

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate ARDEN COURTS OF ALLENTOWN

Located at 5151 HAMILTON BOULEVARD, ALLENTOWN, PA 18106

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 56
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from June 16, 2012 until June 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 217870

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

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

JUN 06 2012

Mr. Barry A. Lazarus, Vice-President
Arden Courts of Allentown 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 April 17, 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 be 'R Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21787 - 04/17/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, 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 services with reasonable skill and safety.

2. DESCRIPTION OF VIOLATION
 Staff person A, hired 12/27/11, completes unsupervised ADL services to residents and does not have a US high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. The diplomas and certifications in staff person A's records were from Saint Gabriel College, Aklay Agricultural College, and IRNUP International - Hong Kong which were received in the Philippines and/or Hong Kong. An educational waiver was not requested.

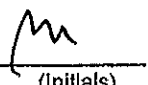
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Educational waiver to be filed for Direct Care Worker hired on 12/27/11 who is college graduate of Hong Kong. Waiver to be filed on or before May 1, 2012. Audit completed on April 18, 2012 for credentials of all Direct Care Staff. All have U.S. diploma, GED or CNA registry. Executive Director will monitor for ongoing compliance. Individual noted will not complete unsupervised ADLs until waiver is received.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanette Hartman Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanette Hartman</i>	Date <i>April 25, 2012</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/21/12</u> (Date)	Verification of Legal Entity Representative Signature <u>5/21/12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21787 - 04/17/2012 - Bloch, Betty

1. REGULATION #5 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2. DESCRIPTION OF VIOLATION

The inside of the microwave oven located in the "Green House" kitchenette was caked with dried food.

The bottom of the oven located in the "Green House" kitchenette was covered with dried food crumbs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Microwaves and stoves are not functional unless unlocked by staff member. Staff member of Food Services or appointed designee will unlock daily for proper function and cleanliness. All appliances will be cleaned after every meal by Direct Care Staff or designee. All staff will be inserviced on or before May 4, 2012. Appliances were cleaned after each meal on 04-17-2012. 2 microwaves had spot of rust- all microwaves replaced. Executive Director, Resident Services Supervisor and Maintenance Director to monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Nanette Hartman Executive Director

Printed Name and Title of Legal Entity Representative
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Nanette Hartman

Date *April 25, 2012*

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Violation Report: 21787 - 04/17/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2. DESCRIPTION OF VIOLATION

An area of ground approximately 1' x 2' was not level near the exit gate located in the "Green House" courtyard leading to the rear of the home. The area from the end of the courtyard to the beginning of the cement walkway was covered with landscape stones which measured up to 1" in width which posed a possible tripping hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Landscape stones will be removed by May 1, 2012 from area noted. Landscape stones will not be replaced. All areas will be monitored by Executive Director and Maintenance Director to ensure erosion or trip hazards are not present on both interior and exterior of resident fenced areas. Photo of area noted will be sent to show compliance.

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Violation Report: 21787 - 04/17/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2. DESCRIPTION OF VIOLATION

The freezer and refrigerator sections of the refrigerator located in the "Green House" kitchenette did not contain thermometers in them. Food and drink items for the residents were stored in these areas.

The temperatures in the refrigerator and freezer sections of the refrigerator located in the "Purple House" measured 44° F and 8° F, respectively. Food and drink items for the residents were stored in these areas.

The refrigerator section of the refrigerator/freezer located in the "Blue House" measured 52° F. Food and drink items for the residents were stored in it.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Thermometers and temperatures were reset immediately on 04-17-12. Daily checks of thermometers and refrigeration temperatures will be completed prior to meal times and at change of shift by Direct Care Staff. Compliance will be noted on daily dietary needs sheet and returned to Food Service Department daily. Daily temperature log currently used in main kitchen will be used in house kitchens each day by Food Service Staff. Food Service Department is responsible for correcting temperatures with assistance of Maintenance Director if needed. Executive Director or designee will monitor logs at least weekly for compliance. All staff will be inserviced on or prior to May 4, 2012.

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Violation Report: 21787 - 04/17/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600

2600.132(f) - Alternate exit routes shall be used during fire drills.

2. DESCRIPTION OF VIOLATION

The fire drill record indicates the exit route used during the fire drills conducted on 1/21/12, 2/1/12, 2/14/12, 3/10/12, 3/16/12, 3/20/12, and 4/4/12 was "beyond the smoke doors". It did not clearly indicate which specific areas of refuge were being used. The letter completed by a fire safety expert, dated 6/21/11, indicates there are three areas of refuge in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

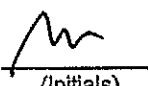
Maintenance Director will document in better detail to show various alternating exit routes effective with fire drills held from date of survey ongoing. Maintenance Director to review regulation and document understanding of requirement via inservice. Executive Director and Quality Improvement committee to monitor monthly at safety meeting and quarterly QI meeting ongoing.

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Violation Report: 21787 - 04/17/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2. DESCRIPTION OF VIOLATION

The most current medical evaluation form (dated 2/22/12) for resident #1 did not include a list of the resident's medications. There was not a medication attachment to this medical evaluation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident noted had new medical evaluation completed, to list current medications as listed on physician orders, and signed by physician on April 18, 2012. All current medical evaluations for other residents were reviewed on April 18, 2012 and are complete. Resident Service Coordinator and Executive Director will monitor for ongoing compliance. Copy of form will be sent to PA DPW under separate cover for privacy.

Repeat Violation; No

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Violation Report: 21787 - 04/17/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

(1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.

(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

(4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; Insulin injections and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION

The following direct care staff persons' Department-approved medication administration training was incomplete and, therefore, they are not currently qualified to administer medications to residents:

Staff person B

• Initial Training dated 5/12/10 and the Initial Annual Practicum completed same date, 5/12/10 the paperwork was incomplete.

• Annual Practicum completed 5/2011

Did not indicate if the staff person successfully completed the training--No Student Pass Date

Did not include the required Trainer's Signature to indicate the staff person successfully completed the practicum--No Student Certification Form

Staff person C

• Annual Practicum completed 5/2010 and the Annual Practicum completed 5/2011, the paperwork was incomplete.

Staff person D

• Annual Practicum completed 5/2010 and the Annual Practicum completed 5/2011, the paperwork was incomplete.

Staff person E

• Annual Practicum completed 5/2010 and the Annual Practicum completed 5/2011, were incomplete.

Staff person F's Department-approved medication administration training to perform the duties of a Practicum Observer was incomplete and, therefore, is not currently qualified to complete medication administration record reviews and medication administration observations for students in lieu of the Department-approved medication train-the-trainer. The following required documentation was not completed for the 3-year re-certification period which ended in 10/2010:

• Practicum Observer Examination Data Summary Sheet for Recertification

Did not include the dates the three required supervised medication observations were completed.

• Practicum Observer Certification Form--Not completed for the Recertification due by 10/2010

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Violation Report: 21787 - 04/17/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2. DESCRIPTION OF VIOLATION

Direct care staff persons B, C, D, and E's Department-approved medication administration trainings were incomplete; and, therefore, they are not currently qualified to administer insulin to residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Diabetes Education was presented on April 19, 2012 by approved Diabetes Educator. All appropriate staff members attended training. Only staff members who have completed and have proper documentation of completion of Medication Administration Course and Diabetes Training will administer insulin. Information will be sent to PA DPW for clearance.

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Violation Report: 21787 - 04/17/2012 - Bloch, Betty

1. REGULATION 55 Pa.Code §2600

2600.101 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2. DESCRIPTION OF VIOLATION

The records of resident #s 2, 3, and 4 did not include documentation which indicated the residents were educated of their right to question or refuse medication if they thought there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Facility has complete list of Resident Rights posted thru out home which includes "Resident has the right to question or refuse a medication if the resident believes there may be a medication error." All residents administrative files will be audited for signed complete list of Resident Rights. If resident administrative record has Resident Rights with this right inadvertently omitted, it will be reviewed and signed by the resident by May 4, 2012 and sent to PA DPW for review. New resident administrative records will have conclusive list of rights as monitored weekly by Executive Director or designee.

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