posted is of a red STOP sign with the words "DO NOT OPEN DOOR- ALARM WILL SOUND" printed under the stop sign image. This sign is considered a blocked or obstructed egress due to the fact that the image and the wording printed on it could cause a person to hesitate to use that door in an emergency situation.

**POC Submission****Accept**

The sign that states "DO NOT OPEN DOOR - ALARM WILL SOUND" has been removed from the 3rd floor emergency exit door near room [REDACTED].

Licensee's Proposed Overall Completion Date: 06/30/2022

**Document Submission****Implemented [REDACTED] - 11/10/2022)**

The sign that states "DO NOT OPEN DOOR - ALARM WILL SOUND" has been removed from the 3rd floor emergency exit door near room [REDACTED].

Licensee's Proposed Overall Completion Date: 06/30/2022

**183b - Meds and Syringes Locked****8. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

On 6/30/22 at 10:55am, the 2nd floor medication cart was unlocked, unattended, and accessible in the hallway on the 2nd floor.

**POC Submission****Accept**

The MedTech staff have been trained to lock their med carts when they walk away. The RCD has completed the verbal in person training.

See attached.

Licensee's Proposed Overall Completion Date: 07/02/2022

**Document Submission****Implemented ([REDACTED] 11/10/2022)**

The MedTech staff have been trained to lock their med carts when they walk away. The RCD has completed the verbal in person training.

See attached.

Licensee's Proposed Overall Completion Date: 07/02/2022

**233d - Electronic/Magnetic System**

**9. Requirements**

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

**Description of Violation**

*The door leading from the Gardenhouse SDCU to the courtyard is equipped with an electronic keypad to operate the magnetic lock on the door, however on 6/30/22 at approximately 11:15am the door was unlocked, and the door could easily be pushed opened permitting access to the courtyard. Additionally, the gate of the courtyard in memory care is not locked with a magnetic lock and the gate leads out to a parking lot. At this same time, resident 1, a resident of the [REDACTED] was observed walking around in the unlocked courtyard alone, with no staff supervision.*

**POC Submission**

**Accept**

*The door lock leading out to the SDCU has been fixed.*

*There is a screamer alarm on the gate. The gate is locked and a sign is posted at the exit door to the patio stating "THIS IS NOT AN EXIT".*

*Care staff have been re-trained in making sure the doors from the SDCU to the courtyard are locked and to accompany all residents into the courtyard.*

*See attached.*

**Licensee's Proposed Overall Completion Date: 07/22/2022**

**Document Submission**

**Implemented ([REDACTED]- 11/10/2022)**

*The door lock leading out to the SDCU has been fixed.*

*There is a screamer alarm on the gate. The gate is locked and a sign is posted at the exit door to the patio stating "THIS IS NOT AN EXIT".*

*Care staff have been re-trained in making sure the doors from the SDCU to the courtyard are locked and to accompany all residents into the courtyard.*

*See attached.*

**Licensee's Proposed Overall Completion Date: 07/22/2022**