



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 1, 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 May 23, 2013 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary 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.

Sincerely,

A handwritten signature in black ink that reads "Christine McHale" followed by a large, stylized circular flourish or initial.

Christine McHale
Acting Regional Licensing Administrator

Enclosure(s)
Licensing Inspection Summary

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

PCH Name: ARDEN COURTS OF YARDLEY		License Number: 129970
Address: 493 STONY HILL ROAD, YARDLEY, PA 19067		County: Bucks
Administrator: Liz Murphy		Region: SOUTHEAST
Legal Entity Name: ARDEN COURTS OF YARDLEY PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 96	Waking Staff: 72
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/23/2013: Foulkes, Kimberlii		
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: 52 Number of Residents Served: 48 Secured Dementia Care Unit in Home: Yes Area: entire home Secured Dementia Unit Capacity, if Applicable: 52 Number of Residents Served in Secured Dementia Care Unit, if applicable: 48 Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 31		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 48 Have a Physical Disability: 1

Violation Report: 12997 - 05/23/2013 - Foulkes, Kimberli
PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 65 Pa.Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (36 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
-On 5/14/13, resident #1 pushed resident #2 backwards causing resident #2 to strike their head on the medication cart. The home did not report the incident to the local area agency on aging or the State Department of Aging.
-On 5/21/13, resident #1 pushed resident #3 down and as a result resident #3 obtained a non-displaced hip fracture. The home did not report the incident to the local area agency on aging or the State Department of Aging until 5/23/13.

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.

2600.15
The incidents involving resident #1 were reported to the local Area Agency on Aging on 5/23/2013. The agency supervisor of protective services did not feel further action was needed.
Future incidents of suspected resident to resident abuse will be reported immediately to the local area agency on aging by the Executive Director or Resident Services Coordinator. The supervisor of protective services at the Area Agency on Aging will decide if further action is necessary. The Executive Director will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Liz Murphy, Executive Director* Date *7/16/13*

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

The above plan of correction is approved as of <u>7/22/13</u> (Date)	Plan of correction implementation status as of <u>7/22/13</u> (Date)
The above plan of correction was approved by <u>CM</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: 12997 - 05/23/2013 - Foulkes, Kimberl ACH Name: ARDEN COURTS OF YARDLEY	
1. REGULATION 55 Pa.Code §2600 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	
2a. DESCRIPTION OF VIOLATION The Medical Evaluation belonging to resident #3, date of admission 5/15/13, did not have the date that the resident was evaluated and the home could not provide evidence to show when the evaluation took place. Therefore, there was no way to determine if the home was in compliance with this regulation.	
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>2600.231(b)</p> <p>The 2nd page of the medical evaluation for resident #3 had the dates on it. The resident was examined on 4/17/2013 and the form completed on 5/10/13. The physician had written these dates on that page. He also signed page 1 on 5/10/2013. A copy of the medical evaluation is attached.</p>	
Withdrawn 7/22/13 CM	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Liz Murphy</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Liz Murphy, Executive Director</i>	Date <i>7/16/13</i>
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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 12997 - 06/23/2013 - Foulkes, Kimberli
 PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2600

2600.231(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

-The home is required to have a written cognitive preadmission screening completed and documented on the Department's preadmission screening form. The home has documented this written cognitive preadmission screening on their own form for residents #1, #2, and #3.

-Resident #1, was admitted to the SDCU on 3/29/13. The resident's cognitive preadmission screening was completed on 6/22/10.

-Resident #3, was admitted to the SDCU on 6/15/13. The resident's preadmission screening did not contain the signature or name of the person completing the cognitive preadmission screening, the residents behaviors exhibited and verification of the resident's need to reside in a SDCU.

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.

2600.231(c)

The physician who completed the cognitive pre-admission screen for resident #1 wrote the wrong date on the form. A new form was given to the physician who completed it with the appropriate date. The pre-admission screening was signed by the physician who completed the cognitive pre-admission screening.

All new residents will have their cognitive pre-admission screening completed within 72 hours prior to move-in. The Executive Director has reviewed the form with the Resident Services Coordinator who will ensure the form is completed by the physician or designee within 72 hours prior to admission. The Executive Director will monitor for compliance.

Resident #3's preadmission screening will be updated to include the name and signature of the person completing the form and the need for the resident to reside in a SDCU.

*7/22/13
cm*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Liz Murphy, Executive Director* Date *7/16/13*

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The above plan of correction is approved as of 7/22/13 (Date)

Plan of correction implementation status as of 7/23/13 (Date)

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

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