



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 13 2014

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

RE: Arden Courts of King of Prussia
620 West Valley Forge Road
King of Prussia, Pennsylvania 19406
License #: 129950

Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on February 7, 2014, February 18, 2014, February 19, 2014 and May 8, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on March 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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 contract for resident #1 was not signed by the resident. The resident's name is printed on the signature line and does not match the resident's signature in other documents in the resident's record.
- The contract for resident #2 was not signed by the resident. The resident's name is printed on the signature line and does not match the resident's signature in other documents in the resident's record.
- The contract for resident #3 was not signed by the resident. The resident's name is printed on the signature line and does not match the resident's signature in other documents in the resident's record.
- The contract for resident #4 was not signed by the resident. The resident's name is printed on the signature line and does not match the resident's signature in other documents in the resident's record.

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.

25(b)

Residents #1, #2, #3, and #4 signed their respective contracts to the best of their ability on 3/13/2014.
 (see attachments #1, #2, #3, #4)
 3/13/2014

All resident files will be audited and attempts (minimally three attempts) made to obtain resident signatures by Executive Director or designee. A notation will be made on the contract in cases where a resident's signature could not be obtained.

Target date: 5/1/2014

The Executive Director will in-service the Marketing Director on this regulation requirement.

Target date: 4/1/2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C. Groff

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

Nicole C. Groff, Executive Director

Date

3/13/14

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

The above plan of correction is approved as of

3/18/14
 (Date)

Plan of correction implementation status as of

3/18/14
 (Date)

The above plan of correction was approved by

RB
 (Initials)

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

Violation Report: 12995 - 02/07/2014 - McHate, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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, and #4's records 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.

41(e)

Residents #1, #2, #3, and #4 signed the Resident Rights and Complaint procedures to the best of their ability on 3/13/2014. (see attachments #5, #6, #7, #8)

All resident files will be audited and attempts (minimally three attempts) made to obtain resident signatures by Executive Director or designee. A notation will be made on these forms in cases where a resident's signature could not be obtained.

Target date: 5/1/2014

The Executive Director will in-service the Marketing Director on this regulation requirement regarding obtaining resident signature acknowledging receipt of a copy of the Resident Rights and Complaint Procedure.

Target date: 4/1/2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C. Groff

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

Nicole C. Groff

Date *3.13.14*

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

The above plan of correction is approved as of

3/18/14
 (Date)

Plan of correction implementation status as of

3/18/14
 (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: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 2/2/14 at 6:00 am resident #5 was found visibly upset by caregivers. The resident stated that they never did anything to anyone and that they had never been hurt like this before. The resident had redness around their neck, abrasions on their back and sides, and a skin tear on the left forearm. The staff member who had cared for the resident at the time was direct care staff member A.

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.

42(b)

Care needs for Resident #5 was addressed included the following:

Resident was transported to Abington Hospital on 2/2/2014.

(see attachment #9)

Resident was seen by Neuropsychiatric Group on 2/6/2014.

(see attachment # 10)

The resident's service plan was updated by the Executive Director on 2/3/2014 and 2/4/2014.

(see attachment #11)

Body Assessment completed by Resident Services Coordinator on 3/13/2014 indicates none of the following: redness around the neck, abrasions on the back and sides, and skin tear on the left foreman.

(see attachment #12)

Staff member A has been terminated from employment on 2/7/2014. (see attachment #13)

The Area Agency on Aging will conduct an in-service regarding regulation 42(b) – a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way - for all staff.

Target date: Phone message left with County of Montgomery Aging and Adult Services on 3/13/2014 to request in-service. Will update POC upon date scheduled.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C. Groff

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

Nicole C. Groff Executive Director

Date *3.13.14*

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

The above plan of correction is approved as of

3/18/14
 (Date)

Plan of correction implementation status as of

5/8/14
 (Date)

The above plan of correction was approved by

GB
 (Initials)

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

Violation Report: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10226.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person B did not receive training in Fire Safety during training year 2013.

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.

65(g)

Staff Person B completed fire safety training on 3/11/2014.

(see attachment #14) in-service sheet and certificate

Fire safety training completed by a fire safety expert or staff person trained by a fire safety expert is scheduled on an annual basis by the ED or designee.

(see attachment #15- training plan)

The ED or designee will audit individual staff training plans for completion of required training, including fire safety training on a quarterly basis.

Target date: 3/11/2014 and on-going

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicola C. Broff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicola C Broff Executive Director* Date *3-13-14*

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

The above plan of correction is approved as of 3/18/14
 (Date)

Plan of correction implementation status as of 3/18/14
 (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: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The handle to the open walk-in tub in the main bathroom of the plum section of the home was missing its plastic cover. Without the cover, the handle that is pointing upwards has sharp edges that could scratch a resident while then enter or exit the bathtub.

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.

95

The handle to the open walk-in tub in the main bathroom of the plum section has been repaired by the Building Services Coordinator on 2/20/2014.
 (see attachment #16 – photo of handle)

The Executive Director will in-service the Building Services Coordinator regarding regulation 95 – furniture and equipment must be in good repair, clean, and free of hazards.
 Target date: 4/1/2014

The Building Services Coordinator will conduct daily safety rounds. (see attachment #17)
 Target date: 4/1/2014 and on-going

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Griff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Griff, Executive Director* Date *3.13.14*

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

The above plan of correction is approved as of *3/18/14*
 (Date)

Plan of correction implementation status as of *3/18/14*
 (Date)

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

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

Violation Report: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

Each resident room has a private bathroom with a sink. There is no soap available at any of the sinks in resident's rooms.

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.

102(i)

The Executive Director purchased bottles of soap for all resident room bathrooms on 3/13/2014. The soap will be placed in each resident room bathroom. (see attachment #18)

Target date: 4/1/2014

The Executive Director will in-service housekeeping and nursing staff on regulations 102(i) re. soap is provided in each resident room bathroom.

Target date: 4/1/2014

Housekeeping and nursing staff to round for bottles of soap in resident rest rooms during weekly rounds.

Target date: 4/1/2014 and on-going

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C Groff

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

Nicole C Groff, Executive Director

Date *3.13.14*

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

The above plan of correction is approved as of

3/18/14
 (Date)

Plan of correction implementation status as of

5/8/14
 (Date)

The above plan of correction was approved by

JB
 (Initials)

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

Violation Report: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.131(e) - Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

2a. DESCRIPTION OF VIOLATION
 The home stores their fire extinguishers in cases with a glass front that are alarmed for the safety of the residents. The case for the fire extinguisher in the kitchen of the plum area of the home is missing its glass front and is therefore accessible to residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

131(e)

The case for the fire extinguisher in the kitchen of the plum has been replaced by the Building Services Coordinator on 2/20/2014
 (see attachment #19 – photo)

The Executive Director will in-service the Building Services Coordinator regarding regulation 131(e) – fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident.

Target date: 4/1/2014

The Building Services Coordinator will conduct daily safety rounds. (see attachment #17)

Target date: 4/1/2014 and on-going

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C. Hoff

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

Nicole C. Hoff Executive Director

Date

3.13.14

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

The above plan of correction is approved as of

4/14/14
 (Date)

Plan of correction implementation status as of

5/8/14
 (Date)

The above plan of correction was approved by

SH
 (Initials)

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

Violation Report: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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 #3 has an order for Tylenol 325 mg as needed. This medication was not available in the home.
- Resident #4 has an order for Acetaminophen 325 mg as needed. This medication was not available 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.

185(a)

The order for Tylenol 325mg for resident #3 was d/cd on 3/13/2014.
 (see attachment #20 - d/cd order)

Acetaminophen 325mg was obtained for resident #4 on 2/18/2014.
 (see attachment #21- receipt)

The Executive Director will in-service the nurses on this regulation.
 Target date: 4/15/2014

The nurses will conduct weekly Medication Cart Audits to ensure compliance with regulation 185(a).
 (see attachment #22 - audit tool)
 Target date: 4/15/2014 and on-going

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Guff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole C Guff, Executive Dir</i>	Date <i>3.13.14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/14/14
 (Date)

Plan of correction implementation status as of 5/8/14
 (Date)

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

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

Violation Report: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on 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, and #4 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.

191

The facility's Resident Rights form includes the right to refuse medication if the resident believes that there may be a medication error.

Residents #1, #2, #3, and #4 signed the Resident Rights to the best of their ability on 3/13/2014. (see attachments)
 3/13/2014

All resident files will be audited and attempts (minimally 3 attempts) made to obtain resident signatures by Executive Director or designee. A notation will be made on this form in cases where a resident's signature could not be obtained.
 Target date: 5/1/2014

The Executive Director will in-service the Marketing Director this regulation requirement regarding the proper documentation of educating the resident's right to refuse medication.
 Target date: 4/1/2014

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff, Executive Director* Date *3.13.14*

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

The above plan of correction is approved as of <u>4/14/14</u> (Date)	Plan of correction implementation status as of <u>5/8/14</u> (Date)
The above plan of correction was approved by <u><i>CG</i></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: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 1/24/14, resident #4 was being non-complaint with a medical test. As a result, the resident was held down by three staff members at the wrist, knees and ankles.

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.

202

One staff member (nurse) is no longer employed at the facility (date). (see attachment #23)

Proof staff member is no longer employed.

The two other staff members have been counseled regarding regulation 202 re. restraints prohibited on 2-21-14 and 2-25-14 (see attachments #24 and #25)

The Area Agency on Aging will conduct an in-service regarding regulation 202 - for all staff.

Target date: Phone message left with County of Montgomery Aging and Adult Services on 3/13/2014 to request in-service. Will update POC upon date scheduled.

All staff will be trained on restraints by 4/16/14 (a)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Nicole C. Groff</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Nicole C Groff, Executive Dir</i>	Date	<i>3.13.14</i>

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

The above plan of correction is approved as of <u>4/14/14</u> (Date)	Plan of correction implementation status as of <u>5/8/14</u> (Date)
The above plan of correction was approved by <u><i>(Signature)</i></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: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

- Resident #1 was admitted to the SDCU on 5/10/13. The home has no documentation that the resident has not objected to the admission.
- Resident #2 was admitted to the SDCU on 9/18/13. The home has no documentation that the resident has not objected to the admission.
- Resident #3 was admitted to the SDCU on 8/14/13. The home has no documentation that the resident has not objected to the admission.
- Resident #4 was admitted to the SDCU on 10/30/13. The home has no documentation that the resident has not objected to the admission.
- Resident #6 was admitted to the SDCU on 11/8/13. The home has no documentation that the resident has not objected to the admission.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed include dates by which the steps will be completed.

231(e)

Documentation was obtained for Residents #1, #2, #3, #4, and #6 that they did not object to admission to secured dementia care unit (Arden Courts King of Prussia).
 (see attachments #26, #27, #28, #29, #30)

All resident files will be audited for proper documentation that the resident and resident's designated person have not objected to the resident's admission to a SDCU and attempts made to obtain resident signatures by Executive Director or designee. A notation will be made on the forms in cases where a resident's signature could not be obtained.
 Target date: 5/1/2014

The Executive Director will in-service the department heads and nursing supervisors on this regulation requirement regarding the need for proper documentation of need for the resident to be served in a SDCU on the DME.
 Target date: 4/15/2014

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Broff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Broff, Executive Director* Date *3.13.14*

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

The above plan of correction is approved as of <u>4/14/14</u> (Date)	Plan of correction implementation status as of <u>5/8/14</u> (Date)
The above plan of correction was approved by <u><i>SN</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

Violation Report: 12995 - 02/07/2014 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff person C did not receive training in dementia care during training year 2013.

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.

236

Direct care staff C completed 6 hours of training in dementia care on 3/11/2014.
 (see attachment #31) in-service sheet

Dementia training is scheduled on an annual basis by the ED or designee.
 (see attachment #15 – training plan)

The ED or designee will audit individual staff training plans for completion of required training, including 6 hours of dementia training on a quarterly basis.

Target date: 3/11/2014 and on-going

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C. Groff

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


Nicole C. Groff, Executive

Date 3.13.14

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

The above plan of correction is approved as of 4/14/14
 (Date)

Plan of correction implementation status as of 5/8/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

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

PCH Name: ARDEN COURTS OF KING OF PRUSSIA		License Number: 12995
Address: 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406		County: Montgomery
Adminstrator: Nicole C. Groff		Region: SOUTHEAST
Legal Entity Name: ARDEN COURTS OF KING OF PRUSSIA PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 102	Waking Staff: 77
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
03/10/2014: Brewer, Roslyn; Knöckstead, Lori		
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: 56		Number of Residents who:
Number of Residents Served: 51		Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: Yes		Are 60 Years of Age or Older: 48
Area:		Have Mental Illness: 0
Secured Dementia Unit Capacity, if Applicable: 51		Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 51		Have a Mobility Need: 51
Number of Current Hospice Residents: 2		Have a Physical Disability: 0
Number of Hospice Residents in past year: 11		

Violation Report: 12995 - 03/10/2014 - Brewer, Roslyn
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 2/28/14, Resident #1 eloped from the Secure Dementia Unit and was not seen by the staff of the home from 8:20pm until 8:50pm when the resident was found wet and bloody in the courtyard of the home. The home did not submit an incident report to the Department until 3/7/14 when the resident was diagnosed with frost bite to both hands while an inpatient at the local hospital.

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.

16(c)

On 2/28/14 Resident #1 exited the building into the secured courtyard.

The incident occurring 2/28/14 was reported to the Department's personal care regional office on 3/7/14 by the Executive Director AND also to the MONTCO AAA on 3/7/14, per admin N.G. Attachment #1

Resident incidents will be discussed during the Morning Kick-Off Meeting to ensure reporting compliance. These procedures were reviewed during an in-service with Coordinators by the Executive Director on March 27, 2014. All staff will be in-serviced on incident reporting Target Date: March 27, 2014, and on-going on 4/9/14, 4/16/14, 4/17/14 per admin N.G. Attachment #2

The Area Agency on Aging will conduct an in-service regarding regulation 16(c) re. reporting the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law.)

Target Date: April 17, 2014 at 11:00am, presented by Jill Payne

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff, Executive Director* Date *3/28/14*

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

The above plan of correction is approved as of <u>3/31/14</u> (Date)	Plan of correction implementation status as of <u>5/8/14</u> (Date)
The above plan of correction was approved by <u>NG</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: 12995 - 03/10/2014 - Brewer, Roslyn
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 2/28/14 Resident # 1, who resides in the Secure Dementia Unit, was missing from the unit from approximately 8:15pm to 8:50pm when found unattended in the exterior court yard where the resident had eloped via an inoperable alarmed door. On this date, the outside temperature was 21 degrees during the day and a low of 8 degrees fahrenheit during the evening when the resident was found wet, bloody with abrasions to both hands, knees and elbows wearing only a sweater with pajama bottoms. In addition, on this same date, the resident had a fall in the bedroom and was placed in bed without treatment. The resident was not sent to the hospital for emergency care until 3/5/14 where the resident was admitted for frost bite of both hands.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 42(b) *steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed by, include dates by which the steps will be completed.*

Resident #1 did not return to the facility post 3/5/2014. The POA provided verbal notification that the resident was not returning to the facility on Thursday, March 20, 2014.
 Attachment #3

Resident #1 received first aid on 2/28/2014 by the Resident Caregiver Supervisor, on 3/1/2014 by the Resident Services Supervisor, on 3/2/2014 by the Resident Services Supervisor with physician's orders, on 3/3/2014 by the Resident Services Coordinator, on 3/4/2014 by the Resident Services Coordinator on 3/5/2014 by Resident Services Supervisor care, and seen on 3/5/2014 Nurse Practitioner of Suburban Geriatrics.
 Attachment #4

Direct staff persons were counseled on appropriate reporting and resident follow-up care procedures on March 17, 2014, by the Executive Director. *All staff were trained on supervision of residents with Dementia on 4/17/14 per N.G. administrator*
 Attachments #5 and #6.

The Resident Services Coordinator or designee will review resident incidents on a daily basis to ensure compliance with regulation 42(b). *All staff will be trained on how to conduct a comprehensive elopement search Target Date: April 1, 2014, and on-going on 4/17/14 per N.G. administrator*

The Area Agency on Aging will conduct an in-service regarding regulation 42(b) - a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way - for all staff.
 Target date: April 17, 2014 at 11:00am presented by Jill Payne.

Nursing staff and supervisors will be in-serviced regarding Injuries and Incidents; Safety and Security of Residents; and Falls Investigation Tool by the Director of Wellness Management.
 Target Date: March 31, 2014

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/07/2014
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Signature of Legal Entity Representative *NC Grapp*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Nicelle Grapp, Executive Director* Date *3/28/14*
 (Required on EVERY Page)

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The above plan of correction is approved as of 3/31/14
 (Date)

Plan of correction Implementation status as of 5/8/14
 (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: 12995 - 03/10/2014 - Brewer, Roslyn
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct staff person A hired on 10/16/13 did not have an criminal history background clearance.

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.

51

The Criminal history background clearance for Direct Person A has been obtained.
 Attachment #7

An audit of employee files was conducted by the Administrative Service Coordinator or designee to ensure compliance with Regulation 51 re. Criminal history background clearance. Follow up will be completed.
 Target Date: April 1, 2014

The Executive Director or designee will audit the credentials of newly hired employees to ensure compliance with Regulation 51 re. Criminal history background clearance.
 Target Date: April 1, 2014, and on-going

The Administrative Service Coordinator was in-serviced by the Executive Director regarding Regulation 51 re. Criminal history background clearance on March 27, 2014.
 Attachment #8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C. Groff

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

Nicole C. Groff, Executive Director

Date

3/28/14

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The above plan of correction is approved as of

3/31/14
 (Date)

Plan of correction implementation status as of

5/8/14
 (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: 12995 - 03/10/2014 - Brewer, Roslyn
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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 B hired on 9/23/13 did not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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.

54a

The GED for Direct Person B has been received and attached.
 Attachment #9

An audit of employee files was conducted by the Administrative Service Coordinator or designee to ensure compliance with Regulation 54a re. High School Diploma, GED, or active registry status on the Pennsylvania nurse aid registry. Follow up will be completed.
 Target Date: April 1, 2014

The Executive Director or designee will audit the credentials of newly hired employees to ensure compliance with Regulation 54a re. High School Diploma, GED, or active registry status on the Pennsylvania nurse aid registry.
 Target Date: April 1, 2014, and on-going

The Administrative Service Coordinator was in-serviced by the Executive Director regarding Regulation 54a re. High School Diploma, GED, or active registry status on the Pennsylvania nurse aid registry on March 27, 2014.
 Attachment #10

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative *Nicole C. Griff*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Nicole C. Griff, Executive Director* Date *3/28/14*
 (Required on EVERY Page)

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The above plan of correction is approved as of 3/31/14
 (Date)

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

Plan of correction implementation status as of 5/8/14
 (Date)

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

Violation Report: 12995 - 03/10/2014 - Brewer, Roslyn
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The alarm system did not alarm in the units where direct care staff could hear the 3 second release alarm, allowing resident #1 to elope from the building on 2/28/14 without staff being aware of an elopement.

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.

95

The Executive Director instructed the Resident Services Supervisor or designee to lock the internal doors to the Community Center and Studio at 8 pm.

Target Date: March 10, 2014 and on-going

Zeller Electric, LLC provided an estimate on March 14, 2014, to extend the door annunciation into each of the four (4) houses. This system has been approved and finalization of the project will be forwarded to the Department.

Target date: April 14, 2014 (awaiting parts that were ordered).

Attachment #11

The Building Services Coordinator will conduct daily safety rounds to ensure door alarms are operational.

Attachment #12

Target date: April 1, 2014, and on-going

The Executive Director in-serviced the Building Services Coordinator on March 14, 2014, regarding regulation 95 – furniture and equipment must be in good repair, clean, and free of hazards.

Attachment #13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C. Groff

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

Nicole C. Groff, Executive Director

Date

3/28/14

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3/31/14
 (Date)

Plan of correction implementation status as of

5/8/14
 (Date)

The above plan of correction was approved by

SG
 (Initials)

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

Violation Report: 12995 - 03/10/2014 - Brewer, Roslyn
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 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

After Resident #1's elopement on 2/28/14 the residents assessment did not reflect the elopement risk. The most recent assessment for resident #1 was completed on 10/10/13.

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.

225c

The Executive Director or designee will audit resident assessments to ensure compliance: (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.
 Target date: April 15, 2014

The Executive Director or designee will review resident assessments during the Morning Kick Off Meeting and follow up accordingly re. elopement risk.
 Target date: April 1, 2014, and on-going


Nursing staff and supervisors will be in-serviced by the Director of Wellness Management regarding Regulation 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.
 Target Date: March 31, 2014

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C Groff, executive Director* Date *3/28/14*

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The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented