

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARDEN COURTS OF KING OF PRUSSIA PA, LLC

LEGAL ENTITY

To operate ARDEN COURTS OF KING OF PRUSSIA

NAME OF FACILITY OR AGENCY

Located at 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 56
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 56

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 21, 2011 until March 21, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **129950**

Robert E. Robinson

ISSUING OFFICER

R C King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 23 2011

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

Mr. Barry A. Lazarus, Vice President
Arden Courts of King of Prussia, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of King of Prussia
620 West Valley Forge Road
King of Prussia, Pennsylvania 19406

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on December 8, 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.

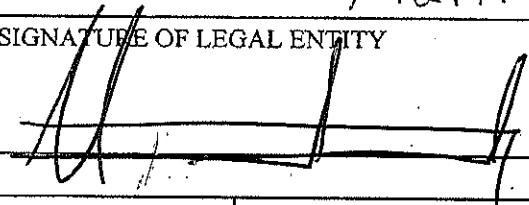
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ARDEN COURTS OF KING OF PRUSSIA, 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406		CURRENT LICENSE NUMBER 129950	
INSPECTION DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Mark Dorsey, Exec. Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DC Avery</i>	DATE <i>2-25-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).	Although direct care staff person A, hired 4/16/04, indicated on an employment application that the staff person had moved from Connecticut 9/02, the home did not complete a FBI background check.	<i>2-3-11</i>	51. STAFF PERSON A HAD THE FBI BACKGROUND CHECK COMPLETED ON 2-3-11. AN AUDIT WILL BE COMPLETED BY THE ASC TO ENSURE COMPLIANCE WITH REGULATION 51.RE. ALL NON PA RESIDENT APPLICANTS WILL BE REQUIRED TO HAVE A FBI CHECK WITHIN ONE YEAR ONE-YEAR PRIOR TO THE DATE OF HIRE AND WITHIN 90 DAYS FOLLOWING THE DATE OF HIRE GOING FORWARD	
Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15		<i>3-4-11</i>	The administrator will develop & implement a system to ensure that hiring and retention of staff is done in accordance with the Older Adults Protective Services Act. <i>(per conversation via phone w/administrator 3/4/11)</i>	<i>3/4/11</i> DC Initials (DPW)

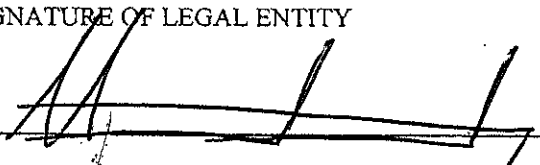
PCH Director
Central Region Field Office

RECEIVED

Steps have been taken to correct violation; full compliance is not verifiable
3/4/11

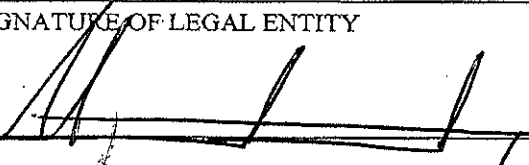
DC

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(relating to protective services for older adults) and other applicable regulations.				

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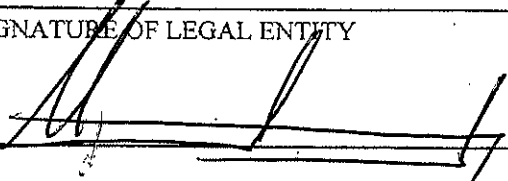
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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person B, date of hire 5/10/10, did not receive an orientation in general fire safety and emergency preparedness.	2-3-11	65A. STAFF PERSON B COMPLETED FIRE SAFETY AND EMERGENCY MANAGEMENT PREPAREDNESS. ON 2-10-11 . ALL NEW HIRES WILL COMPLETE ALL REQUIRED TRAINING DURING ORIENTATION INCLUDING GENERAL FIRE SAFETY AND EMERG. PREPAREDNESS. HR DESIGNEE, ASC, WILL SIGN THE GENERAL ORIENTATION CHECKLIST UPON COMPLETION OF GENERAL ORIENTATION. GOING FORWARD.	Steps have been taken to correct violation; full compliance is not verifiable 2-25-11 DC Date Initials (DPW)

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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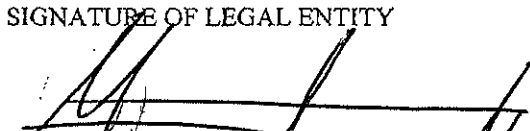
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<p>65b</p> <p>Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:</p> <p>(1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents</p>	<p>Staff person B, hired 5/10/10, did not receive training in residents rights, emergency medical plan, older adult protective services act or reporting of reportable incidents within the first 40 scheduled hours worked.</p>	<p>2-3-11</p> <p>Ongoing</p>	<p>65B. STAFF PERSON B COMPLETED TRAINING IN RESIDENT RIGHTS, EMERGENCY MEDICAL PLAN, OLDER ADULT PROTECTIVE SERVICES ACT, AND REPORTING OF REPORTABLE INCIDENTS. WITHIN THE FIRST 40 HOURS OF WORK ON 2-10-11. ALL NEW HIRES WILL COMPLETE ALL REQUIRED TRAINING WITHIN 40 SCHEDULED HOURS WORKED, INCLUDING RESIDENTS RIGHTS, EMERGENCY MEDICAL PLAN, OLDER ADULT PROTECTIVE SERVICES ACT OR REPORTING OF REPORTABLE INCIDENTS. THE HR DESIGNEE WILL SIGN THE G.O. CHECKLIST UPON COMPLETION OF TRAINING. BEGINNING 2-10-11. GOING FORWARD.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>DC 2-25-11</p> <p>Date Initials</p>

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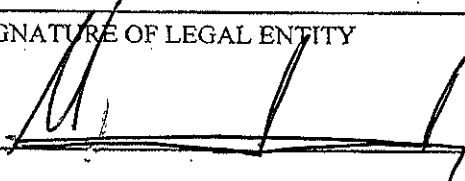
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff person A, hired 4/16/04, and Staff person B, hired 12/10/07, did not receive training in older adult protective services act (OAPSA) during training year January 2009 to January 2010.	2-3-11 2-10-11 2-11-12 + annually	65G. STAFF PERSONS A AND B COMPLETED TRAINING IN OLDER ADULT PROTECTIVE SERVICES ACT ON 2-10-11 . ALL PRESENT AND FUTURE STAFF MEMBERS WILL RECEIVE THE CORRECT TRAINING IN THE OLDER ADULT PROTECTIVE SERVICES ACT ON 2-10-11 BY THE EXECUTIVE DIRECTOR. Staff will receive annual training on The Older Adult Protective Services Act. (per phone conversation w/ Administrator 3/4/11)	Steps have been taken to correct violation; full compliance is not verifiable <u>3/25/11</u> Date DCA Initials (DPW) Dca

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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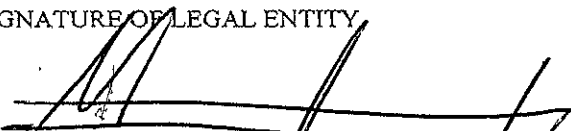
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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	There is no soap dispenser available in any resident bathroom, due to the home's policy.	1-27-11 Ongoing	102I. HOUSEKEEPING AND NURSING STAFF TO CHK FOR SOAP DISPENSERS DURING WEEKLY ROUNDS 1/28/2011 There will be soap dispensers by each bathroom sink. (per phone conversation w/ Administrator for 3/4/11) DCA	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verified.</p> <p style="font-size: small;">3-04-11 DCA Date Initials (DF)</p>

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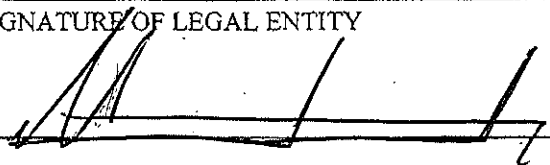
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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have a fire drill conducted by a fire safety expert in 2009 or 2010.	12-15-10	132B. A FIRE DRILL WAS CONDUCTED BY THE FIRE SAFETY EXPERT ON 12-15-10 A YEARLY FIRE DRILL BY THE FIRE SAFETY EXPERT IS SCHEDULE FOR JUNE 22, 2011	2-25-11 Dca


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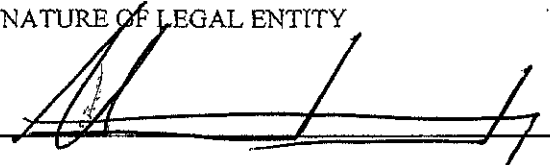
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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the drill conducted on 6/19/10, 7/31/10, 8/27/10, 9/30/10, 10/29/10, and 11/30/10 does not include the amount of time to evacuate and the exit route used.	2-3-11	132C. THE BSC WAS IN SERVICED BY THE EXECUTIVE DIRECTOR ON THE CORRECT COMPLETION OF THE FIRE DRILLS, INCLUDING THE AMOUNT OF TIME TO EVACUATE AND THE EXIT ROUTE USED. ON 12-10-10 THE FIRE DRILL RECORDS WILL BE REVIEWED MONTHLY DURING THE SAFETY COMMITTEE MEETING FOR COMPLETION BEGINNING 1-1-11	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verified</p> <p style="text-align: center;">2-25-11 </p> <p style="text-align: center;">Date Initials (DF)</p>

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

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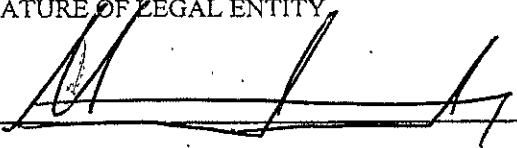
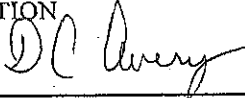
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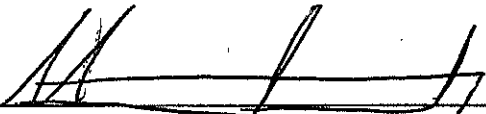
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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	During the fire drill conducted on 6/19/10, 7/31/10, 8/27/10, 9/30/10, 10/29/10, and 11/30/10, residents remained in their rooms and did not evacuate to a designated meeting place within a fire-safe area.	2-5-11	132H. STAFF WILL BE IN SERVICED ON PROPER RESIDENT EVACUATION PROCEDURES, I E ALL RESIDENTS SHALL BE EVACUATED, BY THE ED ON 12-10-10 . RESIDENTS WILL BE INFORMED OF THE PROPER EVACUATION PROCEDURES DURING RESIDENT COUNCIL MEETING ON 2-28-11 MINUTES TO FOLLOW. ALL RESIDENTS WILL BE EVACUATED TO A DESIGNATED FIRE SAFE AREA DURING FIRE DRILLS AS INDICATED ON THE FIRE DRILL RECORD BEGINNING 1-1-11. THE FIRE DRILLS RECORDS WILL BE REVIEWED MONTHLY DURING THE SAFETY COMMITTEE MEETING FOR COMPLETION BEGINNING 2-28-11.																																																																		
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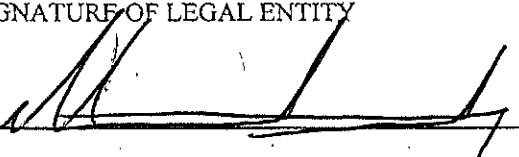
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190c A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	The home did not have the required documentation for staff A and D regarding on-going annual practicum medication administration training for 2009 and 2010.	1-5-11	190C. STAFF A AND D HAVE COMPLETED THE REQUIRED ANNUAL PRACTICUM MEDICATION TRAINING BY THE RSC ON 3-4-11. THE RSC HAS BEEN IN SERVICED BY THE SENIOR RSC ON THE REQUIRED DOCUMENTATION REGARDING ON GOING ANNUAL PRACTICUM MEDICATION TRAINING ON 1-31-11 THE RSC WILL AUDIT REQUIRED ANNUAL PRACTICUM MEDICATION ON AN ANNUAL BASIS BEGINNING 1-1-11.	2-25-11 <i>Dca</i>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Staff person D administered medications to residents in the Plum Hall from 12/1 through 12/8; however staff person D did not sign the December 2010 Master Key.	12.9.10	187a. STAFF PERSON D HAS SIGNED THE MASTER KEY ON 12-9-10. THE RSC WILL AUDIT THE MASTER KEY MONTHLY FOR COMPLETION OF ALL SIGNATURES.	Steps have been taken to correct violation; full compliance is not verifiable 2-25-11 DCU Date Initials (DPW)

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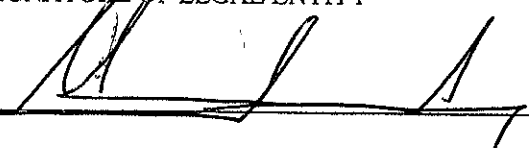
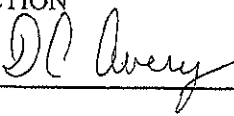
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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187d The home shall follow the directions of the prescriber.	Resident #1 has an order for <i>Aricept 5mg</i> to be given daily at bedtime; however Resident #1 was administered <i>Aricept 10 mg</i> at bedtime on 12/1, 12/2, 12/3, 12/4, 12/5, 12/6, and 12/7.	12-9-10	187D. THE ARICEPT MEDICATION FOR RESIDENT 1 HAS BEEN CHANGED TO ARICEPT 5MG AS ORDERED BY THE PHYSICIAN ON 12-9-10. THE RSC AND RSS WILL COMPLETE WEEKLY MEDICATION CART AUDITS.	2-25-11 Dca

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233d Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.	In the Studio and Community Room, there is a door with glass window panes that leads to the outside courtyard that has a gate secured with a "mag-lock". These doors were locked with a deadbolt-key lock and are not equipped with a magnetic lock.	12.22.10	233D PLANT OPERATIONS PERSONNEL CONTACTED THE CONTRACTOR TO INSTALL THE MAG LOCK SYSTEM ON 12-10-10 FOR THE STUDIO AND THE COMMUNITY ROOM THAT LEAD TO THE COURTYARD. COMPLETED THE INSTALLATION 12-27-10.	3-4-11 Dca