



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

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

RE: Arden Courts King of Prussia
620 West Valley Forge Road
King of Prussia, Pennsylvania 19406
License #: 129950

Dear Ms. Lazarus:

As a result of the Department of Human Services' licensing inspection on February 23, 2015 and February 24, 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 3, 2015 to June 3, 2016 was issued on March 9, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director ^{LSH}

Enclosure
License Inspection Summary

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 - The home's copy of 55 Pa. Code Chapter 2600 was posted in a locked bulletin board, inaccessible to residents and visitors.
 - The home's last renewal inspection violation report was not posted in a conspicuous and public place in the home.

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.

3(c)

The home's copy of 55 Pa. Code Chapter 2600 and last renewal inspection violation report are posted outside the Community Center and in the lobby which are public, accessible, and conspicuous location for residents and visitors.

4/23/2015 by Executive Director
 (see attached photo)

The coordinators were in-serviced on 4/23/2015 on this regulation and the location of the 55 Pa. Code Chapter 2600 and Violation Report by the Executive Director.
 (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *NICOLE C GROFF* Date *4/27/15*

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

The above plan of correction is approved as of 5/18/15
 (Date)

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

Plan of correction implementation status as of 5/18/15
 (Date)

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 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.

41(e)

Resident #1 signed the complaint procedures form upon admission. His file was missing the resident rights form, which was reviewed with him and signed on 2/24/2015.
 (see attached signed procedures)

The Executive Director, or designee, will complete an audit of all current and future residents' administrative records to ensure the resident rights and complaint procedures are signed by the resident and, if applicable, the resident's designated person or documentation of efforts made to obtain signatures.
 3/2 & 3/3/2015 and on-going by Executive Director or designee
 (see attached Resident File Audit)

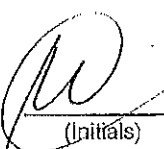
The coordinators were in-serviced on 4/23/2015 on this regulation and audit procedures by the Executive Director.
 (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole C Groff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C Groff* Date *4/27/15*

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

The above plan of correction is approved as of <u>5/18/15</u> (Date)	Plan of correction implementation status as of <u>5/18/15</u> (Date)
The above plan of correction was approved by  (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: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION

- The bathroom faucet in room #38, does not produce hot and cold water.
- The bathroom sinks in rooms # 17A and #56 do not have hot 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.

89(a)

The bathroom faucet in room #38 now produces hot and cold water and the bathroom sinks in room #17A and #56 now produces hot water. The valves under the sinks were turned off, which was corrected on 2/24/2015.

The Building Services Coordinator or designee will complete daily rounds which includes taking water temperatures.
 2/24/2015 and on-going by Building Services Coordinator or designee
 (see attached rounds form)

The coordinators, including the Building Services Coordinator, were in-serviced on 4/23/2015 on this regulation and rounds by the Executive Director.
 (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative *Nicole C. Hoff*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Nicole C Hoff* Date *4/27/15*
 (Required on EVERY Page)

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

The above plan of correction is approved as of 5/18/15
 (Date)

Plan of correction implementation status as of 5/18/15
 (Date)

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

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephones located in the kitchenette of Plum Grove, Evergreen Way, and Blue Spruce did not have emergency service numbers posted nearby.

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.

91

The emergency service numbers have been attached, (by using a laminated 3x5 card attached to the phone cord using a wire tie) in the kitchenettes of Plum Grove, Evergreen Way, and Blue Spruce.
 2/25/2015

The Resident Services Coordinator or designee will audit for compliance with the posting of emergency service numbers during daily rounds.
 2/25/2015 and on-going

The Resident Services Coordinator and Supervisors were in-serviced on the regulation and daily rounds by the Executive Director on 4/23/2015
 (see attached in-service sheet)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C. Groff

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

Nicole C. Groff

Date

4/27/15

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

The above plan of correction is approved as of

5/18/15
 (Date)

Plan of correction implementation status as of

5/18/15
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was no hot water handle at the bathroom faucet in rooms #17A, #21A, and #56. The home reported the handles were removed for the resident's safety.

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.

95

The hot water handles at the bathroom faucet in rooms #17A, #21A, and #56 were re-installed on 2/25/2015 by the Building Services Coordinator.
 (see attached photos)

Resident safety issues will be discussed in Morning Meeting with the Executive Director and coordinators. Interventions will be discussed and implemented that ensure compliance with regulations and residents' safety.
 2/25/2015 and on-going

The coordinators were in-serviced on the regulation by the Executive Director on 4/23/2015
 (see attached in-service sheet)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/07/2014	03/10/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Griffith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Griffith* Date *4/27/15*

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

The above plan of correction is approved as of *5/18/15*
 (Date)

Plan of correction implementation status as of *5/18/15*
 (Date)

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

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit located in Peach Tree does not include tweezers.

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.

96(a)

The tweezers were replaced in the Peach Tree First Aid Kit on 2/25/2015.

The 11-7 Resident Services Supervisor or designee will conduct daily audits of the First Aid Kits to ensure all required items are present.

4/23/2015 and on-going
 (see attached First Aid Kit Checklist)

The Resident Services Coordinator and Resident Services Supervisor were in-serviced on the regulation and checklist by the Executive Director on 4/23/2015.
 (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff* Date *4/27/15*

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

The above plan of correction is approved as of 5/18/15
 (Date)

Plan of correction implementation status as of 5/18/15
 (Date)

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

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bedside lamps in bedrooms #21 and #57 did not have light bulbs.

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.

101(j) (7)

The bedside lamps in bedrooms #21 and #57 had light bulbs installed on 2/24/2015 by the Building Services Coordinator.

The housekeepers will check for and install needed light bulbs in bedside lamps during cleaning procedures.
 2/24/2015 and on-going
 (see attached Resident Room Deep Cleaning Checklist)

The Building Services Coordinator and housekeepers were in-serviced on this regulation and the Resident Room Deep Cleaning Checklist by the Executive Director on 4/23/2015.
 (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Hoff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Hoff* Date *4/27/15*

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

The above plan of correction is approved as of *5/18/15*
 (Date)

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

Plan of correction implementation status as of *5/18/15*
 (Date)

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 2/23/2015, there was no thermometer in the Blue Spruce kitchenette fridge.

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.

103(f)

The thermometer was placed in the Blue Spruce kitchenette fridge on 2/24/2015.

The Food Service Coordinator and Cook will check for thermometers/temperature logs in the kitchenette refrigerators daily as part of food delivery procedures.
 (see attached Temperature Log)
 4/23/2015 and on-going

The Food Service Coordinator and Cook were in-serviced on this regulation and daily procedures by the Executive Director on 4/23/2015.
 (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Groff* Date *4/27/15*

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

The above plan of correction is approved as of *5/14/15*
 (Date)

Plan of correction implementation status as of *5/14/15*
 (Date)

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

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The freezer in Peach Tree kitchenette contained a bag of english muffins that was opened and unsealed.

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.

103(g)

The bag of English muffins that was opened and unsealed in the freezer in Peach Tree was discarded on 2/23/2015.

The Food Service Coordinator and Cook will check the refrigerators and freezers daily to ensure food is stored in closed or sealed containers as part of food delivery procedures.
 (see attached procedures)
 4/23/2015 and on-going

The Food Service Coordinator and Cook were in-serviced on the regulation and daily procedures by the Executive Director on 4/23/2015
 (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole Groff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole Groff* Date *4/27/15*

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

The above plan of correction is approved as of *5/18/15*
 (Date)

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

Plan of correction implementation status as of *5/18/15*
 (Date)

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The first aid kit located in Peach Tree contained Band-Aid antiseptic wash with an expiration date of 3/2010 and an individual packet of triple antibiotic ointment with an expiration date of 11/2014.

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.

183(f)

The expired Band-Aid antiseptic wash and triple antibiotic ointment were replaced in the Peach Tree First Aid Kit on 2/24/2015.

The 11-7 Resident Services Coordinator or designee will conduct daily audits of the First Aid Kits to ensure all required items are present and not expired, 4/23/2015 and on-going.
 (see attached First Aid Kit Checklist)

The Resident Services Coordinator and Resident Services Supervisors were in-serviced on the regulation and checklist by the Executive Director on 4/23/2015.
 (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole C Groff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C Groff* Date *4/27/15*

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

The above plan of correction is approved as of 5/21/15
 (Date)

Plan of correction implementation status as of 5/21/15
 (Date)

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

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 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

Resident #2's Lantus 100 units/ml does not have a pharmacy label.

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.

184(a)

A pharmacy label was obtained for Resident #2's Lantus 100 units/ml.
 (see attached label)

A weekly audit of all medication carts will be completed by the Resident Services Coordinator or designee to ensure all medications are labeled in accordance to this regulation.
 4/23/2015 and on-going

(see attached Medication Cart Audit)

The Resident Services Coordinator and Resident Services Supervisors will be in-serviced on the regulation and Audit by the Executive Director on 4/23/2015.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Groff* Date *4/27/15*

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

The above plan of correction is approved as of *5/21/15*
 (Date)

Plan of correction implementation status as of *5/21/15*
 (Date)

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

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.185(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 #3's PRN Acetaminophen 650mg suppositories were not available in the home on 2/23/2015.

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.

185(a)

A House stock of Acetaminophen 650 mg suppositories were given to inspection representative on site on 2/24/2015. This was said to be acceptable for Resident #3's PRN order.

A weekly audit of all medication carts will be completed by the Resident Services Coordinator or designee to ensure all medications are in the cart and available for the resident as ordered. 4/23/2015 and on-going

(see attached Medication Cart Audit)

The Medication Pass Tool will be used daily by medication passers to address medications not available.

4/23/2015 and on-going

(see attached Tool)

The Resident Services Coordinator and Resident Services Supervisors were in-serviced on the regulation, Audit, and Tool by the Executive Director on 4/23/2015.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/07/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff* Date *4/27/15*

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

The above plan of correction is approved as of *5/21/15*
 (Date)

Plan of correction implementation status as of *5/21/15*
 (Date)

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

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PGH Name: ARDEN COURTS OF KING OF PRUSSIA

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

- The medication administration record for resident #1 does not include a diagnosis or purpose for Finasteride 5mg, Furosemide 20mg, Miralax powder, Pradaxa 150mg, Quetiapine Fumarate 25mg, Aspirin EC 81mg, Azilect 1mg, Digox 125mcg, Diazepam 5mg, and Senna 8.6mg.
- The medication administration record for resident #4 does not include a diagnosis or purpose for Escitalopram 20mg and Lorazepam 1mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

187(a)

The diagnoses or purpose was added to Resident #1's medication administration record for the following: Finasteride 5 mg, Furosemide 20 mg, Miralax powder, Pradaxa 150 mg, Quetiapine Fumarate 25 mg, Aspirin EC 81 mg, Azilect 1 mg, Digox 125 mcg, Diazepam 5 mg, and Senna 8.6 mg. on 2/24/2015. (see attached Medication Administration Record)

The diagnoses or purpose was added to Resident #4's medication administration record for the following: Escitalopram 20 mg and Lorazepam 1 mg on 2/24/2015. (see attached Medication Administration Record)

A weekly audit of all medication carts will be completed by the Resident Services Coordinator or designee to ensure all medications include the diagnosis or purpose for the medication. 4/23/2015 and on-going (see attached Medication Cart Audit)

The Resident Services Coordinator and Resident Services Supervisors were in-serviced on the regulation and Audit by the Executive Director on 4/23/2015.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff* Date *4/27/15*

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

The above plan of correction is approved as of *5/21/15* (Date)

Plan of correction implementation status as of *5/21/15* (Date)

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

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

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 2/13/15, resident #3 was prescribed Risperidone 1mg in the morning. Resident #3 was administered Risperidone 1.5mg at 8 AM and Risperidone 0.5mg at 8 PM on 2/13/15 to 2/23/15.

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.

187(d)

On 2/13/2015 Hospice recommended a decrease in Resident #3, physician made aware of recommendation but no new orders written. Order clarified with physician on 2/23/2015, with new orders noted. Incident was reported to BHSL on 2/24/2015. (see attached)

The Resident Services Coordinator and Resident Services Supervisors were in-serviced on the regulation by the Executive Director on 4/23/2015. (see attached in-service sheet)

The employee who did not follow up on the order is no longer employed at the community.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C Groff

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

Nicole C Groff

Date *4/27/15*

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

The above plan of correction is approved as of

5/21/15
 (Date)

Plan of correction implementation status as of *5/21/15*
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 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.

191

Resident #1 signed the resident rights that include the resident's right to refuse medication if the resident believes that there may be a medication error. 2/24/2015.
 (see attached signed rights)

The Executive Director, or designee, will complete an audit of all current and future residents' administrative records to ensure the resident rights (including the resident's right to refuse medication if the resident believes that there may be a medication error are signed by the resident. 3/1/2015 and on-going
 (see attached Resident File Audit)

The coordinators were in-serviced on 4/23/2015 on this regulation and audit procedures by the Executive Director.
 (see attached in-service sheet)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/07/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nicole C Hoff		4/27/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	<u>5/18/15</u> (Date)	Plan of correction implementation status as of <u>5/18/15</u> (Date)
The above plan of correction was approved by	<u>[Signature]</u> (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: 12995 - 02/23/2015 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

- Resident #2's support plans finalized on 4/18/14 and 10/28/14 were not signed by the assessor.
- Resident #3's support plan finalized on 11/10/14 was not signed by the assessor.

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.

227(d)

The support plans for resident's #2 and #3 were signed by the assessor on 2/23/2015.

The Executive Director, or designee, will complete an audit of all current and future residents' administrative records to ensure the support plans are signed by the assessor. 3/1/2015 and on-going
 (see attached Resident File Audit)

The coordinators were in-serviced on 4/23/2015 on this regulation and audit procedures by the Executive Director.
 (see attached in-service sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole C Groff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C Groff* Date *4/27/15*

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

The above plan of correction is approved as of *5/18/15*
 (Date)

Plan of correction implementation status as of *5/18/15*
 (Date)

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

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