

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate ARDEN COURTS OF WARMINSTER

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

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

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 3, 2012 until May 3, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129960

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 22 2012

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

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 Country Line Road
Hatboro, Pennsylvania 19040

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on January 31, 2012 and February 1, 2012 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
Director

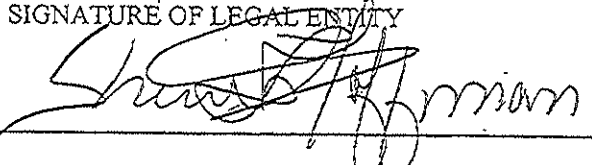
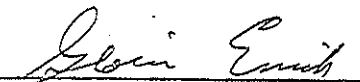
Enclosures
License
Violation Report

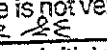
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|----------------|
| 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) 01/31/2012 & 2/1/12 | | REGIONAL REPRESENTATIVE Cindy Yellenic, Christine McHale | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>SHERI HOFFMAN EXECUTIVE DIRECTOR</i> | | | |
| SIGNATURE OF LEGAL ENTITY <i>Sheri Hoffman</i> | DATE 2/20/12 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Enoch</i> | DATE 3-5-12 |

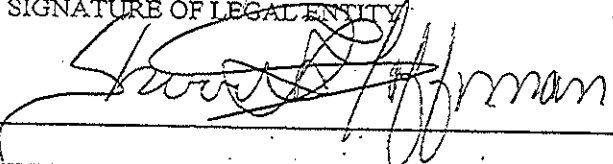
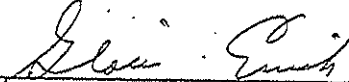
| REGULATION 55 Pa.Code §2600. | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
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| 3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home. | On 2/1/2012 the home's violation report was not posted in a conspicuous and public place in the home. | 3c 3/1/2012 | <p>On 2/2/2012, the violation report was removed from the front lobby area and placed in the Studio.</p> <p>All staff is being notified of the change in location via a posting by the time clock; in-servicing; and written in the monthly Staff Meeting Minutes which are distributed to all employees. (see attached)</p> <p>(copy of signed in-service sheet will be faxed/emailed to the Department upon completion on or by 3/1/2012)</p> <p>An article will be placed in the March facility newsletter regarding the change in location of the violation report. The newsletter is distributed to resident's responsible parties. (copy of the article will be faxed/emailed to the Department by 3/1/12)</p> <p>The change in location of the regulations will be announced during the February Resident Council Meeting (Resident Council minutes will be faxed/emailed the Department by 3/1/12)</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">3-5-12 Initials (DPW)</p> |

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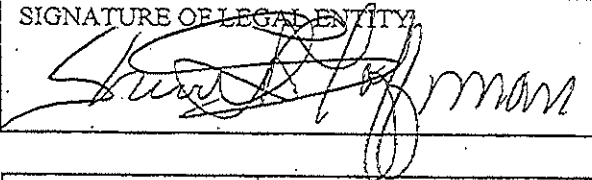

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| 16d The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation. | <p>-On 6/17/2011, a medication error was reported for Resident #1. The home submitted an initial incident report on 6/17/2011. The home did not submit a final report to the Department.</p> <p>-On 8/9/2011, a medication error was reported for Resident #2. The home submitted an initial incident report on 8/9/2011. The home did not submit a final report to the Department.</p> <p>-On 10/10/2011, Resident #3 hit Resident #4. The home submitted an initial incident report on 10/11/2011. The home did not submit a final report to the Department.</p> | <p>16d 3/5/2012</p> <p>on-going</p> | <p>Final Reportable Incident Reports will be completed Faxed to the Department by 2/24/2012</p> <p>All nurses were in-serviced on the procedures for Reportable Incidents on 2/16/2012. (see attached)</p> <p>All coordinators will be in-serviced on the procedures for Reportable Incidents on or by 3/5/2012. (copy of signed in-service sheet will be faxed/emailed to the Department on or by 3/5/12)</p> <p>The Reportable Log will be reviewed weekly and initialed upon submission of a final report by the Executive Director or designee. (see attached audit)</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-5-12 </p> <p>Date Initials (DPW)</p> |

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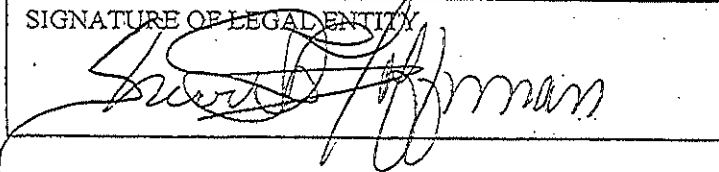

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| 65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency | Staff person A, whose first day of work was 10/28/10 at Arden Courts of Yardley was transferred to Arden Courts of Warminster on 1/11/2012. Staff person A did not receive an orientation in fire safety and emergency preparedness for this location. | 65a 3/30/2012 and ongoing | Staff person A received in-servicing on the facility's fire safety and emergency preparedness procedures on 1/31/2012. (see attached) All newly hired, or transferred, employees will receive facility specific orientation on fire safety and emergency preparedness procedures on their first day of employment/working in the building. All employee files will be audited to ensure completion of required training utilizing the Employee File Audit Tool. (see attached) Newly hired employees will have their file audited to ensure completion of all required items, on the first day of employment. Executive Director will in-service Administrative Services Assistants and coordinators on training requirements and procedures to conduct an employee file audit and the tool used. (copy of signed in-service sheet will be faxed/emailed to the Department on or by 3/30/12) | Steps have been taken to correct violation; full compliance is not verifiable 3-5-12 atr Initials (DPW) |


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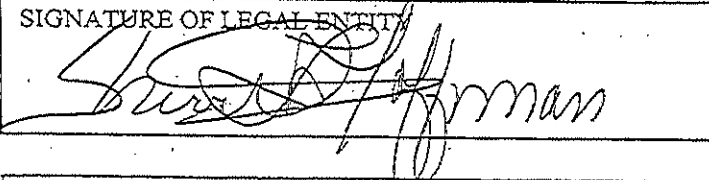

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| location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The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

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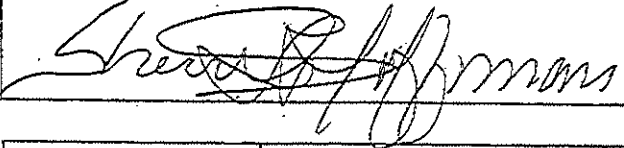

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| 65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the | -Direct Care Staff person B, hired on 7/6/2011, has been providing direct care to residents. Staff person B did not complete the Online Direct Care training and only has a High School Diploma. -Direct Care Staff person C, hired on 10/14/2009, has been providing direct care to residents. Staff person C, did not take the Online Direct Care training until 4/17/2010. | 65d 3/30/2012 on-going | Direct Care Staff person B did not provide direct care to residents until completion of the Online Direct Care Training and Test on 2/15/2012. (test certificate attached) Newly hired Direct Care Staff members with only a high school diploma, will be required to complete the Online training and test on the first day of employment and will not be permitted to provide direct care until the test is passed. All Direct care staff employee files will be audited to ensure completion of the Online test utilizing the Employee File Audit Tool. (see attached) Newly hired employees will have their file audited to ensure completion of the Online Direct Care Training and Test, on the first day of employment by the Administrative Services Coordinator or designee. Date - 3/30/12 Executive Director will in-service the Administrative Services Coordinator and assistants on this regulation and procedures to conduct an employee file audit. (copy of signed in-service sheet will be emailed/faxed to the Department on or by 3/30/12) | Steps have been taken to correct violation; full compliance is not verifiable 3-5-12  Date Initials (DPW) |

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| following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual | | | Control | |

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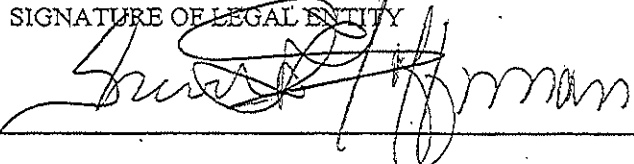

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| assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. | | | <i>Contd.</i> | |

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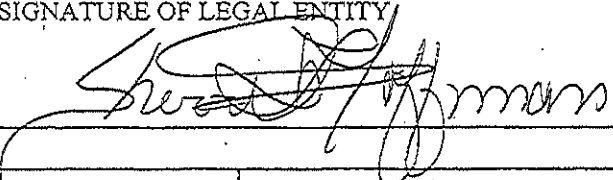
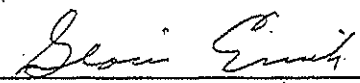
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| (xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services. | | | <i>Contd.</i> | |

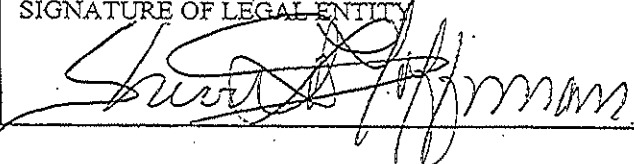
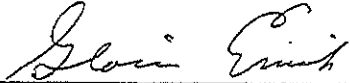
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| 82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. | <p>-Acid Bathroom Cleaner, with a manufacture's label indicating that the product is harmful if swallowed and you should seek medical treatment, was unlocked and accessible to residents. The product was located in the kitchen, under the small sink, in the Boathouse. Residents of the home have not been assessed capable of recognizing and using poisons safely.</p> <p>-Glass Cleaner, with a manufacture's label indicating that the product is harmful if swallowed and you should seek medical treatment, was unlocked and accessible to residents. The product was located in the kitchen, under the small sink, in the Cottage Place. Residents of the home have not been assessed capable of recognizing and using poisons safely.</p> | 82c 2/24/2012 and on-going | <p>The Acid Bathroom Cleaner and Glass Cleaner were immediately removed from the unlocked cabinets and placed in a locked cabinet in the Laundry Room.</p> <p>Daily rounds will be completed by a member of the management team, the Resident Caregiver Supervisor or designee to check resident areas for proper storage of poisonous materials. (see attached check list)</p> <p>Executive Director will in-service all staff regarding poisonous materials being kept locked and inaccessible to residents. (copy of signed in-service sheet will be emailed/faxed to the Department on or by 2/27/2012).</p> | 3-5-12-22 |

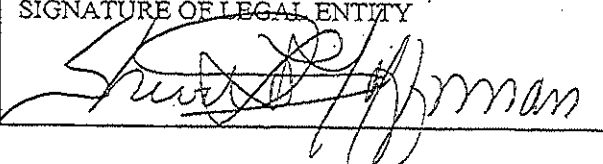
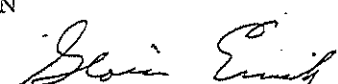
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| 86b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation. | The bathroom vent in room #56 in the Boathouse was inoperable. | 86b 3/31/2012 on-going | <p>Building Services Coordinator contacted vendor to inspect and repair the bathroom vent in room #56 in the Boathouse. (see attached report from Bauchman Services)</p> <p>Building Services Coordinator or designee will complete an inspection of all bathroom vents to ensure they are operating by 3/31/2012.</p> <p>Building Services or designee will complete weekly rounds, including checking proper operation of bathroom vents.</p> | 3-5-12-22 |

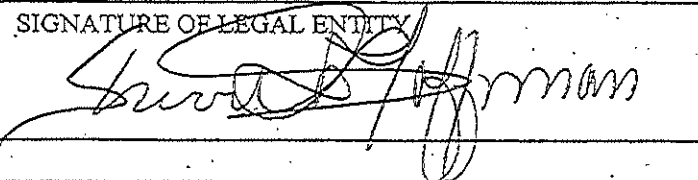
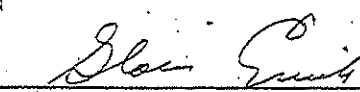
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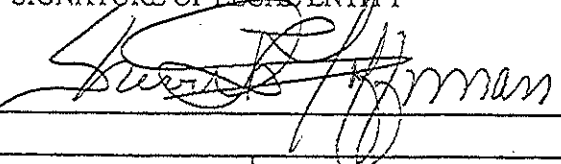
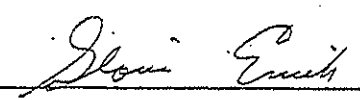
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| 91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line. | <p>-The telephone located in the Country House kitchen does not have emergency service numbers posted nearby.</p> <p>-The telephone located in the Cottage Place kitchen does not have emergency service numbers posted nearby.</p> <p>-The telephone located in the Garden Place kitchen does not have emergency service numbers posted nearby.</p> | 91 3/1/2012 and on-going | <p>Administrative Services Coordinator posted emergency service numbers on Country Lane, Cottage Place and Garden Path House phones on 2/1/2012.</p> <p>Rounds will be completed and all phones checked for posting of emergency service numbers by the Building Services Coordinator or designee by 2/29/2012.</p> <p>Daily rounds will be completed by a member of the management team, the Resident Caregiver Supervisor or designee to check all phones for posting of emergency service numbers. (see attached check list)</p> <p>Executive Director will in-service all coordinators and Supervisors regarding this regulation and the plan of correction. (copy of signed in-service sheet will be faxed/emailed to the Department on or by 3/1/12)</p> | 3-5-12 <i>SE</i> |

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| 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. | <ul style="list-style-type: none"> -The first aid kit in the kitchen of Cottage Place does not include scissors. -The first aid kit in the kitchen of Garden Place does not include tweezers. -The first aid kit in the kitchen of Country House does not include scissors. <p>Repeated Violations: 04/01/2011</p> | <p>96a 3/1/2012</p> <p>on-going</p> | <p>The scissors were replaced in the First Aid Kits in Cottage and County Houses; tweezers were replaced in Garden House on 2/1/2012.</p> <p>An initial audit was completed on all First Aid Kits on 2/6/12 and zip ties placed on each kit. (see attached audit tool)</p> <p>The 11-7 Resident Caregiver Supervisor or designee will conduct daily checks on the first aid kits. If the zip tie(s) is cut, an audit of the kit will be completed and missing items replaced. RCS/designee to be in-serviced on this procedure by 2/29/2012. (copy of signed in-service sheet will be faxed/emailed to the Department by 2/29/12)</p> <p>All staff will be notified of new procedure via monthly staff meeting and written monthly Staff Meeting Minutes. (see attached)</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>3-5-12</u> Date Initials (DPW)</p> |

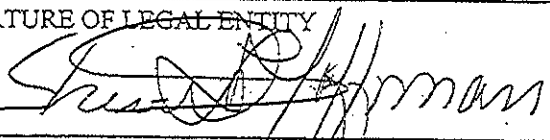
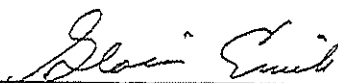
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| 101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside. | The bed in room #6 in Country House does not have an operable source of light that can be turned on/off from bedside. | 101j7 3/31/2012 and on-going | The light bulb to the bedside lamp was replaced on 2/1/2012. Building Services Coordinator or designee will complete An inspection of all resident rooms to ensure all lights are in working order. Resident Caregivers on the 7-3 shift and the housekeeping staff will turn on all lights in the room when entering to make sure all lights are in working order. A work order will be completed and turned into the Building Services Coordinator for all lights not operable or missing a light bulb. (see attached Work Order) All staff will be in-serviced and receive written notification via the Monthly Staff Meeting Minutes. (see attached) | 3-5-12 <i>EE</i> |

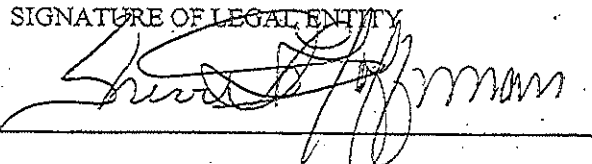
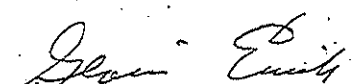
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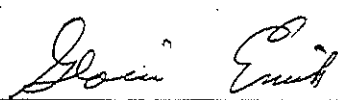
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| 103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated. | -There are two plates of food in the refrigerator in Garden Place that are not labeled or dated. -In the freezer in the main kitchen of the facility, there are soft pretzels in a bag that have been opened and potato patties re wrapped in a package, but neither are labeled or dated. | 103e 2/29/2012 and on-going | The plates containing food in the refrigerator in Garden were labeled and dated on 2/1/2012. The soft pretzels and potato patties in the freezer in the main kitchen were labeled and dated on 2/1/2012. Daily rounds will be completed by a member of the management team, the Resident Caregiver Supervisor or designee to check refrigerators in all houses to be sure any plates containing food are labeled and dated. (see attached check list) <i>questionable items will be discarded - BE</i> Food Service staff will audit the refrigerator and freezer in the main kitchen daily to be sure any opened food is labeled and dated. Executive Director will in-service all coordinators, supervisors, and staff regarding this regulation and the plan of correction. (copy of signed in-service sheet will be emailed/faxed to the Department on or by 3/1/12) | Steps have been taken to correct violation; full compliance is not verifiable 3-5-12 Date Initials (DPW) |

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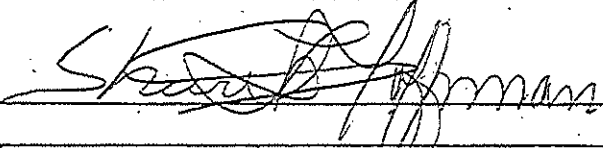

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| 105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions. | In the Garden Place laundry room there is an abundance of lint and debris behind the washer and dryer. | 105g2 2/29/2012 On going | The lint and debris behind the washer and dryer in Garden Laundry Room was removed on 2/1/2012. Building Services Coordinator to complete weekly rounds to clean the lint and debris behind the washer and dryer in each Laundry Room. Daily rounds will be completed by a member of the management team, the Resident Caregiver Supervisor or designee to check for lint and debris behind the washer and dryer in all Laundry Rooms. A work order will be completed and turned into the BSC for attention to any lint found behind a washer and/or dryer. (see attached check list) | 3-5-12 |

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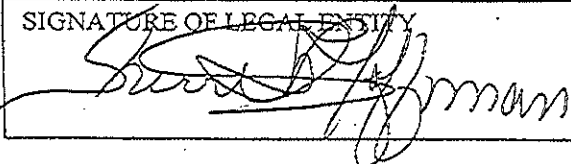
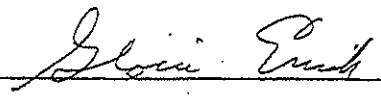
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| 141b1 A resident shall have a medical evaluation: (1) At least annually. | Resident #5's last medical evaluation was completed on 9/9/11. The resident's previous medical evaluation was on 7/6/10. | 141b1 3/31/2012 and on-going | <p>All resident's medical records are being audited for required annual paperwork. (completion by 3/31/2012)</p> <p>A tickler system has been implemented to track residents' move-in date and due dates for all required annual paperwork.</p> <p>Executive Director to in-service new Resident Services Coordinator on regulation, required paperwork/forms and newly implemented tickler system. (copy of signed in-service sheet will be emailed/faxed to the Department on or by 3/31/12)</p> <p><i>After audit is completed, any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter. - BE</i></p> | |
| | | | | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3-5-12 BE</i></p> <p>Date Initials (DPW)</p> |

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| 185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. | <p>-Resident #6's PRN medication Amoxicillin 500 mg is not available in the home.</p> <p>-Resident #10's PRN medications Trazodone 50mg, Acetaminophen 325mg for pain and Acetaminophen 325 mg for fever were not available in the home.</p> | 185a 2/29/2012 On going | <p>The PRN medication Amoxicillin was received for Resident #6 and placed in the medication cart on 2/1/2012. (copy of medication receipt attached)</p> <p>Resident #10 PRN medications Trazadone and Acetaminophen were received and placed in the medication cart on 2/2/2012. (copy of medication receipt attached)</p> <p>An audit of all medication carts will be completed by the Resident Services Coordinator or designee to ensure all medications are in the cart and available for the resident as needed; initial audit will be completed by 2/29/2012.</p> <p>Medication Cart Audits will be completed weekly on an on-going basis. (audit attached) The Medication Pass Tool will be used daily by medication passers to address medications not available. (tool attached) Executive Director will in-service all staff who administer medications regarding the use of Medication Pass Tool by 2/29/2012. (copy of signed in-service sheet will be emailed/faxed to the Department on or before 2/29/12)</p> <p>Executive Director in-serviced all nurses on this regulation and the POC regarding Medication Cart Audits and their frequency. (completed on 2/16/2012; see attached)</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable 3-5-12 Date Initials (DPW)</p> |

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| 187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber. | <p>-On 10/30/2011, Resident #7 refused to take a scheduled dose of Gabapentin 100mg and Hydrocortin Cream. The home did not report the refusal to the resident's prescriber.</p> <p>-Resident #8 refused to take the following scheduled medications and the home did not report these refusals to the resident's prescriber: -Metronidazole Cream on 12/4/12 -On 12/6/11 and 12/11/11 refused all 6:00pm medications -Tylenol 325mg on 12/21/11, 12/25/11, 12/26/11, 12/27/2011, 12/29/2011.</p> | 187c 2/29/2012 On going | <p>Executive Director will in-service all nurses (met on 2/16/2012) and medication techs on this regulation and medication procedures with regards to notification procedures for resident refusing medications. (tool attached) (copy of signed in-service sheet will be emailed/faxed to the Department on or by 3/1/12)</p> <p>An audit of all MAR's will be completed by the Resident Services Coordinator or designee to ensure procedure was followed with any refusal of a medication by a resident (supporting documentation); initial audit will be completed by 2/29/2012.</p> <p>Audits will be completed weekly on an on-going basis the Resident Services Coordinator or designee.</p> <p>The Medication Pass Tool will be used daily by medication passers to address medication refusals. (tool attached)</p> <p>Executive Director will in-service all staff who administer medications regarding the use of Medication Pass Tool by 2/29/2012. (copy of signed in-service sheet will be emailed/faxed to the Department on or before 2/29/12)</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable 3-5-12 Date Initials (DPW)</p> |

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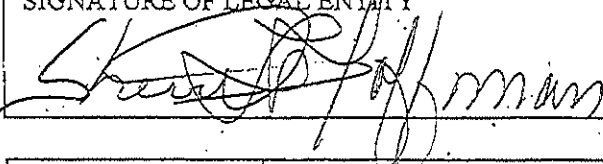

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| 187d The home shall follow the directions of the prescriber. | <p>-Resident #6 is to have Accu-checks done 4 times day at 7:30am, 11:30am, 5:00pm, 9:00pm on the following dates and times the resident did not receive the Accu-checks:</p> <p>-7:30am on 12/30/2011, 1/3/2012 -11:30am on 12/13/2011, 12/30/2011, 1/1/2012, 1/3/2012, 1/8/2012 -5:00pm on 1/3/2012, 1/4/2012 -9:00pm on 12/28/2011, 12/31/2011, 1/18/2012, 1/19/2012 -5:00pm and 9:00pm on 12/9/2011, 12/13/2011, 12/17/2011, 12/21/2011, 12/23/2011, 12/27/2011, 1/1/2012, 1/6/2012, 1/10/2012, 1/11/2012, 1/13/2012, 1/15/2012</p> <p>-Resident #7 has an order to receive Vitamin D2 50,000 units every Friday. The medication is not present in the home.</p> <p>-Resident #8 has an order for Lorazepam gel 0.5mg twice daily, applied to the forearm. The medication is not present in the home.</p> | 187d 2/29/2012 On going | <p>Medications not present in the home at the time of survey for residents #7; #8 and #9 were received by the pharmacy on 2/1/12. (copy of medication receipts attached)</p> <p>A Reportable Incident was completed and sent to the Department for the medications not given to resident #9 on 1/31/12 & 2/1/2012. Physician did not require any additional follow up. (copy of Reportable Incident attached)</p> <p>A shift to shift MOR review will be conducted daily for Resident #6 to ensure proper documentation of his accu-checks 4 times a day. Additionally, this review will be utilized for all residents ordered Accu-Checks. Nurses were in-serviced on this form. (see attached form)</p> <p>Executive Director in-serviced all nurses on this regulation, procedures for following physician orders and the procedures for monthly turnover to assure all physician orders are transcribed on the residents' MAR. (see attached)</p> | |

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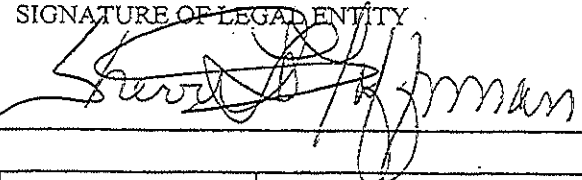
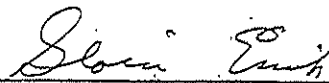
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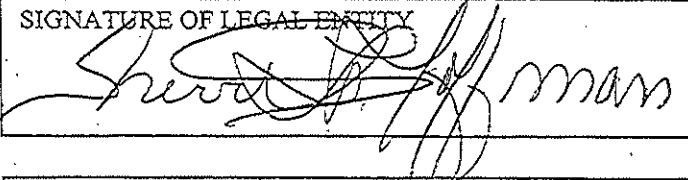
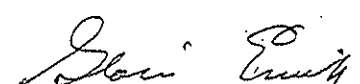
| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| | <p>-Resident #9 has an order to receive Januvia 100mg 1 tablet in the morning. The medication is not available and the resident did not receive it on 1/31/2012 and 2/1/2012.</p> <p>-Resident #9 has an order to receive Crestor 10mg at 6:00pm, the medication is not available.</p> <p>Repeated Violations: 04/01/2011</p> | <p>187d <u>2/29/12</u> and on-going</p> | <p><i>Contd.</i></p> <p>The Resident Services Coordinator or designee will complete an initial audit of resident's physician orders by 2/29/2012 to ensure all orders are followed as prescribed. Audit will be completed on a monthly basis with the turnover of paperwork.</p> <p>The Medication Pass Tool will be used daily by medication passers to address medications not available. (tool attached).</p> <p>Executive Director will in-service staff who administer medications regarding the use of Medication Pass Tool by 2/29/2012. (copy of signed in-service sheet will be emailed/faxed to the Department on or before 2/29/12).</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>3-5-12</u> Date Initials (DPW)</p> |

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

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 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) 01/31/2012 | | REGIONAL REPRESENTATIVE Cindy Yellenic, Christine McHale | |
| 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 2/20/12 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 3-5-12 |

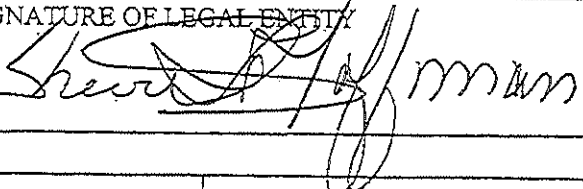

| REGULATION 55 Pa. Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
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| 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 initial assessment for Resident #6 was completed on 6/30/2011 and does not address a special diabetic diet. -The initial assessment for Resident #7 was completed on 10/27/11 and does not include the residents ability or not to self-administer medication. Repeated Violations: 04/01/2011 | 225a 3/31/2012 On going | The initial assessments for Resident #6 and #7 were corrected and date of correction noted. (see attached) The Executive Director or designee will complete an audit of current resident's medical records for all required initial paperwork and accuracy of information. (date 3/31/12) (audit tool attached) Newly admitted residents records will be audited within 48 hours of move-in and again during the 15 day assessment period to assure completion and accuracy of all required paperwork. Executive Director will in-service all nurses and coordinators on regulation and audit tool by 3/6/2012. (copy of signed in-service sheet will be emailed/faxed to the Department on or by 3/31/12) | Steps have been taken to correct violation; full compliance is not verifiable 3-5-12 SS Date Initials (DPW) |

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

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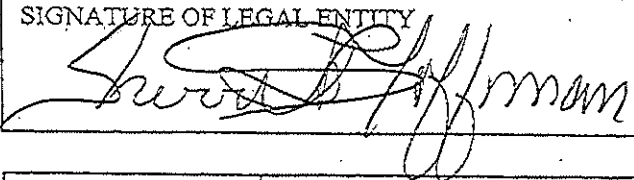
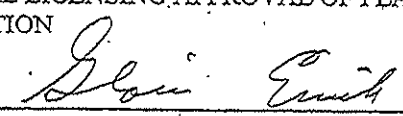
| REGULATION 55 Pa. Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
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| <p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p> | <p>Resident #5's most recent assessment was completed on 7/20/2011 and does not address the resident being lactose intolerant.</p> <p>Repeated Violations: 11/23/2011</p> | <p>225c</p> <p>3/31/2012</p> <p>On going</p> | <p>The most recent assessment for Resident #5 was updated to reflect the resident being lactose intolerant on 2/3/2012. (see attached)</p> <p>The Executive Director or designee will complete an audit of current resident's medical records for all required initial paperwork and accuracy of information. Newly admitted residents records will be audited within 48 hours of move-in and again during the 15 day assessment period to assure completion and accuracy of all required paperwork. Resident assessments will, also, be completed annually and upon change significant change in a resident.</p> <p>Executive Director will in-service all nurses and coordinators on regulation and audit tool by 3/6/2012. (copy of signed in-service sheet will be emailed/faxed to the Department on or by 3/6/12)</p> <p style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</p> | <p style="text-align: center;">3-5-12</p> <p>Date</p> <p style="text-align: right;">Initials (DPW)</p> |

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

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| INSPECTION DATES (Include all dates of the inspection) 01/31/2012 | | REGIONAL REPRESENTATIVE Cindy Yellenic, Christine McHale | |
| 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 2/20/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 3-5-12 |

| 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 |
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| 227g Individuals who participate in the development of the support plan shall sign and date the support plan. | Resident #7's son participated in the development of the resident's support plan on 10/25/2011. Neither the resident nor the son signed the support plan. Repeated Violations: 04/01/2011 | LLTg 3/31/2012 On going | An attempt to have resident #7 sign was made; however, resident was unable to sign due to dementia. Notation was made on support plan. (see attached) Received son's signature and copy of Support Plan given to son on 2/20/12. (see attached signature page) The Executive Director or designee will complete an audit of current resident's medical records for all required initial paperwork and accuracy of information. (audit tool attached) Newly admitted residents records will be audited within 48 hours of move-in and again during the 30 day follow up period to assure all parties who participate in the support plan process sign the required paperwork. | 3-5-12 SE |


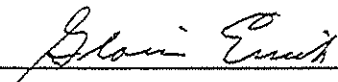
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| 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) .01/31/2012 | | REGIONAL REPRESENTATIVE Cindy Yellenic, Christine McHale | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
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| 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 |
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| 231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit. | Resident #8, admitted to the SDCU on 10/21/2011, had a medical evaluation on 9/28/2011 that did not document the resident's diagnosis of dementia or need for SDCU care. | 231b 3/31/2012 On going | <p>The Executive Director in-serviced all nurses on this regulation and procedures for properly making changes on a resident's medical form on 2/16/2012. (see attached)</p> <p>Resident #8's current physician will complete a new MA55 to properly document the resident's diagnosis of dementia and need for SDCU care. (form will be faxed to the Department upon completion by 2/24/2012)</p> <p>The Executive Director or designee will complete an audit of current resident's medical records for all required initial paperwork and accuracy of information. (audit tool attached)</p> <p>Newly admitted residents records will be audited within 48 hours of move-in and again during the 30 day follow up period to assure all information on the Medical Evaluation is completed and accurate.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-5-12-12 Date Initials (DPW)</p> |

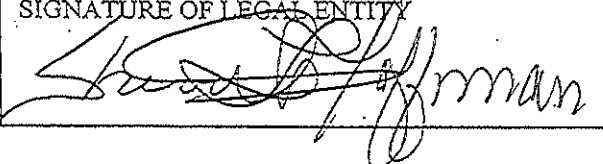

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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Page 1 of 1

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| NAME AND ADDRESS OF PERSONAL CARE HOME Arden Courts of Warminster 779 West County Line Road Hatboro, PA 19040 | | CURRENT LICENSE NUMBER 129960 | |
| INSPECTION DATE(S) (Include all dates of the inspection) 1/31/2012 and 2/1/2012 | | REGIONAL REPRESENTATIVE Cindy Yellenic and Christine McHale | |
| SIGNATURE OF LEGAL ENTITY  | DATE 2/20/12 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 3-5-12 |

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION/CLASS | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 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) | 5 DATE COMPLIANCE VERIFIED BY DPW |
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| 231e Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit. | <p>-Resident #7 was admitted to the SDCU on 10/27/2011. The home has no documentation that the resident and the resident's designated person have not objected to the admission.</p> <p>-Resident #9 was admitted to the SDCU on 12/22/2011. The home has no documentation that the resident and the resident's designated person have not objected to the admission.</p> | 231e 3/31/2012 On going | <p>An attempt to have resident #7 sign the confirmation of agreement to move into a SDCU was made; however, [redacted] was unable to sign due to dementia. Notation was made on the form. (see attached)</p> <p>Received son's on 2/20/12. (see attached form with signature on form)</p> <p>An attempt to have resident #9 sign the agreement to move into a SDCU was made; however, the resident was unable to sign due to dementia. Notation was made on the form. (see attached)</p> <p>A copy of the form was sent to the resident's daughter for signature; as of this date it has not been returned. (copy of letter attached)</p> <p>The Executive Director or designee will complete an audit of current resident's medical records for all required initial paperwork and accuracy of information. (audit tool attached)</p> <p>Newly admitted residents records will be audited within 48 hours of move-in to assure all forms have signatures as required.</p> <p>The Executive Director will in-service all coordinators on the audit tool by 3/6/2012. (copy of signed in-service sheet will be emailed/faxed to the Department on or by 3/6/12)</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>3-5-12-EE</u> Date Initials (DPW)</p> |

VIOLATION REPORT
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| 233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device. | <p>-The directions for operating the home's locking mechanism are not conspicuously posted near the exit doors in the Country House in the dining room in the SDCU.</p> <p>-The directions for operating the home's locking mechanism are not conspicuously posted near the exit doors in the Cottage House in the dining room and the at the end of the hallway near rooms 43 and 46 in the SDCU.</p> <p>-The directions for operating the home's locking mechanism are not conspicuously posted near the exit doors in the Garden Place in the dining room and the at the end of the hallway near rooms 29 and 30 in the SDCU.</p> <p>-The directions for operating the home's locking mechanism are not conspicuously posted near the exit doors in the Boathouse in the dining room in the SDCU.</p> | 233c 3/6/2012 On going | <p>The directions for operating the locking mechanism is now posted at each exit door within the facility. (pictures attached)</p> <p>Daily rounds will be completed by a member of the management team, the Resident Caregiver Supervisor or designee to check all exits and ensure that directions for operating the locking mechanism is posted as required.</p> <p>The Executive Director will in-service all coordinators and the Resident Caregiver Supervisor on this regulation and The daily rounds check-list by 3/6/2012. (copy of signed in-service sheet will be emailed/faxed to the Department on or by 3/6/12)</p> | <p style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable 3-5-12 Date Initials (DPW)</p> |