



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Mr. Barry A. Lazarus, Vice President  
Arden Courts 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 February 18, 2015 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 14, 2015 to June 14, 2016 was issued on March 31, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director  
SH

Enclosure  
License Inspection Summary



Violation Report: 12996 - 02/18/2015 - Keelly, Jennifer  
 PCH Name: ARDEN COURTS OF WARMINSTER

**1. REGULATION 85 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'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.*

2600.41(e)

On 2.18, 2015 educated resident #1 on resident rights and complaint procedures. Attached is signed statement.

To prevent recurrence in the support plan will state:

2600.41(e) -The resident was educated on the resident rights and complaint procedures and signed by resident unless noted on signature page of RASP the reason why the resident did not sign. Executive director will review all new residents' business files to ensure compliance with regulation 2600.41(e) Ongoing

On March 12, 2015, the Executive Director in-serviced the Marketing Director and Administrative Services Coordinator on regulation 41(e), regarding obtain[ing] resident signature acknowledging receipt of a copy of the resident rights and complaint procedures. See attachment

*(Empty space for additional notes or attachments)*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Beatrice V. Stenta*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beatrice V. Stenta</i>	Date <i>3-13-2015</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *3/24/15*  
 (Date)

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

Plan of correction implementation status as of *3/24/15*  
 (Date)

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

*Beatrice M. Stenta* Page 3 of 8  
*3/13/2015*

Violation Report: 12668 - 02/18/2015 - Keally, Jennifer  
POH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 88 Pa.Code §2600  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
The label for Resident # 2's Acetaminophen 500 mg does not include the prescribed dosage and instructions for administration.

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.

2600.184(a)

Resident #2 The Acetaminophen directions, prescribed dosage and instructions for administration, were obtained day of survey. **See attachment**

On February 18 and 19, 2015, Nurses in-service completed regarding violation and prevention of recurrence of labeling error. **See attachment**

To prevent recurrence, weekly audits of medication carts and MARs will be conducted by the Resident Services Supervisors. **See attachment**

Resident Services Coordinator will complete random audits of the medication carts and MARs weekly. Ongoing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Beatrice M. Stenta, E.D.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Beatrice M. Stenta* Date *3-15-2015*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *3/24/15* (Date)

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

Plan of correction implementation status as of *3/24/15* (Date)

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

Violation Report: 12086 - 02/18/2015 - Kaelly, Jennifer  
 PGH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 88 Pa.Code §2600  
 2600.186(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 # 1 has orders for Visine-A allergy eye drops and Tramadol 50 mg. On 2/18/2015, the medications were not in the home's medication cart.  
 Resident # 3 has orders for Acetaminophen 325 mg for pain and Acetaminophen 325 mg for fever. On 2/18/2015, the medications were not in the home's medication cart.  
 The Docksides first aid kit contained Providone-Iodine prep pads that had expired in June 2014.

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

2600.186a On February 18, 2015 Resident #1 Visine-A allergy eye drops and Tramadol 50mg were discontinued by physician. See attachments

On February 18, 2015 Resident #3 Acetaminophen 325mg 2 tabs = 650mg for pain and Acetaminophen 325mg 2 tabs = 650mg for fever were obtained the day of survey. See attachment

On February 18 and 19, 2015 Nurses In-service completed regarding violation and prevention of assuring prescribed medication will be available in medication cart. See attachment

To prevent reoccurrence, weekly audits of medication carts and MARs will be conducted by Resident Services Supervisors to ensure prescribed medications are in medication cart. See attachment (include blank Med. Cart Audit)

Resident Services Coordinator will complete random audits of the medication carts and MARs weekly. Ongoing

On February 18, 2015 The Providone-Iodine prep pads were removed and disposed from Docksides first aid kit.

On February 18, 2015 all first aid kits were audited to ensure there were no expired medications.

To prevent reoccurrence, monthly audit of first aid kits to ensure there are no expired medications.

Resident Services Coordinator to monitor for compliance. Ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *3-15-2015*

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The above plan of correction was approved by <i>[Signature]</i> (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: 12008 - 02/18/2015 - Keally, Jennifer  
FCH Name: ARDEN COURTS OF WARMINSTER

**1. REGULATION 85 Pa.Code §2800**

2800.187(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.

**2. DESCRIPTION OF VIOLATION**

The following Residents' medication administration records did not include a diagnosis for the corresponding medications:  
Resident # 1's Clonazepam, 0.25 mg  
Resident # 2's Acetaminophen, 500 mg  
Resident # 4's Tramadol 100 mg

The medication administration record for Resident # 4 listed Tramadol HCL 50 mg, as needed. That order had been discontinued on 10/24/2014.

**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 attachment*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Beatrice M. Stenta*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Beatrice M. Stenta* Date *3-18-2015*

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12986 - 02/18/2015 - Keelty, Jennifer  
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 56 Pa.Code §2800  
 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  
 Resident # 1 has 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.

2600.191  
 On February 18, 2015 resident #1 was educated regarding the right to question or refuse a medication if the resident believes there may be a medication error. **Attached is signed statement.**

To prevent reoccurrence in the support plan will state:  
 2600.191 -The resident was educated regarding the right to question or refuse a medication if the resident believes there may be a medication error and signed by resident unless noted on signature page of RASP the reason why the resident did not sign.  
 Executive director will review all new residents' business files to ensure compliance with regulation 2600.191 ongoing

On March 12,2015 The Executive Director in-service the Marketing Director and Administrative Services Coordinator on regulation 2600.191 regarding educating 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 will be kept. **See attachment**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *3-13-2015*

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The above plan of correction was approved by <i>RB</i> (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: 12006 - 02/18/2015 - Keally, Jennifer  
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600  
 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 # 4 was admitted to the SDCU on 11/3/2014. The resident's cognitive preadmission screening was completed on 10/16/2014.

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.

2600.231(c)

The following steps were taken to ensure that the cognitive preadmission screening will be conducted within the 72 hours prior to admission. The Marketing Director will contact physician and or discharge planner to ensure compliance of the cognitive preadmission screening.

On March 12, 2015, The Executive Director In-serviced 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. See attachment

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: Ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Beatrice Y. Stenta</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beatrice Y. Stenta</i>			Date <i>3-13-2015</i>
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The above plan of correction was approved by <i>JB</i> (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: 12998 - 02/18/2015 - Keilly, Jennifer  
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 66 Pa.Code §2600  
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION  
 The directions for operating the home's locking mechanism are not conspicuously posted near the Dockside outside gate.

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.*

2600.233(c)

On February 18, 2015, the directions for operating the home's locking mechanism were conspicuously posted near the dockside outside gate. See attachment

To prevent recurrence and ensure compliance, weekly outside rounds will include: Directions conspicuously posted near the outside gates by the Executive Director and/or Building Services Coordinator. Ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Beatrice Y Stentz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Beatrice Y Stentz* Date *3-13-15*

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