



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: January 13, 2012

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 November 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.


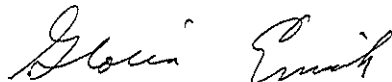
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

Chevon Miller
Regional Licensing Administrator

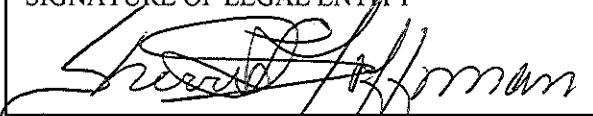
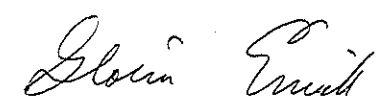
Enclosure(s)
Violation Report

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) 11/23/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 10/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-10-12



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
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 8-18-11 an anonymous letter was received in the corporate headquarters of HCR Manorcare, owners of Arden Court of Warminster. An allegation of sexual abuse against resident #1 was made. The accused staff person A, was not suspended nor did the home immediately develop and implement a plan of supervision for the accused staff person.	11/22/2011 12/15/11	<p>15b The accused staff person was out of the country at the time of the investigation by the Personal Care Home Regional Office on 11/23/2011. A letter was mailed to the employee at that time informing of of suspension, pending the result of the investigation. (see attached)</p> <p>All managers and supervisors were re-inserviced on the facility's Resident Abuse Policy, which includes immediate suspension of the accused staff member, by the Executive Director. (Managers: 11/28/2011 Nurses/supervisors: 12/15/2011) (see attached)</p>	1-10-12SE

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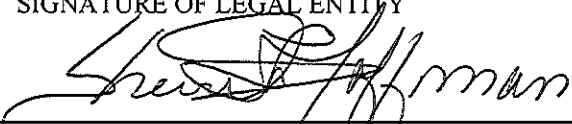
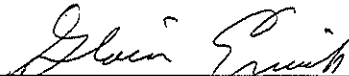
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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	<div style="text-align: center;"> <p>Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.</p> <p>Violation Withdrawn LAC 1/11/12</p> </div>	<p>11/01/12</p> <p>12/11/2011</p> <p>ongoing</p>	<p>54a</p> <p>This employee has remained on suspension and has been approved by the Personal Care Home Regional Office (spoke with [redacted] at Hotline number) to return as of 12/28/11 under a supervision status pending the result of review of her qualifications.</p> <p>Administrative Services Coordinator and Assistants will be inserviced regarding regulation 54a (direct care staff qualifications including educational requirements) and the Human Resource Audit tool by the Executive Director by 1/1/2012.</p> <p>An audit of all employee files will be completed by the Administrative Services Coordinator or Assistant to be sure each staff member has documentation for the proper qualifications. Completion date: 1/31/12</p> <p>Any new employee's file will be audited on date of hire to ensure proper documentation of qualifications. Initiated as of 12/1/11 and will be on going. (see attached audit tool)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 1-10-12 BE</p> <p>Date: 1-10-12 Initials (DPW): BE</p>

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services with reasonable skill and safety.			<i>Contd.</i>	

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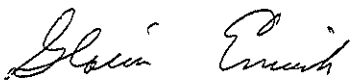
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for Resident #1 does not include the diagnosis for medications metronidazole 250 mg, mirolax powder and senna gen 8.6 mg tab.	12/28/11 1/1/2012 + ongoing	187a Diagnoses have been noted for Resident#1 Metronidazole 250. (see attached MAR) All nurses were inserviced on regulation 187a, including purpose for the medication including Pro re nata (PRN) Weekly Medication Cart audits will be completed by the Executive Director, or designee, to ensure compliance with regulation 187a. Note the attached MAR Audit; diagnosis is included under heading of "MOR reviewed for completeness" Audits to be initiated 1/1/2012 and will be ongoing.	1-10-12/82

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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.			Could.	

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	<p>On 3-14-11, physician ordered PT/OT for Resident #1 for gait dysfunction. The assessment dated 12-22-10 was not updated to include this new need.</p> <p>On 6-8-11 the physician ordered a highback wheel chair for Resident #1. The assessment dated 12-22-10 was not updated to reflect the change in their mobility and the need for a wheel chair.</p> <p>On 10-14-11 the physician identified a large fecal impaction during an examination of Resident #1. The assessment dated 12-22-10 was not updated to include this new need.</p>	<p>11/30/2011</p> <p>12/15/2011</p> <p>12/28/11</p> <p>+</p> <p>ongoing</p>	<p>225c Assessment 12/22/10 was updated on 11/30/2011 to reflect PT/OT on 3/14/2011; highback wheelchair and change in mobility on 6/8/11; and need for monitoring of bowel movements on 10/14/11. (see attached)</p> <p>Nurses were inserviced regarding regulation 225c re: the resident shall have additional assessments...by the Executive Director on 12/15/2011.</p> <p>Beginning 12/28/11 Executive Director and/or Resident Services Coordinator will audit when there is a report of a change in a resident. (see attached audit tool)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1-10-12</p> <p>Date _____ initials (DPW)</p>