



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ARDEN COURTS OF KING OF PRUSSIA PA LLC
LEGAL ENTITY

To operate ARDEN COURTS OF KING OF PRUSSIA
NAME OF FACILITY OR AGENCY

Located at 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 64
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 64

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 August 5, 2015 until February 5, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129951

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 05 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 #: 129951

Dear Ms. Lazarus:

As a result of the Department of Human Services' (Department) licensing inspection on May 22, 2015, June 9, 2015, June 10, 2015 and June 18, 2015 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 #129950 dated June 3, 2015 to June 3, 2016 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 June 3, 2015 to June 3, 2016 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.

Mr. Barry A. Lazarus

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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,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal line extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

PCH Name: ARDEN COURTS OF KING OF PRUSSIA		License Number: 12995
Address: 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406		County: Montgomery
Administrator: Nicole Groff		Region: SOUTHEAST
Legal Entity Name: ARDEN COURTS OF KING OF PRUSSIA PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 118	Waking Staff: 89
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/22/2015: McHale, Christine; Colon, Lissette		
Off-Site Inspection Dates and Inspectors, if Applicable 06/09/2015: McHale, Christine 06/10/2015: McHale, Christine 06/18/2015: McHale, Christine		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64	Number of Residents who:	
Number of Residents Served: 59	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 57	
Area: entire facility	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 64	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 59	Have a Mobility Need: 59	
Number of Current Hospice Residents: 8	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 21		

Violation Report: 12995 - 05/22/2015 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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 4/19/15 at 12:00 pm, Resident #1 went to the dining room in "plum house" and was told by direct care staff member A to leave. Resident #1 took a roll and direct care staff member A slapped the resident's hand and tried to push the resident out of the dining room. Resident #1 responded by swinging their arms at the staff person. Direct care staff member A responded by swinging their arms at the resident. Direct care staff members B and C joined in and also began swinging their arms. According to a witness, all three staff members "jumped on" Resident #1 at this time. As a result, Resident #1's lip was swollen on the right, was bleeding from their mouth, and had scratches on their mid and lower back. Resident #1 stated to direct care staff member D, "they punched me in my face," in reference to direct care staff members A, B, and C.

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):		
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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 *7/17/15*

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

The above plan of correction is approved as of <u>7/15/15</u> (Date)	Plan of correction implementation status as of <u>7/27/15</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation: 2600.42(b)

Staff Members A, B, and C were suspended 4/19-20/15. They were terminated on 4/22-23/15
See attached copies of Termination.

The Upper Merion Police department was notified on 4/19/15. Officer on-site 4/19/15 and 4/27/15. Took statements, attempted to interview resident, and follow-up meeting. Still awaiting final police report.

The Department of Aging was notified on 4/19/15; phone call and report completed. Follow up visit completed on 4/22/15.

See attached copy of Act 13 report.

Wife of resident contacted 4/19/15; advised of incident.

Physician notified on 4/19/15. Wife and physician in agreement not to send resident to ER; resident "showing no signs of stress or evident injuries".

Phone call completed to the BHSL hotline on 4/19/15. Initial Report completed on 4/19/15 and Final Report completed on 4/25/15.

See attached Reportable Forms.

Physician on-site to evaluate resident on 4/20/15.

See attached Progress Note.

Psych. nurse on-site to evaluate resident on 4/21/15. "Able to touch him. Showing no sign of PTSD".

Psych. on-site to evaluate resident on 4/25/15.

See attached consult sheet.

Dr. [REDACTED] completed in-service, "Sensitivity and Burnout/Caregiver Stress" on 4/23/15.

See attached agenda and attendance records.

Abuse training will be completed for all staff by AAA.

Date: 7/14/15

The administrator will conduct monthly STAFF MEETINGS to discuss Abuse, Resident Rights, Caregiver Stress and acceptable redirection techniques for the next 12 months, starting within 30 days of receipt of this plan of correction.

Violation Report: 12995 - 05/22/2015 - McHale, Christine
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 4/19/15, Resident #1 had a physical altercation with direct care staff members A, B, and C. The resident was agitated, aggressive, and swinging their arms. Direct care staff member D locked Resident #1 outside in the home's courtyard and left them alone rather than having the staff members involved leave the area. Resident #1 was found by ancillary staff member E with their hands pressed up against the glass. Ancillary staff member E had to unlock the courtyard door to take the resident to get lunch.

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) <i>Nicole C. Groff</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole C. Groff, ED</i>			Date <i>7/17/15</i>

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

The above plan of correction is approved as of 7/15/15
(Date)

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

Plan of correction implementation status as of 7/27/15
(Date)

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

Regulation: 2600.42(c)

Staff members A, B, and C were suspended 4/19-20/15. They were terminated on 4/22-23/15
See attached copies of Termination.

Staff member D was counseled on Regulation 42 (c) on 7/1/2015. See attached counsel.

Note: Community doors were accessible to resident, except door to Plum House dining room door.
Incident took place during lunch time in dining room. Resident did have access to the other doors.

The Upper Merion Police department was notified on 4/19/15. Officer on-site 4/19/15 and 4/27/15. Took statements, attempted to interview resident, and follow-up meeting. Still awaiting final police report.

The Department of Aging was notified on 4/19/15; phone call and report completed. Follow up visit completed on 4/22/15.

See attached copy of Act 13 report.

Wife of resident contacted 4/19/15; advised of incident.

Physician notified on 4/19/15. Wife and physician in agreement not to send resident to ER; resident "showing no signs of stress or evident injuries".

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See attached Reportable Forms.

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Psych. on-site to evaluate resident on 4/25/15.

See attached consult sheet.

Dr. [REDACTED] completed in-service, "Sensitivity and Burnout/Caregiver Stress" on 4/23/15.

See attached agenda and attendance records.

Abuse training will be completed for all staff by AAA.

Date: 7/14/15

The administrator will contract with an outside agency to conduct training for ALL STAFF on Resident Rights and treating residents with respect/dignity within 30 days of receipt of this plan of correction.

The administrator will conduct monthly staff meetings to discuss abuse, Resident Rights, Caregiver Stress and acceptable redirection techniques for the next 12 months, starting within 30 days of receipt of this plan of correction.

(Signature)

Violation Report: 12995 - 05/22/2015 - McHale, Christine
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

On 4/19/15, Resident #1 had a physical altercation with direct care staff members A, B, and C. The resident was agitated, aggressive, and swinging their arms. The home did not implemented positive interventions to modify or eliminate the behavior. At the time, the resident was locked outside in the home's courtyard and left alone by direct care staff member D.

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.

Regulation 2600.201

Staff member D was counseled on Regulation 42 (c) on 7/1/2015. See attached counsel.

HCR ManorCare is dedicated to empowering staff through education. In addition to our annual classroom dementia training, they also offer online training via their HCR ManorCare University website. Our location offers the use of a laptop to make these trainings accessible while in the building. See attached list of topics.

Our EAP program offers trainings on site by ACI a specialty benefit company. A training is scheduled for our location on 7/28/2015 at 10:00am and 8:00pm for all staff. The training topic is Safe Management of disruptive and aggressive behavior with nonviolent crisis intervention techniques.

The administrator or designee will review All Resident Support plans to ensure that behavior management and redirection techniques are clearly noted on the RASP for residents that exhibit challenging behaviors, within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Nicole C. Gruff</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nicole C. Gruff ED</i>	<i>7/7/15</i>

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The above plan of correction was approved by <u><i>(Signature)</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented