



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUN 04 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Barry A. Lazarus, Vice President
Arden Courts Warminster of Hatboro PA, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of Warminster
779 West County Line Road
Hatboro, Pennsylvania 19040

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on April 28, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Arden Courts of Warminster, 790 W. County Line, Hatboro, PA 19040		CURRENT LICENSE NUMBER 129960	
INSPECTION DATE(S) (Include all dates of the inspection) April 28, 2010	REGIONAL REPRESENTATIVE Lynn Loudenslager and John Bungo		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>SHERRI L. HOFFMAN, EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE <i>5/24/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>5/27/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51 and 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older	The home did not have a criminal history check for Staff Person A, who is alone with residents while providing beautician services.	5/6/10	Request for criminal history check for Staff Person A was conducted on April 29, 2010. Response was received, without any criminal record, on May 6, 2010. (see attached) A criminal history check will be completed on any contracted person who is alone with the residents while providing services. This will be conducted by the Human Resource representative, or designee.	Steps have been taken to correct violation; full compliance is not verified <i>5/27/10</i> Date Initials (DP)

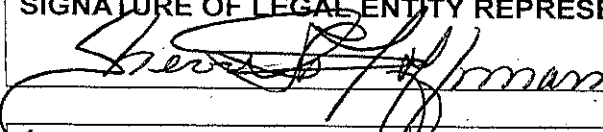
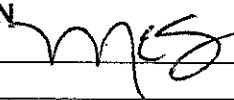
MAY 25

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


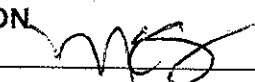
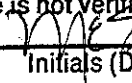
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Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.				

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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	On 4/18/10 one CPR certified staff person worked from 11pm to 7am. The census in the home on that day was 60 residents, which requires two CPR certified staff.	5/10/10	9 staff members participated in First Aide & Cardiopulmonary Resuscitation training. (copy of inservice sign-in attached; copies of cards will be faxed upon receipt) Resident Services Coordinator, or designee, will audit monthly to ensure that at least one staff person for every 50 residents is FA & CPR certified in the home at all times. FA & CPR training will be offered to untrained staff to ensure compliance at least two (2) times each year and as needed.	Steps have been taken to correct violation; full compliance is not verifiable 5/27/10 MJS Date Initials (DPW)

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (13) Date and time of medication administration (14) Name and initials of the staff person administering the medication.	The Individual Narcotic Record for Resident 1 indicates <i>Lorazepam</i> was removed on 4/24/10 at 4:30pm and 4/26/10 at 12pm. The Medication Administration Record is not initialed to indicate the medications were administered to the resident.	6/11/10	Resident Services Coordinator discussed missed documentation on the MAR for Resident 1 with nurses involved. Inservicing on documentation required (date & time of medication administration; name & initials of the staff person administering the medication) for administering all medications, including narcotics, will be completed. (signature sheet documenting inservicing will be faxed upon completion) Resident Services Coordinator, or designee, will complete medication record audits weekly.	Steps have been taken to correct violation; full compliance is not verified. 5/27/10  Date Initials (DPW)