



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 12, 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 October 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 - 10/19/2015 - Springs, Israel  
 PCH Name: Arden Courts of Susquehanna

**1. REGULATION 55 Pa.Code §2600**

2600.225(o) - 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**

Resident #1 had thirteen documented falls between the date of admission, [REDACTED] 2014, and the last day the resident was served in the home, [REDACTED] 2015. The home did not complete an assessment that addressed the regular falls experienced by the resident. The home completed new Resident Assessments and Support Plans for Resident #1 on 12/26/14 and 6/26/15, but provided no updated information to identify Resident #1's frequency of falls or need for increased services related to the falls.

**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 Page 2A of 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

Date 11.12.15

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

The above plan of correction is approved as of

11/12/15  
 (Date)

Plan of correction implementation status as of

11/12/15  
 (Date)

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

The above plan of correction was approved by

[Handwritten Initials]  
 (Initials)

**225(c)**

1. Resident #1 moved out of the facility on [REDACTED]/15.

See attachment – Move-Out Summary.

2. Resident falls will be discussed during the daily Morning Meeting to ensure assessment/services and documentation. Resident falls, including discussion at the daily Morning Meeting, will be reviewed during an in-service with the coordinators by the Executive Director on 11/12/15

Executive Director or designee – 11/12/15 and on-going

3. Resident falls will be discussed during the monthly Safety Committee Meeting to ensure follow up. Resident falls, including discussion at the monthly Safety Committee Meeting, will be reviewed during an in-service with the coordinators by the Executive Director on 11/12/15.

Executive Director or designee – 11/12/15 and on-going

4. Resident Evaluations and RASP's will continue to be reviewed/updated by the Executive Director or designee. Compliance with updating RASP's will be reviewed during an in-service with the coordinators by the Executive Director on 11/12/15.

Executive Director or designee – 11/12/15 and on-going

5. Bayada Physical Therapy will present an in-service for staff regarding resident falls and falls management/services on 11/19/15.

6. Executive Director or designee will complete a review of the Resident Assessments and Support Plans for all current residents to assure that all needs have been identified and provided services have been documented. Date of Completion 11/13/15

Violation Report: 32431 - 10/19/2015 - Springs, Israel  
 PCH Name: Arden Courts of Susquehanna

**1. REGULATION 55 Pa.Code §2600**

2600.226(b) - If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was assessed to be totally immobile on the initial medical evaluation, dated [redacted] 15, and the Pre-Admission Screen, dated [redacted] 2014. However, the home's Resident Assessments and Support Plans for Resident #1, dated 6/28/14, 12/26/14 and 6/26/15 did not reflect this level, instead reducing the mobility need to moderate. The resident experienced on-going falls between the date of admission and date of discharge, but the home did not amend the plan to identify this level of need and list the services to be implemented to address this risk.

**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 page 3A of 4

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) \_\_\_\_\_ Date 11.12.15

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

The above plan of correction is approved as of 11/12/15  
(Date)

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

Plan of correction implementation status as of 11/12/15  
(Date)

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

**226(b)**

1. Resident #1 moved out of the facility on [REDACTED]/15.

See attachment -- Move-Out Summary.

2. Resident falls will be discussed during the daily Morning Meeting to ensure assessment/services and documentation. Resident falls, including discussion at the daily Morning Meeting, will be reviewed during an in-service with the coordinators by the Executive Director on 11/12/15

Executive Director or designee -- 11/12/15 and on-going

3. Resident falls will be discussed during the monthly Safety Committee Meeting to ensure follow up. Resident falls, including discussion at the monthly Safety Committee Meeting, will be reviewed during an in-service with the coordinators by the Executive Director on 11/12/15.

Executive Director or designee -- 11/12/15 and on-going

4. Resident RASP's will continue to be updated by the Executive Director or designee. Compliance with updating RASP's will be reviewed during an in-service with the coordinators by the Executive Director on 11/12/15.

Executive Director or designee -- 11/12/15 and on-going

5. Bayada Physical Therapy will present an in-service for staff regarding resident falls and falls management on 11/19/15.

6. Executive Director or designee will complete a review of the Resident Assessments and Support Plans for all current residents to assure that all needs have been identified and provided services have been documented. Date of Completion 11/13/15

Violation Report: 32431 - 10/18/2015 - Springs, Israel  
 PCH Name: Arden Courts of Susquehanna

1. REGULATION 55 Pa.Code §2608  
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

Resident #1 had thirteen documented falls between the date of admission, [redacted] 2014, and the last day the resident was served in the home, [redacted] 2015. The home did not complete a revised support plan that addressed the regular falls experienced by the resident. The home completed new Resident Assessments and Support Plans for Resident #1 on [redacted] 14 and [redacted] 15, but provided no information to identify Resident #1's falls or services to be implemented related to the falls.

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.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) \_\_\_\_\_ Date *11.12.15*

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

The above plan of correction is approved as of <u>11/12/15</u> (Date)	Plan of correction implementation status as of <u>11/12/15</u> (Date)
The above plan of correction was approved by <u>IAS</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

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**234(b)**

1. Resident #1 moved out of the facility on [REDACTED]/15.

See attachment – Move-Out Summary.

2. Resident falls will be discussed during the daily Morning Meeting to ensure assessment/services and documentation. Resident falls, including discussion at the daily Morning Meeting, will be reviewed during an in-service with the coordinators by the Executive Director on 11/12/15

Executive Director or designee – 11/12/15 and on-going

3. Resident falls will be discussed during the monthly Safety Committee Meeting to ensure follow up. Resident falls, including discussion at the monthly Safety Committee Meeting, will be reviewed during an in-service with the coordinators by the Executive Director on 11/12/15.

Executive Director or designee – 11/12/15 and on-going

4. Resident RASP's will continue to be updated by the Executive Director or designee. Compliance with updating RASP's will be reviewed during an in-service with the coordinators by the Executive Director on 11/12/15.

Executive Director or designee – 11/12/15 and on-going

5. Bayada Physical Therapy will present an in-service for staff regarding resident falls and falls management on 11/19/15.

6. Executive Director or designee will complete a review of the Resident Assessments and Support Plans for all current residents to assure that all needs have been identified and provided services have been documented. Date of Completion 11/13/15