

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate ARDEN COURTS OF ALLENTOWN

NAME OF FACILITY OR AGENCY

Located at 5151 HAMILTON BOULEVARD, ALLENTOWN, PA 18106

(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

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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 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 June 15, 2011 until June 15, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 217870

*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

JUN 20 2011

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

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

RE: Arden Courts of Allentown  
5151 Hamilton Boulevard  
Allentown, Pennsylvania 18106

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on May 23, 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', written over a horizontal line.

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 ALLENTOWN, 5151 HAMILTON BOULEVARD ALLENTOWN, PA 18106		CURRENT LICENSE NUMBER 217870	
INSPECTION DATES (Include all dates of the inspection) 05/23/2011		REGIONAL REPRESENTATIVE TOM SHOPAY, GERALD DUMAS	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) ARDEN COURTS OF ALLENTOWN, PA, LLC			
SIGNATURE OF LEGAL ENTITY <i>Nanette Hartman, ETO</i>	DATE June 3, 2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Valence</i>	DATE 6-8-11

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
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 located in the home's "Blue Wing" was not equipped with scissors.  <i>SCISSORS REPLACED IMMEDIATELY.</i>	06-13-11	<ol style="list-style-type: none"> <li><i>1. TRAIN ALL STAFF THAT FIRST AID KITS ARE SEALED SHUT. IF SEAL IS BROKE, IMMEDIATELY AVDT KIT AND REPLACE ANY AND ALL ITEMS THAT MAY HAVE BEEN REMOVED. (DAILY)</i></li> <li><i>2. RESIDENT SERVICES COORDINATOR WILL MONITOR FOR COMPLIANCE AND BE RESPONSIBLE FOR ORDERING ITEMS. (WEEKLY)</i></li> <li><i>3. EXECUTIVE DIRECTOR TO OVERSEE FOR COMPLIANCE. (MONTHLY)</i></li> </ol>	DCV 6-8-11

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

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SIGNATURE OF LEGAL ENTITY <i>Nanette Hartman, G.D.</i>	DATE <i>June 3, 2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Calence</i>	DATE <i>6-8-11</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
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	A dining room placemat and an accumulation of lint was found behind the dryer in the home's "Blue Wing."  <i>LINT CLEANED IMMEDIATELY.</i>	<i>05-23-11</i>  <i>ALL TRAINING TO BE COMPLETED BY 06-15-11 BY E.D.</i>	<i>INTERIOR LINT TRAP WAS CLEAN.</i>  <i>1. POLICY FOR RESIDENT CAREGIVERS HAS BEEN ENHANCED TO NOT ONLY EMPTY LINT TRAP AFTER EACH USE BUT TO ALSO CLEAN UNDER AND BEHIND WITH NEWLY PURCHASED LINT BRUSHES. TRAINING IN PROGRESS.</i>  <i>2. MAINTENANCE AND HSKG WILL CONTINUE WITH MONTHLY DISASSEMBLING OF DRYER.</i>  <i>3. EXECUTIVE DIRECTOR AND MAINTENANCE DIRECTOR TO DO WEEKLY RANDOM INSPECTIONS.</i>	<i>DCV</i>  <i>6-8-11</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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	<i>EXTRA PAGE</i>			<i>See previous page 2 of 5</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Nanette Harman, MD</i>	DATE <i>June 3, 2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i>	DATE <i>6-8-11</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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	A medication, Aggrenox capsule 25 mg/200mg. Rx only, prescribed for resident # 1 did not have a prescription label on the medication.	<i>05-23-11</i>  <i>TRAINING WITH ALL STAFF TO BE COMPLETED 06-13-11 BY E.D. WITH UNANNOUNCED AUDITS</i>	<i>ERROR OCCURRED DUE TO FACILITY ERRONEOUSLY ACCEPTING MEDICATION FROM OUTSIDE SOURCE.</i>  <i>1. ALL MEDICATIONS WILL BE REVIEWED BY REGISTERED OR PROFESSIONAL NURSE PRIOR TO PLACING IN MEDICATION CART.</i>  <i>2. ALL LABELS WILL HAVE 5 REQUIRED DETAILS NOTED IN COLUMN ONE.</i>  <i>3. IF ALL ITEMS ARE PRESENT ON LABEL, MEDICATION WILL BE PLACED IN CART.</i>  <i>4. IF NOT MEDICATION WILL NOT BE ACCEPTED AND</i>	<i>DCV</i> <i>6-8-11</i>
		<i>FOR COMPLIANCE.</i>	<i>WILL BE RETURNED AND REORDERED.</i>	

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227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	The initial support plan, dated 8/1/10 prepared for resident # 2 was not signed by the resident nor was there any documentation as to the resident's inability or refusal to sign the support plan.	<i>06-10-11 THEN MONTHLY AUDITS FOR ONGOING COMPLIANCE BY EXECUTIVE DIRECTOR</i>	<i>ALL SUPPORT PLANS FOR CURRENT RESIDENTS WILL BE REVIEWED FOR RESIDENT SIGNATURE BY ED. 1. IF SIGNATURE IS PRESENT, NO ACTION. 2. IF SIGNATURE IS MISSING, EXECUTIVE DIRECTOR AND MGMT TEAM WILL REVIEW WITH FAMILY AND RESIDENT FOR ACCURACY AND SIGNATURE; OR NOTE INABILITY TO SIGN.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable Date <i>6-11</i> Initials (DPW) <i>DPW</i></i>