

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate ARDEN COURTS OF WARMINSTER
NAME OF FACILITY OR AGENCY

Located at 779 WEST COUNTY LINE ROAD, HATBORO, PA 19040
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 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 June 14, 2013 until June 14, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129960

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 14 2013

Mr. Barry A. Lazarus, Vice President
Arden Courts of 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 (Department) licensing inspection on February 6, 2013, 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 Human Services 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 blue ink, appearing to be 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

PGH Name: ARDEN COURTS OF WARMINSTER		License Number: 129960
Address: 779 WEST COUNTY LINE ROAD, HATBORO, PA 19040		County: Bucks
Administrator: Sherri Hoffman		Region: SOUTHEAST
Legal Entity Name: ARDEN COURTS WARMINSTER OF HATBORO PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy C-2 LP 03/29/2000 Dept of L&I		
Staffing Hours Resident Support: 0	Total Daily Staff: 90	Waking Staff: 68
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/06/2013: Scharpf, Amy; Miller, Chevon		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 45 Secured Dementia Care Unit in Home: Yes Area: Entire Building Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 45 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 32	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 45 Have a Physical Disability: 0	

Violation Report: 12986 - 02/08/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 56 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contracts for Residents #1, #2, #3, #4, and #5 were not signed by the the resident.

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.

Attempts made to have Residents #1, #2, and #3 sign initial contracts were made on 2/7; 2/8 & 2/11. (see attached)

Notations of attempts made were noted on the resident(s) contracts. Resident #4 signed his contract on 2/8 and Resident #5 made a mark on 2/8. (see attached)

The Executive Director, or designee, will complete an audit of all current residents' administrative records to ensure the contract is signed by the administrator or a designee, the resident and the payer. (see attached) (please note date)

On those contracts without a resident signature, an attempt will be made to obtain a signature and attempts noted with date(s) where a signature/mark is not obtained.

The Executive Director, or designee, will obtain a signature from the resident upon move in and will note date(s) of attempt(s) where a signature/mark is not obtained. (please note date and on going)

The Executive Director in-serviced designees regarding the regulation on 2/7. (see attached in-service sheet)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SHERI HOFFMAN, EXEC. DIR.* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/26/13</u> (Date)	Plan of correction implementation status as of <u>2/26/13</u> (Date)
The above plan of correction was approved by <u>CRM</u> (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: 12998 - 02/06/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1, #2, #3, #4 and #5's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Attempts made to have Residents #1, #2, and #3 sign initial Resident Rights were made on 2/7; 2/8 & 2/11. (see attached)

Notations of attempts made were noted on the Resident Rights form. Resident #4 signed on 2/8 and Resident #5 made a mark on 2/8. (see attached)

The Executive Director, or designee, will complete an audit of all current residents' administrative records to ensure the Resident Rights is signed by the administrator or a designee, the resident and the payer. (see attached) (please note date)

On those without a resident signature, an attempt will be made to obtain a signature and attempt noted with date where a signature/mark is not obtained.

The Executive Director, or designee, will obtain a signature from the resident upon move-in and will note date(s) of attempts where a signature/mark is not obtained. (please note date and on going)

The Executive Director in-serviced designees regarding the regulation on 2/7. (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SHERI HOFFMAN, EXEC. DIR* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13 (Date)

Plan of correction implementation status as of 2/26/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 12996 - 02/06/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 Pa.Code §2600
 2600.65(a) - 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 location if applicable.
 - (3) The designated meeting place outside the building or within the fire-safe 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.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person A, whose first day of work was 12/3/12 and Ancillary Staff Person B, whose first day of work was 9/11/12 did not receive orientation in evacuation procedures, staff duties and responsibilities during fire drills, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, the location and use of fire extinguishers, smoke detectors and fire alarms and telephone use and notification of emergency services.

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.

SEE ATTACHED

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/31/2012

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SHERZI HOFFMAN, EXECUTIVE DIR* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *2/26/13* (Date)

Plan of correction implementation status as of *2/26/13* (Date)

The above plan of correction was approved by *CYM* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

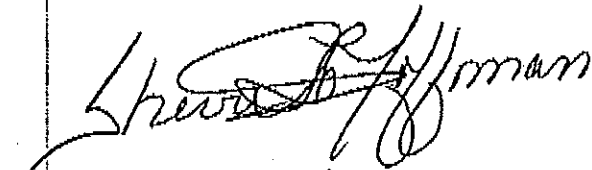
65(a)

DC Staff person A and Ancillary Staff person B received an orientation on general fire safety and emergency preparedness on 2/8/13. (see attached completed and signed orientation check lists)

All employee files will be audited to ensure all employees received/completed the required orientation on fire safety and emergency preparedness. Audit will be completed by 3/31/13.

Newly hired employees shall receive the required orientation on fire safety and emergency preparedness prior to or during the first workday. New employee files will be audited within the first 48hrs of employment by the Administrative Services Coordinator, or designee, to ensure orientation of required items is complete and use of proper form to document completion is used. (see attached for audit tool and orientation check list form) 2/8/13 and ongoing

Executive Director will in-service all coordinators on orientation training requirements for fire safety and emergency preparedness; and all Administrative Services staff on audit tool & procedures for audit and proper Orientation Checklist form. In servicing will be completed by 2/25/13 and a copy of the signed in-service attendance sheet will be faxed to the department by 2/25/13.



SHERRI HOFFMAN, EXECUTIVE DIR

2/19/13

Violation Report: 12998 - 02/08/2013 - Scharf, Amy
 PGH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 Pa. Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person C received only 10.5 hours of annual training in training year January, 2012 to December, 2012.

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.

DC staff person C will complete the remaining 1.5hrs of required training for 2012 by 3/31/13. (A copy of signed in-service sheet(s) will be faxed to the Department by 4/1/2013)

All staff 2012 training records will audited to ensure at least 12 hours of annual training relating to their job duties is completed for each. Any staff found not to have met this requirement will complete the remaining hours required by 3/31/13.

Administrative Services Coordinator, or designee, will audit staff training records on a monthly basis to track training hours and ensure each employee is meeting this regulatory requirement. (please note date and on going)

Administrative Services staff and coordinator will be in-serviced on this regulation by 2/25/13. (copy of signed in-service attendance sheet will be faxed to the Department by 2/25/13)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SHERZI HOFFMAN, EXECUTIVE DIR* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/26/13</u> (Date)	Plan of correction implementation status as of <u>2/26/13</u> (Date)
The above plan of correction was approved by <u>CRM</u> (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: 12996 - 02/06/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 Pa.Code §2800
 2800.85(a) - Sanitary condllions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 2/6/13 the sinks in the shower rooms of Boathouse, Garden Path and Country Lane did not have any means of hand drying.

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.

Paper towels were immediately placed in the paper towel dispensers in Garden Path and Country Lane. A paper towel roll and holder were immediately placed in the bathroom in Boathouse; a new dispenser will be installed in this bathroom by 3/1/13.

Housekeeping staff will make rounds and fill all paper towel dispensers at the start of each day. Daily rounds will be completed by a member of the management team, the Resident Care Supervisor or designee to ensure paper towels are available for hand drying.
 (see attached checklist)(please note date and on going)

Staff members will notify a member of housekeeping immediately should they find no means of hand drying available at a location. Additionally, a work order form will be completed by this staff member for follow up by Building Services Coordinator or Executive Director to ensure paper towels were installed. (please note date and on going)

Executive Director will in-service all staff regarding the regulation and POC by 3/31/13.
 (see attached in-service sign-in sheet)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *WERRI HOFFMAN, EXECUTIVE DIR.* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 4/4/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12996 - 02/06/2013 - Scharf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 85 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 On 2/6/13, the following trash cans contained trash and were not covered.
 -At approximately, 10:00am the trash can in the main kitchen of the home.
 -At approximately, 1:30pm the trash can in the bathroom across from the common area of the home.
 -At approximately, 2:45pm the trash can lid in the kitchen of Country Lane was cracked and broken with a 3" by 3" piece missing.

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.

The trashcan lid was immediately placed on the trashcan in the main kitchen. The lid for the trashcan across from the common area was found and placed back on this trashcan. A new lid was ordered and placed on the trashcan in Country Lane on 2/11/13.

Daily rounds will be completed by a member of the management team or a designee to ensure that trashcans will have lids on them and that lids are clean and in good repair to prevent the penetration of insects and rodents. (see attached checklist).
 Broken and/or missing lids will be replaced as needed.
 (please note date and on going)

Executive Director will in-service all staff regarding the regulation and POC by 3/31/13.
 (please note if attaching or faxing sign-in sheet)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SHERRI HOFFMAN, EXECUTIVE DIRECTOR* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 4/4/13
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 12996 - 02/05/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2800
 2800.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been reviewed, updated or submitted to the municipal emergency management since 2011.

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.

A copy of the 2013 emergency procedures were reviewed at the community's Quality Management meeting on 2/13/13. A copy of the procedures will be sent, certified mail, to the emergency management agency by 2/28/13.

A checklist will be completed at each Quality Management meeting, held quarterly, to ensure that regulatory requirements are being met with regards to emergency management.

Executive Director will inservice all coordinators and the Quality Management Team regarding the regulation and POC by 3/1/13. (see attached inservice signature sheet)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

EMERIE HOFFMAN, EXECUTIVE DIR

Date

02/19/13

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The above plan of correction is approved as of

2/26/13
 (Date)

Plan of correction implementation status as of

4/4/13
 (Date)

The above plan of correction was approved by

EHM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12986 - 02/06/2013 - Scharpf, Amy
 PGH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures are not posted in a conspicuous and public place 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.

A copy of the emergency procedures was placed immediately in the community's "Studio", which is a common public area in the building. An article was placed in the community's newsletter and was mailed to families on 2/10/13. (see attached article)

The Executive Director, or designee, will complete daily rounds to ensure a copy of the emergency procedures is present in the Studio. (see attached checklist) (please note date and on going)

Executive Director will in-service all management staff regarding this regulation and POC by 3/1/13. (see attached in-service sign-in sheet)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Suzanne Hoffman

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

SUZANNE HOFFMAN, EXECUTIVE DIR.

Date 2/19/13

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The above plan of correction is approved as of

2/26/13
 (Date)

Plan of correction implementation status as of

4/4/13
 (Date)

The above plan of correction was approved by

ORM
 (Initials)

- Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 12998 - 02/06/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last inspection of the furnace was conducted in January, 2011.

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.

Verification of furnace inspection for 2012 could not be obtained. An appointment was made immediately for inspection, which was completed on 2/13/13 by Cooper. (see attached verification)
 A checklist will be completed at each quarterly Quality Management meeting, to ensure that regulatory requirements are being met with regards to required inspections.

Executive Director will inservice all coordinators and the Quality Management team regarding the regulation and POC by 3/1/13.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SHERI HOFFMAN, EXECUTIVE DIRECTOR* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *2/26/13*
 (Date)

Plan of correction implementation status as of *2/26/13*
 (Date)

The above plan of correction was approved by *[Handwritten Initials]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12996 - 02/06/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa. Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION
 On 2/6/13, a portable space heater was in use in the conference room of 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.

The portable space heater was removed from the building on 2/6/13.

Review and clarification of the regulation was completed by the Executive Director at the quarterly Quality Management meeting on 2/13/13. (see attached QM meeting notes)

Executive Director will in-service all staff regarding this regulation and the POC by 3/31/13.
 (a copy of the signed in-service sheet will be faxed to the Department on 4/1/13)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SHERI HOFFMAN, EXEC. DIR.* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/20/13
 (Date)

Plan of correction implementation status as of 4/4/13
 (Date)

The above plan of correction was approved by CRM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12996 - 02/06/2013 - Scharf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 -The fire drill record for the drill conducted on 8/11/12 does not include the number of staff participating.
 -The fire drill record for the drills conducted on 12/24/12 and 12/29/12 do not include the number of staff participating and whether the fire alarm was operative.
 -The fire drill record for the drills conducted on 4/23/12, 1/10/13 and 1/22/13 do not include the amount of time it took to evacuate, the exit routes used, the number of residents in the home at the time of the drill, the number of residents evacuated and whether the fire alarm was operative.

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.

The February fire drills will be completed in compliance with Regulation 132(c).
 (The fire drill records will be faxed to the Department by 2/28)

Fire drills records will be reviewed at the community's monthly Safety Committee meeting to ensure each fire drill record includes all regulatory required information. (date and on going)

Executive Director will in-service the new Building Services Coordinator and all coordinators regarding this regulation and POC by 3/31/13. (a copy of the signed in-service sheet and meeting agenda will be faxed to the Department by 4/1/13)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **EMERIL HOFFMAN** *EXECUTIVE DIR.* Date **02/19/13**

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13 (Date)
 The above plan of correction was approved by DM (Initials)

Plan of correction implementation status as of 4/4/13 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 12996 - 02/06/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's designated evacuation time from a fire safety expert is seven minutes and forty-two seconds. The home's fire drill evacuation times are:

- 5/31/12 10 minutes 5 seconds
- 6/25/12 9 minutes 7 seconds
- 11/02/12 8 minutes
- 12/24/12 12 minutes
- 12/29/12 9 minutes

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.

SEE ATTACHMENTS

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandra Hoffman Executive Director* Date *07/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction Implementation status as of 8/14/13
 (Date)

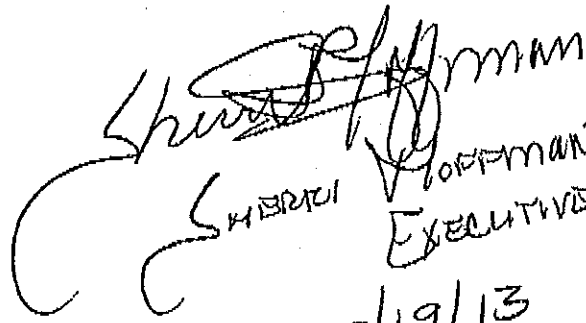
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

132(d)

The February fire drills will be completed in compliance with Regulation 132(d).
An additional fire drill will be conducted on the same shift within 48hrs of a fire drill completed which did not reflect residents evacuating to a fire-safe area within the time specified by the fire safety expert.
(The fire drill records will be faxed to the Department by 2/28)

Fire drills records will be reviewed at the community's monthly Safety Committee meeting to ensure each fire drill reflects residents evacuating to a fire-safe area within the time specified by the fire safety expert or an additional fire drill was completed on the same shift within 48 hrs of a fire drill that did not comply with this requirement.
Next meeting held on 3/13/13 and will be ongoing.

Executive Director will in-service the community's new Building Services Coordinator, all coordinators, and staff regarding this regulation and the POC by 3/31/13. (a copy of the signed in-service sheet and meeting agenda will be faxed to the Department by 4/1/13)


SHERRI HOFFMAN
EXECUTIVE DIRECTOR
2/19/13

Violation Report: 12996 - 02/08/2013 - Scharpl, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 -Resident #4's last medical evaluation was completed on 6/20/11.
 -Resident #5's last medical evaluation was completed on 12/11/11.

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.

A DME was completed by the resident's physician on Residents #4 & #5 on 2/8/13.
 (see attached)

The Executive Director or designee will complete a chart audit on all residents' records to ensure each resident has a medical evaluation completed annually.
 (see attached audit form) (please note date)

The resident's physician will be notified by the facility within 15 days of a resident's anniversary date so a medical evaluation can be completed. Resident files will be audited by the Executive Director or designee during the month of their admission anniversary to ensure all required annual documentation is completed.
 (please note date and on going)

Executive Director will in-service the Resident Services Coordinator and Supervisors regarding this regulation and POC by 3/15/13. (a copy of the signed in-service sheet will be faxed to the Department by 3/16/13)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/31/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

SHERRA HOFFMAN ED

Date 2/19/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/26/13</u> (Date)	Plan of correction implementation status as of <u>2/26/13</u> (Date)
The above plan of correction was approved by <u>ORM</u> (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: 12998 - 02/06/2013 - Schapiro, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home's menu that was posted in each of the four houses of the home was not the current menu for the week of 2/3/13 to 2/9/13. In addition, the menu for the upcoming week of 2/10/13 to 2/16/13 was not posted 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.

The proper 2 weeks menus were immediately posted in each of the four houses by the Food Service Coordinator.
 (see attached menus)

The Executive Director in-serviced the Food Service Coordinator regarding this regulation on 2/6/13.
 (see attached in-service sheet)

The Food Service Coordinator or designee will post a new week's menu each Sunday, when the new menu week begins.
 Daily rounds will be completed by a member of the management team or a designee to ensure the proper 2 week menu cycle is posted in each of the four houses. (see attached checklist)
 (please note date and on going)

Executive Director will in-service all coordinators and staff regarding this regulation and POC by 3/31/13.
 (please note if including or faxing the in-service sheet)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

SHERI HOFFMAN EXECUTIVE DIRECTOR

Date 2/19/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/20/13
 (Date)

Plan of correction implementation status as of 2/26/13
 (Date)

The above plan of correction was approved by *[Handwritten Initials]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12096 - 02/08/2013 - Scharpf, Amy PCH Name: ARDEN COURTS OF WARMINSTER	
1. REGULATION 55 Pa.Code §2600 2600.185(a) - 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.	
2a. DESCRIPTION OF VIOLATION Resident #6's PRN medications, Acetaminophen 325mg 2 Tabs (650mg by mouth every 4 hours as needed for pain and Acetaminophen 325mg 2 Tabs (650mg by mouth every 4 hours as needed for fever are not available in the home.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The PRN medication Acetaminophen was received for Resident #6 and placed in the med cart on 2/7/13.</p> <p>(Please attach verification that medication was received)</p> <p>A medication cart audit will be completed on each med cart on a weekly basis to ensure all medications are available as ordered. Cart audits will vary between MAR to cart and cart to MAR every other week. (see attached tool) (please note date and on going)</p> <p>Executive Director will in-service all Resident Services supervisory staff and the Resident Services Coordinator regarding the regulation, POC and Med Cart audit (system by 3/1/13. (a copy of the signed in-service sheet will be faxed to the Department by 3/1/13)</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/31/2012
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EMERY HOFFMAN, EXECUTIVE DIR.	
Date 2/19/13	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>2/20/13</u> (Date)	Plan of correction Implementation status as of <u>4/4/13</u> (Date)
The above plan of correction was approved by <u>ELM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12996 - 02/06/2013 - Scharf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 Pa.Code §2600
 2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #5 does not include the current order for the medication, Klor-Con M20; take 2 tablets by mouth daily. *withdrawn Perm 2/28/13*

The medication administration record for Resident #4 does not include the medication, Gabapentin 100mg; take 1 capsule by mouth at bedtime.

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.

SEE ATTACHED

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Suzanne Horvath* *EXECUTIVE DIRECTOR* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *2/26/13* (Date) Plan of correction implementation status as of *2/26/13* (Date)

The above plan of correction was approved by *ORM* (Initials)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

187(a)

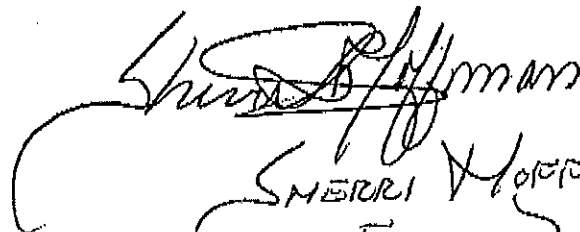
The MAR was updated immediately for Resident #5.

Upon review of Resident #4's MAR it was found that the Klor-Con order was on the MAR; however, it was written as Potassium.

(please see attached MAR's and description of Klor-Con/Potassium)

A daily review of the MAR's will be completed by the Resident Services Supervisor or designee to ensure all new orders received from physicians have been added to the MAR. (see attached MAR audit form) System initiated as of 3/1/13 and will be ongoing.

Executive Director will in-service all Resident Services supervisory staff and the Resident Services Coordinator regarding the regulation; the procedures for completing physician orders; and the new system for tracking physician order transcribing to MAR. (In-service will be completed by 3/1/13 and a copy of the signed in-service sheet will be faxed to the Department.)


SMERRI HOFFMAN
EXEC. DIR
3/19/13

Violation Report: 12998 - 02/06/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600
 2600.191 - 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.

2a. DESCRIPTION OF VIOLATION
 Residents #1, #2, #3, #4 and #5 have not been educated to the resident's right to refuse medication if the resident believes that 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.

SEE ATTACHMENTS

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *S. McCreeman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *S. McCreeman, EXEC. DIR.* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13
 (Date)

Plan of correction implementation status as of 2/26/13
 (Date)

The above plan of correction was approved by CRM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

191

Attempts to have Residents #1, #2, and #3 sign contracts/Resident Rights, and thus acknowledgement of right to refuse medications if the resident believes there may be an error were made on 2/7; 2/8 & 2/11. (see attached)

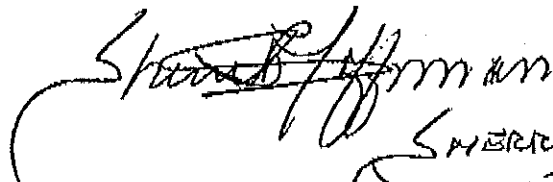
Notations of attempts made were noted on the Resident Rights form. Resident #4 signed on 2/8 and Resident #5 made a mark on 2/8. (see attached)

The Executive Director, or designee, will complete an audit of all current residents administrative record to ensure the resident is educated on this right and the Resident Rights form is signed by the administrator or a designee, the resident and/or the payer. (attach audit tool) (Audit will be completed by 3/31/13 and is on going)

On those forms without a resident signature attempts will be made to obtain a signature and attempts noted with date(s) where a signature/mark is not obtained.

The Executive Director, or designee, will obtain a signature from the resident upon move in and will note date(s) of attempts where a signature/mark is not obtained. An audit of the resident file will be completed to ensure the resident was educated on this right and a signature is obtained or a notation made regarding the attempt made. Audit will be completed within 48hours of resident's move-in date. (see attached audit tool) (2/8/13 and ongoing)

The Executive Director in-serviced designees regarding the regulation on 2/7. (see attached in-service sheet)


SHERRI HOFFMAN
EXEC DIR 2/19/13



Violation Report: 12906 - 02/06/2013 - Scharpf, Amy
 PGH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 56 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home does not have a current weekly activity calendar posted in a public and conspicuous place 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.

The proper activity calendar was immediately posted in each of the four houses by the Program Service Coordinator.

The Executive Director in-serviced the Program Service Coordinator regarding this regulation on 2/6/13.
 (attach in-service sheet)

The Program Service Coordinator or designee will post a new activity calendar on the first day of each month in each of the four houses.
 Daily rounds will be completed by a member of the management team to ensure the proper calendar of activities is posted in each of the four houses.
 (please note date and on going)
 Is there a checklist for this item?

Executive Director will in-service all coordinators and staff regarding this regulation and POC by 3/31/13. (a copy of the signed in-service sheet will be faxed to the Department by 4/1/13)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *WALTER HOFFMAN, EXEC. DIR* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13
 (Date)

Plan of correction implementation status as of 2/26/13
 (Date)

The above plan of correction was approved by CRM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12998 - 02/08/2013 - Scharf, Amy
 PGH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 58 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for Resident #3, admitted 12/6/12, does not include the data the form was completed.

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.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SHERI HOFFMAN, ETC</i>	Date <i>2/19/13</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><i>2/26/13</i></u> (Date)	Plan of correction implementation status as of <u><i>2/26/13</i></u> (Date)
The above plan of correction was approved by <u><i>CHM</i></u> (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

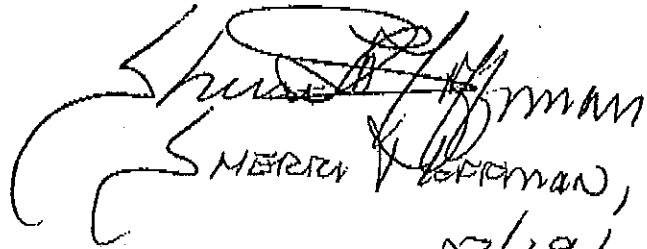
224(a)

A late entry date of the preadmission screening was added to the form for Resident #3 for 2/7/13 by the Marketing Director who conducted the pre-admission screening.
(see attach preadmission screening)

The Executive Director, or designee, will complete an audit of all current residents administrative record to ensure the date the pre-screening assessment was conducted is included on the form as required.
(3/31/13)

An audit of the resident file will be completed to ensure the pre-admission screening is complete and dated as required; audit will be completed within 48hours of resident's move-in date. (see attached audit tool) (2/8/13 and ongoing)

The Executive Director will in-service all designees regarding the regulation and documentation of the date on the pre-admission assessment. Additionally, the Executive Director will in-service Administrative Services department and designees regarding the audit procedures and tool by 3/1/13. (the signed in-service sheet will be faxed to the Department on 3/1/13)


SHERILL HOFFMAN, ED
3/19/13

Violation Report: 12996 - 02/06/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 Pa.Code §2600

2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION

-The most recent assessment for Resident #4 was completed on 6/30/11.

-The most recent assessment for Resident #5 was completed on 12/21/11.

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.

An assessment was completed on the Department's required form for Resident #4 and Resident #5 on 2/8/13. (see attached)

The Executive Director, or designee, will complete an audit of all current residents' records to ensure each resident has an annual assessment by 3/31/13. (see attached)

Resident files will be audited during the month of their admission anniversary to ensure all required annual documentation is completed on an ongoing basis. (3/1/13 and on going)

Executive Director will in-service the Resident Services Coordinator and Supervisors regarding this regulation and POC by 3/31/13. (a copy of the signed in-service sheet will be faxed to the Department by 4/1/13)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/31/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Sherry J. Horan, ED

Date: 2/19/13

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The above plan of correction is approved as of 2/26/13
 (Date)

Plan of correction implementation status as of 2/26/13
 (Date)

The above plan of correction was approved by ORM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12986 - 02/08/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 Pa.Code §2600
 2800.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the SDCU on 6/21/11. The resident did not have a cognitive preadmission screening in collaboration with a physician or a geriatric assessment team.

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.

The cognitive pre-admission screen was located for Resident #5 in his thinned records. Screen was returned to his medical file and a "DO NOT THIN" notation was made on the top of the form to ensure it is not removed again.
 (see attached)

The Executive Director, or designee, will complete an audit of all resident records to ensure the pre-admission cognitive screen is present. A "DO NOT THIN" notation will be made on all pre-admission cognitive screen forms to ensure they are not removed when the file is thinned. (see attached) (3/31/13)

An audit will be completed, by the Executive Director or designee, prior to a resident's admission to ensure facility has all pre-admission paperwork as required.
 (3/31/13 and on going)

The Executive Director will in-service all designees regarding this regulation and the POC by 3/31/13. (signed in-service sheet will be faxed to the Department by 4/1/13.)

withdrawn claim 2/28/13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MERRY HORNMAN ED* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/26/13</u> (Date)	Plan of correction implementation status as of <u>2/26/13</u> (Date)
The above plan of correction was approved by <u>DM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12996 - 02/06/2013 - Scharpf, Amy
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa. Code §2600
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
 -The support plan of Resident #4 was last revised on 7/8/11.
 -The support plan of Resident #5 was last revised on 1/10/12.

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.

A Support Plan was completed on the Departments required form for Resident #4 and Resident #5 on 2/8/13. (see attached)

The Executive Director, or designee, will complete a chart audit on all residents' records to ensure each resident has an annual support plan completed by 3/31/13.
 (see attached)

Resident files will be audited during the month of their admission anniversary to ensure all required annual documentation is completed on an ongoing basis.
 (3/31/13 and on going)

Executive Director will in-service the Resident Services Coordinator and Supervisors regarding this regulation and POC by 3/31/13. (a copy of the signed in-service sheet will be faxed to the Department by 4/1/13)

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) *Sherril Hoffman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SHERRIL HOFFMAN, GIS* Date *2/19/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/26/13</u> (Date)	Plan of correction implementation status as of <u>2/20/13</u> (Date)
The above plan of correction was approved by <u><i>OLM</i></u> (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