

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARDEN COURTS OF YARDLEY PA LLC

LEGAL ENTITY

To operate ARDEN COURTS OF YARDLEY

NAME OF FACILITY OR AGENCY

Located at 493 STONY HILL ROAD, YARDLEY, PA 19067

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 52
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 52

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 8, 2014 until June 8, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129971

Robert E. Robinson

ISSUING OFFICER

[Signature]

ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 10/13



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 08 2014

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

RE: Arden Courts of Yardley
493 Stoney Hill Road
Yardley, Pennsylvania 19067
License #: 129971

Dear Mr. Lazarus:

As a result of the Department of Human Services' licensing inspection on August 12, 2014, October 21, 2014 and November 24, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #129970 dated May 25, 2014 to May 25, 2015 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated May 25, 2014 to May 25, 2015 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

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

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

PGH Name: ARDEN COURTS OF YARDLEY		License Number: 12997
Address: 493 STONY HILL ROAD, YARDLEY, PA 19087		County: Bucks
Administrator: SHERRI HOFFMAN		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 DEPARTMENT OF L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 74	Working Staff: 56
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/12/2014: Braswell, Natasha; McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable 08/28/2014: Braswell, Natasha; Woolers, Sandra		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 52 Number of Residents Served: 51 Secured Dementia Care Unit In Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 52 Number of Residents Served in Secured Dementia Care Unit, if applicable: 51 Number of Current Hospice Residents: 13 Number of Hospice Residents in past year: 13		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0

Violation Report: 12997 - 08/12/2014 - Braswell, Nalasha
PCH Name: ARDEN COURTS OF YARDLEY

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 8/10/14, Resident #1, age 91 with a history of Alzheimer's and Dementia, was observed with a bruise to the left side of the mouth extending down the jaw line. On 8/29/14, a nanny cam video recording was reviewed by the Department documenting Direct Care Staff A roughly providing care to Resident #1. The video was recorded just prior to the date the facial bruise on the resident was noticed. The video recording displayed Staff A slapping the resident across the face, roughly ripping off the resident's soiled adult brief then putting the soiled brief in the residents face, roughly wiping the resident's genital area and roughly pulling the resident's legs to a sitting position on the bed. During the entire incident, Resident #1 was screaming for help and Staff A ignored the cries for help.

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
(Signature)

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) *SHERRI HOFFMAN EXECUTIVE DIRECTOR* Date *9/18/14*

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

The above plan of correction is approved as of *11/20/14* (Date) Plan of correction implementation status as of *11/26/14* (Date)

The above plan of correction was approved by *(Signature)* (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Regulation: 2600.42(b)

Staff Member #1 was suspended immediately and terminated on 8/14/14. See attached copy of Termination. The Lower Makefield Police department was notified immediately. The Department of Aging was notified and Act13 report completed and faxed. The reportable incident form was completed for notification to the Department of Public Welfare, Residential Licensing Office. Please see attached copies of the Act 13 Report and Reportable Incident Forms completed.

Each resident's POA/responsible party was contacted by the Executive Director in person or by phone regarding questions or needs on 8/15/14 and 8/16/14.

Body assessment completed on resident 8/10/14 and will be done daily. Results reviewed with RSC or designee. Resident review with physician by RSC, on 8/14/14. Per physician, no further orders for the resident. Psychological assessment completed 8/14/14. See attached for copy of assessment. Thirty minute checks initiated on 8/11/14. See attached copy of blank 30 minute check form. RASP updated 8/18/14; family meeting held on 8/21/14. See attached copy of RASP and Family Meeting Sign-In sheet. Direct care staff meetings held on each shift 8/19, 8/20 & 8/21 by Executive Director. See attached copy of meeting agenda and attendance records.

Abuse training will be completed for all staff by Resident Services Coordinator, or designee. Target Date: 9/12/14 All direct care staff will complete inservicing on Dementia and ADL's by Executive Director, or designee. Target Date: 9/15/14 All direct care staff will complete inservicing on proper transferring techniques, from laying to sitting and sitting to standing by Physical Therapy. Target Date: 9/30/14

Executive Director and Resident Services Coordinator each will complete 1 off-shift visit weekly. Rounds will be completed, signed and dated. See attached copy of blank rounds form. Target date: 9/1/14 and ongoing Rounds will be made hourly by the 11-7 RSS, or designee, in all houses. Rounds will be completed, signed and dated. See attached copy of blank rounds form. Target Date: 8/31/14 Residents will have a full body skin assessment completed weekly and documented on the skin assessment form. See attached copy of blank skin assessment form. Target Date: 8/31/14

Executive Director will inservice all coordinators and supervisors on this regulation and the plan of correction. Target Date: 9/6/14


Sherri Hoffman
9/18/14
SHERRI HOFFMAN
EXECUTIVE DIRECTOR

Violation Report: 12997 - 08/12/2014 - Braswell, Natasha
PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 58 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
Direct care staff A was observed on a video recording showing a soiled adult brief in the face of Resident #1, age 91, with a history of Alzheimer's and Dementia, while the resident was screaming for help. The staff ignored the residents cries for help during the ordeal.

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 

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


Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) EXECUTIVE DIRECTOR
Date 9/18/14

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

The above plan of correction is approved as of 11/20/14
(Date)

Plan of correction implementation status as of 11/26/14
(Date)

The above plan of correction was approved by 
(Initials)

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

Regulation 2600.42(c)

Staff Member #1 was suspended immediately and terminated on 8/14/14. See attached copy of Termination. The Lower Makefield Police department was notified immediately. The Department of Aging was notified and Act13 report completed and faxed. The reportable incident form was completed for notification to the Department of Public Welfare, Residential Licensing Office. Please see attached copies of the Act 13 Report and Reportable Incident Forms completed.

Each resident's POA/responsible party was contacted by the Executive Director in person or by phone regarding questions or needs on 8/15/14 and 8/16/14.

Body assessment completed on resident 8/10/14 and will be done daily. Results reviewed with RSC or designee. Resident review with physician by RSC, on 8/14/14. Per physician, no further orders for the resident. Psychological assessment completed 8/14/14. See attached for copy of assessment. Thirty minute checks initiated on 8/11/14. See attached copy of blank 30 minute check form. RASP updated 8/18/14; family meeting held on 8/21/14. See attached copy of RASP and Family Meeting Sign-In sheet.

Abuse, Dignity and Resident Rights inservicing will be provided by Chuck Danfield, Dir of Protective Services at Bucks County Area Agency on Aging. Target Date: 10/10/14

Toileting and Incontinence Care inservicing will be provided by a representative from Heartland Hospice. Target Date: 10/30/14

Basic Skills assessment for Toileting and Incontinence Management (personal hygiene) will be completed for each resident caregiver for observation of proper techniques when providing incontinence care by Resident Services Coordinator, or designee. (see attached blank Basic Skills assessments for Toileting Bladder Management; Toileting Bowel Management; Toileting Observations) Target Date: 11/30/14

Direct care staff will be in-serviced quarterly regarding appropriate personal care interventions for individuals with Alzheimer's disease and related disorders by the Executive Director, or designee. Target Date: 12/31/14 and ongoing

Executive Director will inservice all coordinators and supervisors on this regulation and plan of correction. Target Date: 9/26/14

SHERRI MOFFRAN
EXECUTIVE DIRECTOR

[Handwritten signature]
9/18/14