



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 15, 2015**

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 April 23, 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.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

|  |   |                       |
|--|---|-----------------------|
| PCH Name: ARDEN COURTS OF WARMINSTER   |   | License Number: 12996 |
| Address: 779 WEST COUNTY LINE ROAD, HATBORO, PA 19040  |   | County: Philadelphia  |
| Administrator: Beatrice Stenta   |   | Region: SOUTHEAST     |
| Legal Entity Name: ARDEN COURTS WARMINSTER OF HATBORO PA LLC   |   |                       |
| Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604  |   |                       |
| <b>Certificate(s) of Occupancy</b><br>C-2 LP<br>03/29/2000<br>PA L&I   |   |                       |
| <b>Staffing Hours</b>  |   |                       |
| Resident Support:  | Total Daily Staff: 94   | Waking Staff: 71      |
| Type of Inspection: Partial  | BHA Docket Number:  | Notice: Unannounced   |
| <b>Reason(s) for Inspection(s)</b>   |   |                       |
| Incident   |   |                       |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b>  |   |                       |
|  |   |                       |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>   |   |                       |
| 04/23/2015: Mcllvain, Shawn  |   |                       |
| <b>Other Details</b>   |   |                       |
| Partial or Full Triggers:  | Random Indicators:  |                       |
| <b>Resident Demographic Data as of Inspection Dates</b>  |   |                       |
| Licensed Capacity: 60<br>Number of Residents Served: 47<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: 47<br>Number of Current Hospice Residents: 10<br>Number of Hospice Residents in past year: 12 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 44<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 47<br>Have a Physical Disability: 0 |                       |

Violation Report: 12996 - 04/23/2016 - McIlvain, Shawn  
PGH Name: ARDEN COURTS OF WARMINSTER

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Methimazole 5 mg, Monday, Wednesday and Friday. Resident #1 was administered Methimazole 5 mg on Tuesday, Friday and Sunday in March and daily 4/1/15 to 4/10/15.

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.

2600.187(d)- The home shall follow the directions of the prescriber

On April 10 2015 orders were rewritten to specify the day that the medication is to be given. (See attachments)

Physician ordered lab work April 14, 2015 result were in normal limits (See attachments)

To prevent reoccurrence of violation 187(d) :

- Med Techs were in-serviced on 4.13 and 4.14 2015 on Medication Administration and Medication record. (See attachments)
- MAR and Med Cart is audited weekly by Nurse Supervisor.
- Monitored by Resident Service Coordinator

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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 *8-3-2015*

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

The above plan of correction is approved as of *8/4/15*  
(Date)

Plan of correction Implementation status as of *8/4/15*  
(Date)

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

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