

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate ARDEN COURTS OF YARDLEY  
NAME OF FACILITY OR AGENCY

Located at 493 STONY HILL ROAD, YARDLEY, PA 19067  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 52  
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 52

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 25, 2013 until May 25, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129970

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.



MAY 28 2013

Mr. Barry A. Lazarus, Vice President  
Arden Courts of Yardley PA, LLC  
333 North Summit Street  
Toledo, Ohio 43604

RE: Arden Courts of Yardley  
493 Stony Hill Road  
Yardley, Pennsylvania 19067

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 11, 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 black ink, appearing to read "R. Melusky", is written over a horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 12997 - 02/11/2013 - Scharpf, Amy  
PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 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 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.

2600.25 (b)  
Contracts for residents #1, #2, #3, #4 and #5 were not signed by the resident.  
We are consistent with all our residents. Per the recommendation of DPW all of our residents are in the unable to sign category. All of our residents are cognitively unable to participate in discussions about contracts or rights. We document "unable to participate or sign" on all these forms. All forms are signed by the payer or resident's designated person.

Residents who are able to participate in the process will be given the chance to do so. *com 3/14/13*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Liz Murphy, ED*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Liz Murphy ED*      Date: *3/12/2013*

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

The above plan of correction is approved as of <u>3/14/13</u> (Date)	Plan of correction implementation status as of <u>3/14/13</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: 12087 - 02/11/2013 - Scharpf, Amy  
PCH Name: ARDEN COURTS OF YARDLEY

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

Residents #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.

2600.41 (e)

Residents records #1, #2, #3, #4 and #5 did not contain signed acknowledgement of receipt of resident rights and complaint procedures.

We are consistent with all our residents. Per the recommendation of DPW all of our residents are in the unable to sign category. All of our residents are cognitively unable to participate in discussions about contracts or rights. We document "unable to participate or sign" on all these forms. All forms are signed by the payer or resident's designated person.

Residents who are able to participate in the process will be given the chance to do so. *com 3/4/13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Liz Murphy ED*

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

Liz Murphy ED

Date 3/12/2013

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The above plan of correction is approved as of

*3/14/13*  
(Date)

Plan of correction implementation status as of

*3/14/13*  
(Date)

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

The above plan of correction was approved by

*OMM*  
(Initials)

Violation Report: 12997 - 02/11/2013 - Scharf, Amy  
PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 56 Pa.Code §2800  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The window in room 401 in Blue House has an 8 inch crack.

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.

2600.88(a)  
The window in room 401 Blue House has been replaced by R&R glass.  
The invoice is attached. This was completed on 2/27/2013.  
The Building Services Coordinator will monitor resident rooms daily

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Liz Murphy ED*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Liz Murphy ED*      Date *3/12/2013*

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(Date)

Plan of correction implementation status as of 3/12/13  
(Date)

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

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

Violation Report: 12997 - 02/11/2013 - Scharpf, Amy  
PGH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2800  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
In the freezers in the kitchens of Peach House, Blue House and Plum House were french toast that was not labeled or dated.

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.

2600.103(i)

Caregivers have been re-in serviced on the policy for leftover food that was discussed at the General Staff Meeting held 1/16/2013. The Resident Services Coordinator reviewed this policy with caregivers on 2/20/2013. Refrigerators and Freezers are monitored daily by the Food Service Coordinator, Resident Services Coordinator and Executive Director.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Liz Murphy ED*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Liz Murphy ED*      Date: *3/12/13*

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(Date)

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

Plan of correction implementation status as of 3/12/13  
(Date)

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- Not Implemented

Violation Report: 12997 - 02/11/2013 - Scharpf, Amy  
PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 05 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.

2600.191

Residents #1, #2, #3, #4 and #5 have not been educated to the right to refuse medications if he/she believes there may be a medication error.

Per the recommendation of DPW our residents are cognitively unable to participate in a discussion about the right to refuse medications if they believe there may be a medication error. The residents' payer or designated person is educated to the right to refuse medication if it is believed there may be a medication error and signed as part of the resident's rights document.

Residents who are able to participate in the process will be given the chance to do so.  
com  
3/14/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Liz Murphy ED

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

Liz Murphy ED

Date 3/12/2013

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3/14/12  
(Date)

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3/14/13  
(Date)

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com  
(Initials)

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- Not Implemented

Violation Report: 12997 - 02/11/2013 - Scharpf, Amy  
PGH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 65 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 forms for Residents #2, #4 and #5 do not include a determination that the home can meet the service needs of the 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.

2600.224 (a)

The Executive Director reviewed the pre-admission screening forms with the Marketing Director. The pre-admission screening forms for Residents #2, #4 and #5 have been corrected. Part III: Determination yes box has been checked. The Marketing Director has reviewed files of all residents who have moved in the past year to ensure the yes box was checked for each resident. The Executive Director will monitor files for all new resident move-ins to make sure Part III: Determination is complete.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Liz Murphy ED*

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

Liz Murphy ED

Date

3/12/2013

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3/12/13  
(Date)

The above plan of correction was approved by

*LM*  
(Initials)

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- Not Implemented