



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

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 3, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period June 16, 2013 to June 16, 2014 was issued on March 7, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 21787 - 04/03/2013 - Hummel, Jesse
FCH Name: ARDEN COURTS OF ALLENTOWN

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.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A was hired on 9/15/09. Direct care staff person A provides unsupervised direct care to residents of the facility, however does not have a United States issued high school diploma, GED Diploma, or active registry on the Pennsylvania nurse aide registry as required. Direct care staff person A has a diploma from St. Andrew High School in Kingston, Jamaica. The facility has not applied for an educational waiver to ensure that the education is equivalent to or above the United States standard educational requirements.

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.

DIRECT CARE STAFF MEMBER [REDACTED] IS A COLLEGE STUDENT. DOCUMENTATION OF CREDENTIALS WAS MISFILED AND FAXED IMMEDIATELY. DOCUMENTATION IS ATTACHED TO THE PLAN OF CORRECTION. DATED 11-3-9.

ALL FILES ^{ONLY} REVIEWED AFTER EACH EMPLOYMENT OFFER & ON FILE. EXECUTIVE DIRECTOR MONITORS AND WILL CONTINUE TO MONITOR.

5/22/13

* A WAIVER WAS FILED FOR STAFF MEMBER [REDACTED] TO BE PERMITTED TO WORK AS A RESIDENT CAREGIVER.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/17/2012

Signature of Legal Entity Representative (Required on EVERY Page) Nettie Hartman 303

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nettie Hartman, Executive Director Date April 15, 2013

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

The above plan of correction is approved as of 5/28/13 (Date)

Plan of correction implementation status as of 5/28/13 (Date)

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

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

Violation Report: 21787 - 04/03/2013 - Hummel, Jesse
PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 4/3/2013, the facility had 52 residents. The facility is required to have a minimum of 156 gallons of drinking water on hand in the event of an emergency. On 4/3/2013 the facility had 60 gallons of drinking water on hand. The facility has contracts with local bottled water companies dated 4/6/11 and 5/23/11, however these contracts do not specify the amount of water that will be delivered to the facility in the event of an emergency. The contracts also do not guarantee that water will be delivered immediately upon request, 24 Hours per day or that water will be delivered as a priority even in the event of a regional general emergency.

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 WILL KEEP REQUIRED AMOUNT OF DRINKING WATER ON HAND AT ALL TIMES. MAXIMUM CENSUS IS 50. 50 x 3 = 150 GALLONS NEEDED.

SEE ATTACHED EXAMPLE.

AMOUNT WILL BE MONITORED DAILY BY FOOD SERVICE STAFF.

The administrator will assume ongoing compliance
m 5/28/13

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

Signature of Legal Entity Representative (Required on EVERY Page) Nettie Hartman, E.D.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nettie Hartman, Executive Director Date April 15, 2013

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Violation Report: 21787 - 04/03/2013 - Hummel, Jesse
PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 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 # 1's Lidoderm patches did not include a purpose or diagnosis.
The medication administration record for Resident # 2's Acetaminophen 325mg tablets did not include a purpose or diagnosis.

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 DIAGNOSIS WAS ADDED TO THE MEDICATION ADMINISTRATION RECORDS OF 4-3-13 (DAY OF ANNUAL SURVEY).

THE MEDICATION ADMINISTRATION RECORDS WILL BE ADDED WEEKLY BY RESIDENT SERVICES COORDINATOR OR DESIGNEE TO ENSURE COMPLIANCE WITH REGULATION 187 (a) INCLUDING DIAGNOSIS.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nette Hartman, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nette Hartman, Executive Director* Date: *April 15, 2013*

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Violation Report: 21787 - 04/03/2013 - Hummel, Jesse
PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.233(c) - 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.

2a. DESCRIPTION OF VIOLATION

The directions for the operation of the magnetic key-locking devices are not posted at the exit doors leading from the Blue, Peach, Green and Plum wings of the secured dementia care unit. These doors lead to the exterior courtyards of the secured dementia care unit. The directions for the operation of the magnetic locking mechanisms are also not posted at each gate leading from each courtyard.

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 DIRECTIONS FOR THE OPERATION OF THE MAGNETIC KEY-LOCKING DEVICES WERE POSTED IMMEDIATELY ON 04-03-13.

ADMINISTRATIVE SERVICES WILL AUDIT AND CORRECT DAILY TO ENSURE DIRECTIONS ARE POSTED. BUILDING SERVICES PERSONNEL WILL BACK UP IN ABSENCE OF ADMIN. SERVICES.

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

Signature of Legal Entity Representative (Required on EVERY Page) Nettie Hartman, ED

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nettie Hartman, Executive Director Date April 15, 2013

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