



MAY 08 2014

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

RE: Arden Courts Yardley  
493 Stoney Hill Road  
Yardley, Pennsylvania 19067  
License #: 129970

Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on February 24, 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 May 25, 2014 to May 25, 2015 was issued on February 14, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones". The signature is written in a cursive style with a long, sweeping underline.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PGH Name: ARDEN COURTS OF YARDLEY		License Number: 12897
Address: 483 STONY HILL ROAD, YARDLEY, PA 19087		County: Bucks
Administrator: Sharri Hoffman, Executive Director		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 C-2 LP 04/24/1995 PA Dept. of L&I		
Staffing Hours	Total Daily Staff: 102	Working Staff: 77
Resident Support: 0		
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 02/24/2014; Kazimer, Lauren; McHale, Christine		
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: 51	Number of Residents who:
Secured Dementia Care Unit In Home: Yes	Area: Entire Building	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if applicable: 52	Number of Residents Served in Secured Dementia Care Unit, if applicable: 51	Are 60 Years of Age or Older: 51
Number of Current Hospice Residents: 8	Number of Hospice Residents in past year: 36	Have Mental Illness: 0
		Have an Intellectual Disability: 0
		Have a Mobility Need: 51
		Have a Physical Disability: 0

Violation Report: 12997 - 02/24/2014 - Kazimer, Lauren  
PGH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2800  
2800.26(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 and # 2 were not signed by the residents. The signature page states, "resident is not capable of signing due to dementia." There is no indication that the residents had the opportunity to participate in the admission process, or that attempts were made to obtain a signature.

- Resident # 3 did not sign the rate increase addendum dated 1/1/2014.

- Resident # 4's rate increase addendum dated 1/1/2014 contains the resident's name printed on the signature line. This handwriting does not match the resident's signature on power of attorney paperwork.

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 attempt was made to have resident #1 sign her contract on 2/26, attempt was noted on the contract; she was agreeable to review and signed, to the best of her ability on 2/27/14.

Several attempts were made to review and obtain signature from resident #2 on 2/26, 2/27 and 2/28/14.

Attempts were noted on the contract by the Executive Director. (see attachments #1 & #2)

Several attempts were made to obtain a signature on the rate increase addendum dated 1/1/2014 from resident #3. Attempts made on 2/26; 2/27 and 2/28/14; noted on the addendum by the Executive Director. (see attachment #3)

Attempted to obtain resident #4 signature on the rate increase addendum dated 1/1/2014; resident was only able to make a mark. (see attachment #4)

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 inservice the Marketing Director and Administrative Services Coordinator on this regulation requirement.

Target date: 3/17/2014.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/11/2013
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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)

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

The above plan of correction is approved as of 4/1/14  
(Date)

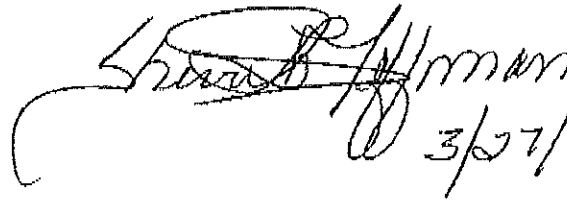
The above plan of correction was approved by Cam  
(Initials)

Plan of correction implementation status as of 4/1/14  
(Date)

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

25(b)

Executive Director or designee will audit all new residents' move-in paperwork within the first week to ensure review and resident signature were obtained; or an attempt to review and obtain resident signature was made, and documentation of attempts made if no signature or resident mark could be made.  
(see attached audit tool with addition of signature/attempt)

  
Sarah R. Allman  
3/27/14

Violation Report: 12997 - 02/24/2014 - Kazinter, Lauren  
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 and # 2'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.

An attempt was made to have resident #1 sign the Resident Rights and Complaint Procedure on 2/26, attempt was noted on these forms; she was agreeable to review and signed, to the best of her ability on 2/27/14. Several attempts were made to review and obtain signature from resident #2 on 2/26, 2/27 and 2/28/14. Attempts were noted on these forms by the Executive Director. (see attachments #5 & #6)

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 inservice the Marketing Director and Administrative Services Coordinator on this regulation requirement regarding obtaining resident signature acknowledging receipt of a copy of the Resident Rights and Complaint Procedure.

Target date: 3/17/2014.

Executive Director or designee will audit all new residents' move-in paperwork within the first week to ensure review and resident signature were obtained; or an attempt to review and obtain resident signature was made, and documentation of attempts made if no signature or resident mark could be made.

*Stacy Hoffman*  
3/27/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/11/2013
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Stacy Hoffman</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
STACY HOFFMAN, EXECUTIVE DIRECTOR	3/11/14

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

The above plan of correction is approved as of <u>4/1/14</u> (Date)	Plan of correction implementation status as of <u>4/1/14</u> (Date)
The above plan of correction was approved by <u><i>OPM</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: 12997 - 02/24/2014 - Kazimer, Lauren  
FCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 65 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 2/24/2014, the home had 51 residents, but only 69 gallons of emergency drinking water.

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.

On 2/25/14 the Executive Director purchased an additional 108 gallons of emergency drinking water. (See attached copy of receipt showing 18 cases were purchased and picture showing 6gal in 1 case of water.)

The Executive Director will inservice the Building Services Coordinator on this regulation requirement (maintaining a 3-day supply of nonperishable food and drinking water for residents).  
Target date: 3/17/2014

The Building Services Coordinator will include this regulatory requirement, i.e. a 3-day supply of nonperishable water, during daily rounds.  
Target date and ongoing: 4/1/2014 \*

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) *SHERIDY MOFFATTAN, EXECUTIVE DIRECTOR*      Date *3/11/14*

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

The above plan of correction is approved as of 4/1/14  
(Date)

Plan of correction implementation status as of 4/1/14  
(Date)

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

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

Violation Report: 12997 - 02/24/2014 - Kazimer, Lauren  
PCH Name: ARDEN COURTS OF YARDLEY

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 and # 2 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.

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

An attempt was made to have resident #1 sign the Resident Rights on 2/26, attempt was noted on this form; she was agreeable to review and signed, to the best of her ability on 2/27/14.  
Several attempts were made to review and obtain signature from resident #2 on 2/26, 2/27 and 2/28/14.  
Attempts were noted on this form by the Executive Director. (see attachments #5 & #6)

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 inservice the Marketing Director and Administrative Services Coordinator this regulation requirement regarding the proper documentation of educating the resident's right to refuse medication.  
Target date: 3/17/2014.

Executive Director or designee will audit all new residents' move-in paperwork within the first week to ensure review and resident signature were obtained; or an attempt to review and obtain resident signature was made, and documentation of attempts made if no signature or resident mark could be made.

*Signature of Executive Director*  
3/27/14

Repeat Violation: Yes \_\_\_\_\_ Date(s) of Previous Violation(s): 02/11/2013

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of 4/1/14 (Date)

Plan of correction implementation status as of 4/1/14 (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: 12997 - 02/24/2014 - Kazimer, Lauren  
PGH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa Code §2800  
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

- Resident # 1's medical evaluation completed on 1/13/2014 did not document the need for SDCU care.
- Resident # 2's medical evaluation completed on 8/9/2013 did not document the need for SDCU care.
- Resident # 3's medical evaluation completed on 1/24/2014 did not document the need for SDCU care.
- Resident # 4's medical evaluation completed on 9/30/2013 did not document the need for SDCU care.
- Resident # 5's medical evaluation completed on 12/20/2013 did not document the need for SDCU care.

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 DME for Resident #1 dated 1/13/2014 was updated by the Resident Services Coordinator, after a discussion with her physician confirming the need for SDCU care, on 2/26/14.

The DME for Resident #2 dated 8/9/2013 was updated by the Resident Services Coordinator, after a discussion with her physician confirming the need for SDCU care, on 2/26/14.

The DME for Resident #3 dated 1/24/2014 was updated by the Resident Services Coordinator, after a discussion with her physician confirming the need for SDCU care, on 2/26/14.

The DME for Resident #4 dated 9/30/2013 was updated by the Resident Services Coordinator, after a discussion with her physician confirming the need for SDCU care, on 2/26/14.

The DME for Resident #5 dated 12/20/2013 was updated by the Resident Services Coordinator, after a discussion with her physician confirming the need for SDCU care, on 2/26/14.

(See attachments #7, #8, #9, #10 & #11)

All resident files will be audited for proper documentation of need for the resident to be served in a SDCU on the DME; audit will be completed by the Resident Services Coordinator or designee.

Target Date: 5/1/2014

The Executive Director will inservice 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: 3/17/2014

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) SHELIZI HOFFMAN, EXECUTIVE DIRECTOR Date 3/11/14

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The above plan of correction is approved as of 4/1/14 (Date)

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

Plan of correction implementation status as of 4/1/14 (Date)

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

Violation Report: 12987 - 02/24/2014 - Kazimer, Lauren  
 POH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2800  
 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  
 - Resident # 1 was admitted to the SDCU on 1/12/2014. The resident's cognitive screening was completed on 1/19/2014.  
 - Resident # 2 was admitted to the SDCU on 2/9/2013. The resident's cognitive screening was completed on 1/29/2013.

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.

The Executive Director will inservice the Marketing Director, Administrative Services Coordinator, Resident Services Coordinator and nursing supervisors on this regulation requirement regarding the need to have a cognitive screening completed by a physician or geriatric assessment team within 72 hours prior to admission to a SDCU.  
 Target date: 3/17/2014

The Executive Director or designee will audit all new residents regarding the regulation requiring the need to have a cognitive screening completed by a physician or geriatric assessment team within 72 hours prior to admission to a SDCU.  
 Target date: 3/17/2014 an on-going

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, EXECUTIVE DIRECTOR*      Date *3/11/14*

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

The above plan of correction is approved as of *4/1/14*  
 (Date)

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

Plan of correction implementation status as of *4/1/14*  
 (Date)

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

Violation Report: 12997 - 02/24/2014 - Kazimer, Lauren  
PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 65 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  
The home has no documentation that resident # 1, resident # 2, and resident # 6 and the residents' designated person have not objected to their SDCU admission.

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 (SN)

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 *3/11/14*

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

The above plan of correction is approved as of *4/1/14*  
(Date)

Plan of correction implementation status as of *4/1/14*  
(Date)

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

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

231(e)

An attempt was made to have resident #1 sign the Medical Evaluation Addendum on 2/26, attempt was noted on this form; she was agreeable to review and signed, to the best of her ability on 2/27/14.

Several attempts were made to review and obtain signature from resident #2 on 2/26, 2/27 and 2/28/14.

Attempts were noted on this form by the Executive Director. (If resident was unable to sign, the Executive Director, or designee, will note on the RASP that the resident and their designated person were informed of the recommendation in the DME for the resident to move to/remain in a SDCU and they do not object.)

Resident #6 was unable to sign her name, but made a mark, which was witnessed by the Executive Director. (See attachments #12; #13 & #14)

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 inservice 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: 3/17/2014

*Sherry Poffman*  
3/11/14

ED, or designee, will audit all new residents' move-in paperwork within in the first week to ensure review and resident signature were obtained; or an attempt to review and obtain signature was made, and documentation of attempts if resident couldn't/wouldn't sign or leave a mark.

*Sherry Poffman*  
3/27/14