

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARDEN COURTS WARMINSTER OF HATBORO PA, LLC

LEGAL ENTITY

To operate ARDEN COURTS OF WARMINSTER

NAME OF FACILITY OR AGENCY

Located at 779 WEST COUNTY LINE ROAD, HATBORO, PA 19040

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 60  
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 60

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 May 2, 2011 until May 2, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129960

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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

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

MAY 03 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 April 1, 2011 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 be 'R. Melusky', with a long horizontal flourish extending to the right.

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 WARMINSTER, 779 WEST COUNTY LINE ROAD HATBORO, PA 19040		CURRENT LICENSE NUMBER 129960	
INSPECTION DATES (Include all dates of the inspection) 04/01/2011		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>SHERZI L. HOFFMAN, EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>		DATE <i>4/14/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE <i>4/25/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in "Boathouse Cove" did not contain a thermometer.	4/18/2011	<p>Thermometer was placed in the first aid kit on 4/4/2011.</p> <p>An audit for all required items will be done on all first aide kits by the Resident Services Coordinator. any missing items will be replaced.</p> <p>A ziptie was placed around all first aide kits. So if something needs to be removed the ziptie needs to be cut. Weekly rounds will be made to inspect first aide kits for any broken zipties; an audit will be done on those kits and the items replaced.</p> <p>This will be performed by the Resident Services Supervisors or the Resident Caregiver Supervisor.</p> <p>All staff will be inserviced. (see attached inservice)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>4/25/11</i> <i>[Signature]</i></p> <p>Date Initials (DPW)</p>

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


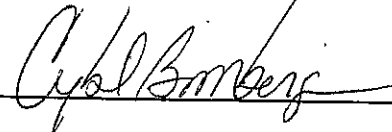
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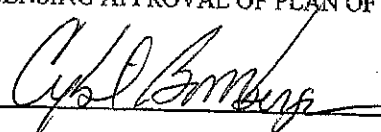
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04/14/2011

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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures were locked in kitchen cabinets, above the sink, in each of the facility's 4 "Houses" and not posted in a conspicuous and public place in the home.	4/18/2011	<p>On 4/4/2011 Emergency Response Manuals were removed from the locked cabinets and placed in the kitchen on top of the refrigerators in each of the facility's 4 "houses".</p> <p>All staff are being notified of the change in location of the ERM's Via a posting at the time clock and a written inservice.</p> <p>Resident Services Supervisors are responsible for reviewing this change with resident caregivers. Executive Director reviewed the change with all department coordinators on 4/5/2011. Each Coordinator to review with his/her own staff and obtain signatures. (copy of signed inservice sheet(s) will be faxed/mailed upon completion on or by 4/18/2011)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/25/11 </p> <p>Date Initials (DPW)</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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187d The home shall follow the directions of the prescriber.	Resident #1 did not receive the 8:00 AM dose of <b>Isordil, 20 mg. tab</b> on 4/1/11 because the medication was not available in the facility for administration to the resident. Resident #1 did not receive the 8:00 AM administration of <b>Aquapor</b> ointment because the resident was eating breakfast. The missed administration of medications for resident #1 was confirmed by staff A at 11:50 AM.	4/30/2011	<p>A Reportable Incident was completed on the med error(s) and faxed to The Residential Licensing Office by Designee, [REDACTED] - Marketing Director, on 4/2/2011.</p> <p>On 4/1/2011, Resident Services Coordinator [REDACTED] notified the resident's physician to report the errors. Physician made an adjustment to the time(s) for the Aquapor ointment to be applied once during 7-3 shift and once during 3-11 shift. No follow up orders received regarding the Isordil. Resident #1's family was also notified.</p> <p>An audit will be completed on all med carts weekly to monitor for medication needs prior to a medication running out. Audit will be conducted by the Resident Services Coordinator, Resident Services Supervisor or Designee.</p> <p>The Medication Tech will complete and turn in the Medication Pass Tool informing the nurse(s) of Medications that are running low (2 day supply) at the time he/she does a medication pass.</p> <p>The pharmacy will be notified of the need for a refill on a medication at least 48 hours prior to the completion of the medication, if the medication is provided through the facility's preferred pharmacy. A refill will be requested 7 days in advance if the medication is filled by another pharmacy.</p> <p>If a medication is not available at the time of the medication pass the facility's preferred pharmacy will be notified to have the medication filled immediately and the physician and family will be notified of the medication error.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/25/11 [Signature]</p> <p>Date Initials (DPW)</p>

All nurses will be inserviced  
Medication Tech's will be inserviced at a scheduled meeting prior to 4/30/2011.

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

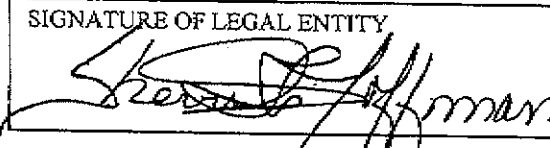
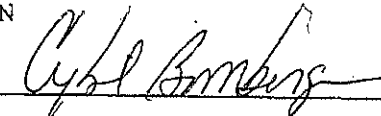
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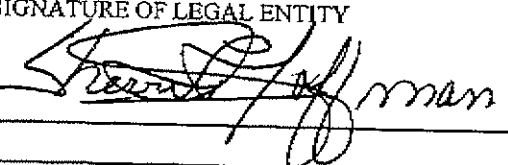

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment for resident #2 was completed on 4/13/10 which is more than 15 days after the admission date of 3/23/10.	4/30/2011	Residents shall have a written initial assessment completed within 15 days of admission. Assessment will be completed by the Resident Services Coordinator, Executive Director or Designee. An audit of new residents' record(s) is completed for the first 30 days of a resident's stay. Audit is completed by the Resident Services Coordinator, Resident Services Supervisor or Designee. Audit tool will be filled out and turned into the Executive Director upon completion of all tasks for verification of completion and to prevent future occurrences of missed assessments. (see attached copy of Audit Tool). Executive Director will inservice all nurses on the 15-day requirement.	Steps have been taken to correct violation; full compliance is not verifiable 4/25/11  Date Initials (DPW)

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

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #3, admitted 2/15/11, did not have a 30 day support plan completed in addition to the required support plan that is completed within 72 hours of admission for residents of a secured dementia care unit.	4/30/2011	<p>30 day support plan for resident #3 was completed on 4/1/2011. (see attached)</p> <p>An audit of new residents record(s) is completed for the first 30 days of a resident's stay. Audit is completed by the Resident Services Coordinator, Resident Services Supervisor or Designee.</p> <p>Audit tool will be filled out and turned into the Executive Director upon completion of all tasks for verification of completion and to prevent future occurrences of missed support plans. (see attached copy of Audit Tool).</p> <p>Executive Director will inservice nurses and coordinators Regarding the support plan time requirements.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">4/25/11 </p> <p>Date Initials (DPW)</p>

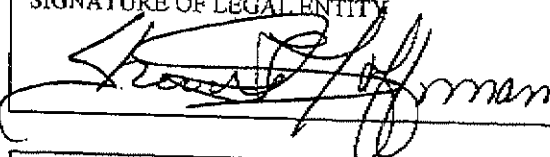

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	There was no signature on behalf of the facility for the support plan, dated 4/17/10, for resident #4 who was admitted on 4/2/10.	4/30/2011	<p>Support plan for resident #4 was signed and dated by Executive Director, who completed support plan on 4/17/10. (see attached)</p> <ul style="list-style-type: none"> <li>Audit for signatures and dates was added to Audit Tool that is completed during the first 30 days of a resident's stay by the Resident Services Coordinator, Resident Services Supervisor or Designee.</li> <li>Audit tool will be turned into the Executive Director upon completion to prevent future occurrences of missed Support plan signatures &amp; dates.</li> <li>Executive Director will inservice nurses and coordinators regarding the support plan signature requirements.</li> </ul>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 4/25/11 Initials: CB (DPW)</p>