

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

July 2, 2025

[REDACTED]
LCS Bellingham Tenant LLC
[REDACTED]

RE: Bellingham at West Chester
1615 East Boot Road
West Chester , PA , 19380
LICENSE/COC#: 151990

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/01/2025 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: *Bellingham at West Chester* License #: *151990* License Expiration:

Address: *1615 East Boot Road, West Chester, PA 19380*

County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *LCS Bellingham Tenant LLC*

Address: [Redacted]

Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *I-2* Date: *05/04/2023* Issued By: *East Goshen Township*

Type: *I-1* Date: *02/21/2008* Issued By: *East Goshen Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

Inspection Information

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

Reason: *Monitoring* Exit Conference Date: *05/01/2025*

Inspection Dates and Department Representative

05/01/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *56*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care Unit* Capacity: *24* Residents Served: *14*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

05/01/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *05/25/2025*

05/27/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: *07/01/2025*

Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2025*

Inspections / Reviews *(continued)*

07/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 05/27/2025)

The sales associates and business office manager will be re-educated by the executive director before June 1, 2025, according to DHS regulation 2600.25.b to ensure that all contracts shall be signed by the administrator or a designee, the resident and the payer.

The Business Office Director and or sales associate will complete a full house audit by June 13, 2025, to ensure that all contracts have been signed by the administrator or designee, the resident and the payer. Contracts that have been identified with missing signatures will be signed and noted as self-identified missing signatures by June 30, 2025

The Business Office Manager and move in coordinator are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 07/02/2025)

41e Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident [REDACTED] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] 05/27/2025)

The sales associates and business office manager will be re-educated by the executive director before June 1, 2025, according to DHS regulation 2600.41.e to ensure that the residents rights statements are signed by the resident and or the payer acknowledging receipt of a copy, and the copy is maintained in the residents’ administrative file.

The Business Office Director and or sales associate will complete a full house audit by June 13, 2025 to ensure that the residents’ rights have been signed by the resident and or responsible person. Contracts that have been identified with missing signatures acknowledging receipt of the residents' rights will be signed by June 30, 2025.

The Business Office Manager and move in coordinator are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [REDACTED] - 07/02/2025)

63a First Aid/CPR Training

3. Requirements

63a - First Aid/CPR Training (continued)

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] from 11pm-7am, 56 residents were present in the home. During this time there was no staff person present in the home who was trained in first aid and one staff person certified in obstructed airway techniques and CPR.

On [redacted], from 3pm-11pm, 56 residents were present in the home. During this time there was no staff person present in the home who was trained in first aid and certified in obstructed airway techniques and CPR.

On [redacted], from 11pm-7am, 56 residents were present in the home. During this time there was no staff person present in the home who was trained in first aid and one staff person certified in obstructed airway techniques and CPR.

Plan of Correction

Accept [redacted] - 05/27/2025)

The Business Office Manager, HR Assistant, Assistant Director of Nursing will be re-educated by the executive director before June 1, 2025, according to DHS regulation 2600.63.a to ensure that there is at least one person for every 50 residents who is trained in first aid and in certified obstructed airway techniques and CPR will always be present in the home.

On 5/1/2025 4 overnight staff members were certified by the Red Cross in First Aid and CPR. Another CPR class is scheduled for 5/28/2025.

The Director of Nursing and or designee will review the schedule bi-weekly x 2 to ensure that there is at least 1 staff member present for every 50 residents in the community at all times.

The Director of Nursing is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] 07/02/2025)

63b - Current First Aid Training

4. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff person A completed CPR training with National CPR foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction

Accept [redacted] - 05/27/2025)

On 5/1/2025 4 overnight staff members were certified in First Aid and CPR. Another First Aid CPR class is scheduled for 5/28/2025.

The Business Office Manager, HR Assistant, Assistant Director of Nursing will be re-educated by the executive director before June 1, 2025, according to DHS regulation 2600.63.b to ensure that training shall be provided by a certified trainer of a recognized health care organization.

63b Current First Aid Training (continued)

The Assistant Director of Nursing, Executive Director or designee will audit First aid CPR certifications to ensure that they were completed by a recognized health care organization by May 30, 2025. Any team member identified with improper certifications will be scheduled for training by a recognized organization by June 30, 2025. The Director of Nursing and or Designee are responsible for sustained compliance

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (redacted) - 07/02/2025)

81a - Accommodation

5. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Resident (redacted) has a bedside mobility device. The home's procedures for bedside mobility devices does not include a periodical assessment for proper installation and maintenance and that the device remains appropriate to the resident's need.

Plan of Correction

Accept (redacted) - 05/27/2025)

The Assistant Director of Nursing and maintenance Director will be re educated by the executive director before June 1, 2025, according to DHS regulation 2600.81.a to ensure that we are providing physical site accommodations and equipment necessary to meet the health and safety needs of the resident with a disability.

The Assistant Director of Nursing or designee will audit all mobility devices by May 30, 2025, to ensure proper installation and maintenance of the device.

Bellingham will review and update house procedures and policy by June 30, 2025 to ensure inclusion of periodic assessments for proper installation and maintenance of bedside mobility devices.

The Director of Nursing and or Designee are responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (redacted) - 07/02/2025)

81b - Resident Personal Equipment

6. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident (redacted) has a bedside mobility device that is uncovered on both sides of the bed. The bedside mobility devices are securely attached to the resident's bed. There are two openings to the bedside mobility device. The first opening measured 27 1/2 inches x 4 inches. The second opening measured 19 inches x 4 inches.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept [redacted] - 05/27/2025)

The Assistant Director of Nursing, nurses and maintenance Director will be re-educated by the executive director before June 1, 2025, according to DHS regulation 2600.81.b to ensure that resident's personal equipment/ bedside mobility devices are in good repair and free of hazards.

The Assistant Director of Nursing or designee will audit all mobility devices by May 30, 2025, then audit mobility devices randomly to ensure proper installation and maintenance of the devices.

The Director of Nursing is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [redacted] 07/02/2025)

88a - Surfaces

7. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:33 am, during the physical site inspection the ceiling tiles in the bedroom of room [redacted], the ceiling tiles in the bathroom of rooms [redacted] and [redacted] were water stained.

Plan of Correction

Accept [redacted] - 05/27/2025)

The Maintenance Director and associates will be re-educated by the executive director before June 1, 2025, according to DHS regulation 2600.88.a to ensure that floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards.

Ceiling tiles in [redacted], and [redacted] were replaced on the day of survey inspection.

The Maintenance Director or designee will audit facility ceiling tiles by June 13, 2025, to ensure that all surfaces are clean, in good repair and free of hazards.

The Maintenance Director is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [redacted] - 07/02/2025)

191 - Resident Right to Refuse

8. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted] admitted on [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [redacted] - 05/27/2025)

The Business Office Manager and the Sales team will be re-educated by the executive director before June 1, 2025, according to DHS regulation 2600.191 to ensure that residents receive a copy of the resident's rights and are

191 - Resident Right to Refuse (continued)

educated on their right to question or refuse medications if the resident believes there may be a medication error. The business office director or designee will audit all resident files by June 13, 2025, to ensure the residents have received and signed a copy of the residents rights. Any resident identified as not receiving the residents' rights will be educated on their rights then given a copy for their records.

The sales associates will ensure that all new residents have been educated on resident's rights, have signed and received a copy for their records,

The Business office manager is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented (redacted) - 07/02/2025)

227d - Support Plan Medical/Dental

9. 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 has a need for transfers. The resident's support plan dated (redacted) does not document how this need will be met, any risks associated with the bedside mobility device, and (redacted) ability to use the bedside mobility device safely for the intended purpose.

Plan of Correction

Accept (redacted) - 05/27/2025)

The Director of Nursing, Adon and nurses will be re-educated by the executive director before June 1, 2025, according to DHS regulation 2600.227.d to ensure that resident support plan is documented to include how the residents needs will be met with assistive devices, the risks associated with them and the ability to use the devices safely.

The Assistant Director of Nursing or designee will audit all support plans by June 13, 2025, then audit monthly to ensure the support plans include documentation to note how the resident needs will be met, any risks and the ability of the resident to use the devices.

The Director of Nursing is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (redacted) - 07/02/2025)

227g -Support Plan Signatures

10. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

227g -Support Plan Signatures (continued)

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept ([redacted] - 05/27/2025)

The Director of Nursing and nurses will be re-educated by the executive director before June 1, 2025, according to DHS regulation 2600.227.g to ensure that resident support plans are signed by individuals who participated in the development of the support plan.

The Director of Nursing or designee will audit all support plans by June 13, 2025, then audit monthly to ensure that the support plans have been signed by the individuals that participated in the development of the plan. Plans identified as non-compliant will be corrected by 6/30/2025.

The Director of Nursing is responsible for sustained compliance.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ([redacted] - 07/02/2025)