



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

ADULT RESIDENTIAL LICENSING

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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 2, 2011**

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 August 26, 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Glenn Ernst".

Regional Licensing Administrator

Enclosure(s)

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Arden Courts of Warminster, 779 West County Line Road, Hatboro, Pennsylvania 19040		<b>CURRENT LICENSE NUMBER</b> 129960
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 26, 2010	<b>REGIONAL REPRESENTATIVE</b> Tom Shopay	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>		

<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 9/14/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 3/2/11
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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
227d 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.	The support plan, dated 4/15/10, developed for resident # 1 does not address the use or monitoring of an alarm device that is attached to the resident's wheel chair.  <small>Continuing Care Office</small>	9/14/10	227d  1. The support plan was updated on 9/1/10 which includes the alarm devices that is attached to the resident's wheelchair. (see attached) 2. Support plans were reviewed by the Executive Director upon completion/revision. (see attached) 3. Resident Services Coordinator was inserviced on Regulation 227d, i.e increase of services (inservice attached)	3/2/11 SE

RECEIVED

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The support plan, dated 4/15/10 for resident # 1 was not signed and dated by the staff person that developed the plan.	9/14/10	227g 1. The revised support plan was signed and dated by the individuals who developed the plan. (see attached) 2. Support plans will be reviewed by the Executive Director for signature and date (see attached) 3. Resident Services Coordinator inserviced on Regulation 227g, i.e. signature and date. (inservice attached)	3/2/11 BE