



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: February 22, 2012**

Mr. Barry A. Lazarus, Vice President  
Arden Courts of King of Prussia Pa, 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 9, 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.

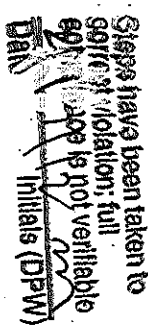
Sincerely,

  
Laura Cipriani  
Regional Licensing Director

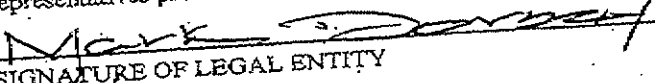
Enclosure(s)  
Violation Report



**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) 12/09/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Amy Scharpf	
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 1/10/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Mofkalecyk
		DATE 2/17/12	

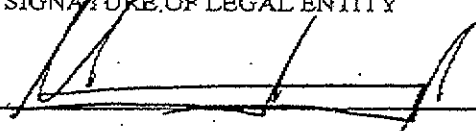
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur).	DATE COMPLIANCE VERIFIED BY
425 A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 11/26/11, Resident #1 was found on the floor in front of <span style="background-color: black; color: black;">[REDACTED]</span> wheelchair, resident has a history of falls and needs one on one care when sitting in <span style="background-color: black; color: black;">[REDACTED]</span> wheelchair. The home neglected the resident by not providing the care needed to protect the resident from physical harm thus resulting in an injury to the resident's head that required medical attention.	January 10, 2012	Resident #1 will be provided with the correct level of care when private duty leaves. Effective immediately. The Executive Director will assure that the resident is not left unattended after private duty leaves the building. Resident will attend programming when appropriate and or be at nurses station during waking hours. Also, Arden Courts will better assess residents that may need a higher level of care and begin discharge proceedings when appropriate.	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full report is not verifiable                      Initials (DPW)   </p>

**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) 12/09/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Amy Scharpf
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 1/10/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Prokulezyk
		DATE 2/17/12


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
234b The support plan shall identify the resident's physical, medical, social, cognitive and safety needs.	<p>The resident's support plan from 1/12/11 for Resident #1 does not document how the following needs and services will be met.</p> <ul style="list-style-type: none"> <li>-The Medical Evaluations on 1/3/11 and 11/29/11 indicates the resident is to be turned every 2 hours due to cognitive impairment.</li> <li>-The assessments for resident #1 dated 1/3/11 and 11/29/11 both indicate the resident is supported by Hospice services.</li> <li>-Administrator A indicates Resident #1 receives Private duty Aid Services.</li> <li>-Resident needs "one on one" supervision when in wheelchair.</li> <li>-The resident has a history of falls.</li> </ul>	January 10, 2012	<p><b>Cause:</b> Not proper documenting residents needs.</p> <p><b>Quick Fix:</b> Resident will be turned every two hours by caregivers per medical evaluation. Hospice will provide services per physician orders and everything that entails. Private duty, who, hours, days, responsibilities us private duty etc. Supervision when in wheelchair, private duty to provide when here, Arden staff to provide when private duty is not, resident out of her room in front of nursing station or in programming during those times. History of falls, assure that all prior are in place to decrease amount of falls, do not leave resident unattended.</p> <p><b>Prevention:</b> Nursing to monitor daily that all listed prior is being completed on resident number 1.</p> <p><b>Responsibilities:</b> Nursing dept. and Executive Director</p>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date:   Initials (DPW): </p>

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) 12/09/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Amy Scharpf	
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 J. Dordick</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1/15/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Skolczyk</i>	DATE 2/17/12


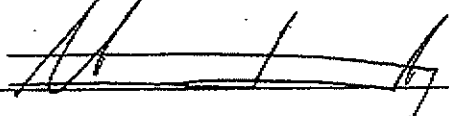
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name.	Resident #1's record does not include reportable incidents from 11/26/11 and 11/27/11.	1/10/12	<b>Cause:</b> Reportable incidents not in file <b>Quick Fix:</b> Place all reportables in resident files immediately <b>Prevention:</b> Executive Director will place all reportables in files and monitor monthly to assure compliance. <b>Responsibility:</b> Executive Director and Administrative Services Coordinator	Steps have been taken to correct violation; full compliance is not verifiable Date: 2/17/12 Initials: (DPW)

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) 12/09/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Amy Scharpf	
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</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1/13/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkielezyk</i>	DATE 2/17/12

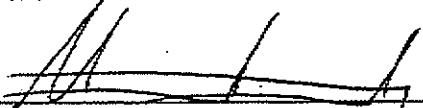
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary			Cont.	

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) 12/09/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Amy Scharpf	
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 1/10/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Moskalezyk
			DATE 2/17/12


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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.			Cont.	

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) 12/09/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Amy Scharpf	
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 D. Dorney</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1/15/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkalezyk</i>	DATE <i>2-17-12</i>

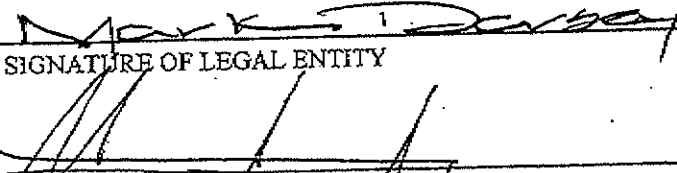
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				<i>Cont.</i>

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) 12/09/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Amy Scharpf	
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 D. Dwyer</i>			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
	1/15/12	<i>M. Moskalezyk</i>	2-13-12

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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified			Cont	

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) 12/09/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Amy Scharpf	
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 1/10/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Moskalewicz/k	DATE 2-12-12

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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				Cont -