



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: December 29, 2014**

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

RE: Arden Courts of Warminster  
779 West County Line Road  
Hatboro, Pennsylvania 19040  
License # 129960

Dear Mr. Lazarus:

As a result of the Department of Human Services' licensing inspection on July 10, 2014, 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.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer".

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

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|  |  |                       |
|--|--|-----------------------|
| PCH Name: ARDEN COURTS OF WARMINSTER   |  | License Number: 12998 |
| Address: 778 WEST COUNTY LINE ROAD, HATBORO, PA 19040  |  | County: Montgomery    |
| Administrator: BEATRICE STENTA   |  | Region: SOUTHEAST     |
| Legal Entity Name: ARDEN COURTS WARMINSTER OF HATBORO PA LLC   |  |                       |
| Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43004  |  |                       |
| Certificate(s) of Occupancy<br>C-2 LP<br>03/29/2000<br>Labor & Industry  |  |                       |
| Staffing Hours<br>Resident Support: Total Daily Staff: 74 Waking Staff: 55   |  |                       |
| Type of Inspection: Partial BHA Docket Number: Notice: Unannounced   |  |                       |
| Reason(s) for inspection(s)<br>Incident  |  |                       |
| On-Site Inspection Dates and Department Representatives On-Site<br>07/10/2014: Braswell, Natasha; Keally, Jennifer   |  |                       |
| Off-Site Inspection Dates and Inspectors, if Applicable  |  |                       |
| Other Details<br>Partial or Full Triggers: Random Indicators:  |  |                       |
| Resident Demographic Data as of Inspection Dates   |  |                       |
| Licensed Capacity: 60<br>Number of Residents Served: 60<br>Secured Dementia Care Unit in Home: Yes<br>Area:<br>Secured Dementia Unit Capacity, if Applicable: 60<br>Number of Residents Served in Secured Dementia Care Unit, if applicable: 60<br>Number of Current Hoopce Residents: 11<br>Number of Hoopce Residents in past year: 21 | Number of Residents who:<br>Receive Supplemental Security Income: 0<br>Are 80 Years of Age or Older: 43<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 14<br>Have a Physical Disability: 0 |                       |

Violation Report: 12996 - 07/10/2014 - Braswell, Nalasha  
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600

2600.63(d) - A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with their training, unless the resident has a "do not resuscitate" order.

2a. DESCRIPTION OF VIOLATION

On 6/10/14, resident #1 was unresponsive. Staff person A, trained in first aid and certified in CPR failed to render assistance to the resident in accordance with their training.

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.

PLAN OF CORRECTION :

To prevent the violation 2600§63(d) the following steps were taken :

- Staff person "A" on 6.11.2014 was counseled on following CPR training and communicating via walkie talkies by Med. Tech Supervisor . (See attachment 1)
- On 6.11,6.12.and 6.13.14 all direct care staff was inserviced on following CPR training. Resident who does not have a DNR order a CPR certified employee on duty begins resuscitation and continues untill 911 takes over.( See attachment 2 )
- The Resident Services Coordinator or designee will audit the CPR status of residents on a monthly basis via. resident roster/including CPR status. The current roster will be located in each house and the health center. June 11, 2014, and on-going. ( see attachment 3)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Beatrice Y. Stenta, ED

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

Beatrice Y. Stenta, ED

Date 8.8.2014

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

The above plan of correction is approved as of

8/11/14  
 (Date)

Plan of correction implementation status as of

8/11/14  
 (Date)

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

The above plan of correction was approved by

AB  
 (Initials)

Violation Report: 12098 - 07/10/2014 - Braswell, Natasha

PCH Name: ARDEN COURTS OF WARMINSTER

**1. REGULATION 55 Pa.Code §2600**

2600.90(b) - For a home serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

**2a. DESCRIPTION OF VIOLATION**

The home did not utilize the communication system during emergency procedures of performing CPR.

**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.

**PLAN OF CORRECTION :**

To prevent the violation 2600§90(b) the following steps were taken :

On July 10, 11, 14 and 17, 2014 all direct care staff has reviewed the communication system policy (October 2008) as follows: (See attachment 4)

- Each direct staff person will carry a walkie /talkie while on duty.
- The Executive Director and coordinators will have access to walkie /talkies while on duty.
- The walkie/talkie will enable staff personnell to immediately contact other staff personnell in each house for assistance in an emergency.
- Direct care staff personnell will sign out the walkie/ talkie when reporting to duty and will sign in the walkie talkie when reporting off duty In the walkie/talkie Out/In Log.
- The RSC/RSS will review Sign Out/ In Log each morning. (Attachment 5)
- The logs will be maintained for two months to ensure proper accountability
- The logs will be monitored by Executive Director weekly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Beatrice Y. Stenta*

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

Beatrice Y. Stenta

Date 8.8.2014

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The above plan of correction is approved as of

*8/11/14*  
(Date)

Plan of correction implementation status as of

*8/11/14*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)