



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 11, 2015**

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

RE: Arden Courts of Susquehanna  
2625 Ailanthus Lane  
Harrisburg, Pennsylvania 17110  
License #: 324310

Dear Mr. Lazarus:

As a result of the Department of Human Services' licensing inspection on July 29, 2015 and August 19, 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.

The 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 black ink, appearing to read "Brett Swanger".

Brett Swanger  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 32431 - 07/29/2015 - McCloskey, Jason  
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

The home failed to submit an incident report to the Department for the incident of resident to resident abuse that occurred on 8/0/15 when Resident 1 slapped Resident 2.

**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.

*Refer to 2A  
 BAS 9/11/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jennifer Smith*

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

*Jennifer Smith Executive Dir.*

Date *9-8-15*

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

The above plan of correction is approved as of

*9/11/15*  
 (Date)

Plan of correction implementation status as of

*9/11/15*  
 (Date)

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

The above plan of correction was approved by

*BAS*  
 (Initials)

16 (C)

Assessment of resident #2 was completed on 8/9/15, indicating that there were no injuries present.

Resident incidents will be discussed during the Morning Meeting to ensure reporting compliance.

Reporting procedures, including discussion at the daily Morning Meeting, were reviewed during an in-service with Coordinators and Nurses by the Executive Director on 8/31/15.

Office on Aging will conduct an in-service on or before September 17, 2015 regarding regulation 16 (C) regarding reporting the incident or condition to the Department's personal care home regional office or the personal care home compliant hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

Gen Smith 9-8-15

Violation Report: 32431 - 07/29/2015 - McCloskey, Jason  
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

On 7/29/15 at 9:30 am, an empty blister pack of *Sertroline, 100 mg*, for Resident 1 and an empty bottle of *Diabetic Tussin* for Resident 3 were located on top of the medication cart in the "cottage" house. Both medication containers had prescription labels identifying the resident to whom the medications were prescribed as well as the medical diagnosis and purpose of the medication. This confidential information was unlocked and accessible to other residents and visitors to 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.*

*Refer to Page 3A  
 BBS 9/11/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jennifer Smith*

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

*Jennifer Smith Executive Dir*

Date *9.8.15*

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 (Date)

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 (Initials)

17

The empty blister pack of Sertrolone and the empty bottle of Diabetic Tussin were disposed on July 29, 2015.

The staff members who left the blister pack and bottle on the medication cart were counseled on July 29, 2015 regarding Regulation 17 and specific incident of confidential information being unlocked and accessible to other residents and visitors in the home.

Nurses and Medication Administration Technicians will be in-serviced by September 15, 2015 regarding Regulation 17 and appropriate storage of confidential information by the Resident Services Coordinator.

The Resident Services Coordinator or designee will complete daily rounds to ensure medication cabinets are locked, clean (including proper storage of confidential information).

Jan Samuel 9.8.15

Violation Report: 32431 - 07/29/2015 - McCloskey, Jason  
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

**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 8/2/15, Resident #1 punched Resident #2 in the right eye causing bruising. On 8/9/15, Resident #1 pulled off Resident #2's glasses and slapped Resident #2 in the face.

**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.*

*Refer to Page 4A  
 BAS 9/1/15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Smith Executive Dir.</i>	Date <i>9.8.15</i>
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42 (b)

Assessments of resident #2 were completed on 8/2/15 and 8/9/15.

Resident #2 has moved to a different house and has been doing wonderfully. The RASP has been updated to reflect this move.

Office on Aging will conduct an in-service on or before September 17, 2015 regarding regulation 42 (b) – a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporate punishment or disciplined in any way.

The Executive Director or designee will conduct monthly in-services during staff meetings beginning September 2015 regarding regulation 42 (b).

Jan Smud

Violation Report: 32431 - 07/29/2015 - McCloskey, Jason  
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident 4, admitted 2/24/15, had a medical evaluation completed on 7/17/14, more than 60 days prior to the date of admission. The medical evaluations for Resident 2, dated 9/8/15, and for Resident 5, dated 5/13/15, do not include the medical professional license number.

**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.*

*Refer to Page 5A*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Smith Executive Director</i>	Date <i>9-8-15</i>
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 (Date)

The above plan of correction was approved by BAS  
 (Initials)

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 (Date)

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141 (a) (1)

The procedure for completing medical evaluations, including time frames and completeness, will be reviewed during an in-service with Coordinators and Nurses by the Executive Director by September 15.

Current resident medical evaluations will be reviewed for compliance with regulation 141 (a) (1) by the Executive Director or designee by September 15, 2015.

Future resident medical evaluations will be reviewed for compliance with regulation 141 (a) (1) by the Executive Director beginning September 15, 2015 and ongoing.

9.8.15  
Jennifer Smith

Violation Report: 32431 - 07/29/2015 - McCloskey, Jason  
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The condition of Resident 2 significantly changed as evidenced by Doctor notes in the resident's file dated 5/13/15 stating the resident was having hallucinations, increased behaviors, and has been threatening to other residents and staff. In addition, incidents occurred on 8/2/15 and 8/9/15 when this resident became physically aggressive towards other residents. The assessment of the resident was not revised based on these significant changes. The current assessment and support plan (RASP) for this resident dated 3/8/15 does not reflect the hallucinations or current behaviors of this resident.

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

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*Refer to Page 6A*

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*Jennifer Smith Executive Dir.*

Date *9.8.15*

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- Not Implemented

225 (c)

The resident assessment and support plan (RASP) for resident #2 has been revised to reflect current status needs.

Nursing staff in-serviced by the Executive Director regarding 2600.225 (c) – The resident shall have additional assessments as follows (1) Annually (2) If the condition of the resident significantly changes prior to the annual assessment (3) At the request of the Department upon cause to believe that an update is required.

Current resident assessments will be audited by the Resident Services Coordinator or designee to ensure compliance with regulation 252 (c) by September 15, 2015.

Resident assessments will be discussed during Morning Meeting to ensure compliance with regulation 225 (c). These procedures were reviewed during an in-service with Coordinators and Nurses by the Executive director on August 31, 2015.

Jan Lomuel 9-8-15