



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 05 2014

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

RE: Arden Courts of Susquehanna
2625 Ailanthus Lane
Harrisburg, Pennsylvania 17110
License #: 324310

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on March 25, 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 20, 2014 to June 20, 2015 was issued on April 8, 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: 32431 - 03/25/2014 - Riel, Becky
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

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 3/25/2014, the home had 53 residents, but only 78 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.

1. On 3/31/14, the facility purchased 128 gallons of water to comply with regulation 107 (c). The total number of gallons of emergency drinking water on site is now 206.
2. The Executive Director in-serviced the coordinators regarding regulation 107 (c) re. maintaining at least a 3-day supply of non-perishable food and drinking water for residents on 4/22/14.
3. The Building Services Coordinator will include auditing required emergency drinking water supply for residents during dally rounds beginning 5/1/14 and on-going.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Smith

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

Jennifer Smith Executive Director

Date 4.24.14

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

The above plan of correction is approved as of 4.29.14
 (Date)

Plan of correction implementation status as of 4.29.14
 (Date)

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

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

Violation Report: 32431 - 03/25/2014 - Riel, Becky
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 66 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Sleeping hour fire drills are held when additional staff members may be present. During the fire drill on 9/24/2013 at 6:05am, 5 staff people participated in the drill. During the fire drill on 1/14/2014 at 6:15am, 6 staff people participated in the drill. According to staff records, the average number of staff people on duty from 11pm-7am is 4.

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.

1. The fire drill (during sleeping hours) was held at 5:00 am on 4/23/14 when there is the average number of staff present. The fire drill was facilitated by the Building Services Coordinator.
2. The Executive Director in-serviced the Building Services and Resident Services Coordinators regarding regulation 132 (g) re. fire drill procedures 4/22/14.
3. The Executive Director will monthly review fire drill procedures and documentation to ensure compliance with regulation 132 (g) beginning 5/1/14 and on-going.

5/31/14 - A sleeping hours fire drill will be conducted with the least amount of staff working a shift, which is currently 4 staff. Documentation of the fire drill will be submitted to the Department. *je*

All future sleeping hours fire drills will be conducted with the least amount of staff working during that shift, not routinely when additional staff persons are present. *je*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Smith

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

Jennifer Smith Executive Director

Date *4.24.14*

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The above plan of correction is approved as of

5/8/14
 (Date)

Plan of correction Implementation status as of

5/12/14
 (Date)

The above plan of correction was approved by

je
 (Initials)

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

Violation Report: 32431 - 03/25/2014 - Riel, Becky
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

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

Resident #1 receives Humalog Insulin based on a sliding scale three times daily. The blood sugars are recorded on a Blood Glucose Monitoring Flow Sheet. Staff persons administering the sliding scale of insulin will initial the Medication Administration Record (MAR) and record the number of units of insulin administered to the resident.

- On 3/3/2014 at 7:30am, Resident #1's blood sugar was 208, requiring 5 units of Humalog Insulin. The MAR only has initials of the staff person administering the insulin and not the number of units of insulin administered.
- On 3/3/2014 at 11:30am, Resident #1's blood sugar was 316 requiring 10 units of Humalog Insulin. The MAR only has initials of the staff person administering the insulin and not the number of units of insulin administered.
- On 3/5/2014 at 11:45am, Resident #1's blood sugar was 330, requiring 10 units of insulin. Staff did not initial the MAR to indicate that the insulin was administered or how many units were given.
- On 3/8/2014 at 11:45am, Resident #1's blood sugar was 200, requiring 5 units of insulin. Staff did not initial the MAR to indicate that the insulin was administered or how many units were given.
- On 3/11/2014 at 4:30pm, Resident #1's blood sugar was 264, requiring 7 units of insulin. Staff did not initial the MAR to indicate that the insulin was administered or how many units were given.

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 Page 4A. JE

Repeat Violation: No

Date(s) of Previous Violation(s):

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Jennifer Smith

Printed Name and Title of Legal Entity Representative
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Jennifer Smith Executive Director

Date *4.24.14*

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 (Initials)

187 (a)

1. The staff member(s) who did not complete the required documentation regarding the administration and number of units of insulin administered to resident #1 received disciplinary counselling regarding those items by the Resident Services Coordinator on 3/28/14.
2. The Resident Services Coordinator in-serviced nurses regarding regulation 187 (a) re. a medication record shall be kept to include the following (noted in regulation) for each resident for whom medications are administered on 3/28/14.
3. The Resident Services Coordinator will review Medication Cart Audit and Blood Glucose Monitoring Flow Sheet tools weekly to ensure compliance with regulation 187 (a) beginning 5/1/14 and on-going.
4. The POA and Physician were notified of the incomplete documentation by the Resident Services Coordinator on 3/25/14.

Violation Report: 32431 - 03/25/2014 - Riel, Becky
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 65 Pa. Code §2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 3/25/14 at 7:30am, Resident #1 was administered 5 units of Humalog Insulin based on a sliding scale. By 3:00pm, Staff Person A had not initiated that the insulin was administered or the number of units given.

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.

1. Staff Person A who did not complete the required documentation regarding the administration and number of units of Insulin administered to resident #1 received disciplinary counselling regarding those items by the Resident Services Coordinator on 3/28/14.
2. The Resident Services Coordinator in-serviced nurses regarding regulation 187 (b) re. a medication record shall be kept to include the date and time of medication administration and name and initials of the staff person at the time the medication is administered on 3/28/14.
3. The Resident Services Coordinator will review Medication Cart Audit and Blood Glucose Monitoring Flow Sheet tools weekly to ensure compliance with regulation 187 (b) beginning 5/1/14 and on-going.
4. The POA and Physician were notified of the incomplete documentation by the Resident Services Coordinator on 3/25/14.

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Date(s) of Previous Violation(s):

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Violation Report: 32431 - 03/25/2014 - Riel, Becky
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa. Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

- The home's medication administration training records for Staff Persons B & C do not include the Student Examination Data Summary Sheet for Initial Training.
- The home's medication administration training records for Staff Persons D, E, F, G, & H do not include the Student Examination Data Summary Sheet for 2013's Annual Practicum.

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.

1. The medication administration training records for Staff Persons B & C were completed on 4/23/14 by the Resident Services Coordinator to include the Student Examination Data Summary Sheet for Initial Training.
2. The medication administration training records for Staff Person's D, E, F, G, & H were completed on 4/23/14 by the Resident Services Coordinator to include the Student Examination Data Summary Sheet for 2013's Annual Practicum.
3. The Resident Services Coordinator and Executive Director were in-serviced by the Senior Resident Services Coordinator on 4/23/14 regarding regulation 190 (c) re. a record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.
4. The Executive Director will review the medication administration training records on a quarterly basis beginning 5/1/14 and on-going. The results will be included in the quarterly Quality Management minutes.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Jennifer Smith

Printed Name and Title of Legal Entity Representative
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Jennifer Smith Executive Director

Date 4.24.14

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