



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

Restrictions: _____

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 April 30, 2015 until April 30, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129970

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2015

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

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


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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,


Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2800**

PCH Name: ARDEN COURTS OF YARDLEY		License Number: 12997
Address: 493 STONY HILL ROAD, YARDLEY, PA 19067		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 04/24/1196 PHILADELPHIA L& I		
Staffing Hours Resident Support: Total Daily Staff: 96 Waking Staff: 72		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/18/2015: Braswell, Natasha; Colon, Lissette		
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: 48 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 13 Number of Hospice Residents in past year: 37	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 48 Have a Physical Disability: 8	

Violation Report: 12997 - 02/18/2015 - Braswell, Natasha
PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 85 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

The medication administration record for resident # 1 does not include the initials for the blood pressure indicating staff person administered medication.
The medication administration record for resident # 2 displayed medication for Robilussin prescribed 12/23/14 for 10 days and Zyrtec 10mg prescribed for 10 days the both orders were discontinued on 1/2/15.

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) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SHERIL MOFFMAN EXECUTIVE DIRECTOR* Date *3/17/15*

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

The above plan of correction is approved as of *3/17/15* (Date)

Plan of correction implementation status as of *3/17/15* (Date)

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

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

187(a)

Nursing staff obtained and documented Resident #1's blood pressure on the MAR noting the date it was completed, 2/18/15. (see attachment #1)

The resident's physician, who is the facility's Advising Physician, was notified of the violation. He recommended a review of residents who currently receive weekly BP's and to discontinue any who had stable BP's over the course of the last couple months. This has been completed, 2/18/15.

Medication cart audits will be completed on a weekly basis to ensure all blood pressures are documented as ordered re. "MOR reviewed for completeness" by 3/20/15 and ongoing. (see attachment #2)

Executive Director to in-service Resident Services Supervisor and the Resident Services Coordinator regarding the regulation, POC and Medication Cart Audit. Date: by 3/19/2015

The medications for Resident #2 were immediately removed from the MAR to reflect that these PRN medications have been DC'd, 2/18/15.

A double audit system will be initiated regarding reconciliation of monthly physician order sheets and medication administration records provided by the pharmacy. This will include an initial review by one of the nurses and second review by alternate nurse. Date: 4/1/15 and ongoing

Executive Director to in-service Resident Services Supervisor and the Resident Services Coordinator regarding the regulation and POC, double audit system. Date: by 3/19/2015

[Handwritten signature]
3/17/15