



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

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

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 December 29, 2015 until December 29, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129950

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

DEC 29 2015

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

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

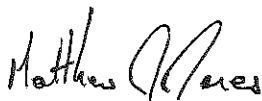
Dear Mr. Lazarus:

As a result of the Department of Human Services' licensing inspections on October 26, 2015 and December 15, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,


Matthew J. Jones
Director

Enclosures
License
License 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 C-2 LP 05/10/1995 PA DEPT OF L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 116	Waking Staff: 87
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site		
10/28/2015: Colon, Lisselle		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64 Number of Residents Served: 58 Secured Dementia Care Unit in Home: Yes Area: ENTIRE HOME Secured Dementia Unit Capacity, if Applicable: 64 Number of Residents Served in Secured Dementia Care Unit, if applicable: 58 Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 24	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 58 Have a Physical Disability: 1	

Violation Report: 12995 - 10/26/2016 - Colon, Lisselle
 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 in the Wellness Center does not include; scissors, tweezers, and a thermometer.

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 scissors, tweezers, and a thermometer were replaced in the First Aid Kit in the Wellness Center by the Resident Services Coordinator. 10/27/2015

An initial audit will be completed on all First Aid Kits and zip ties placed on each kit.
 12/1/2015

Attachment – First Aid Kit Audit Tool

The Resident Services Coordinator or designee will conduct daily checks on the first aid kits. If the zip tie(s) is cut, an audit of the kit will be completed and missing items replaced. Full audits will be completed monthly.

12/1/2015 and ongoing

The Resident Service Coordinators and Supervisors will be in-serviced on Regulation 96 (a) and this procedure.

Nursing Meeting scheduled 11/24/2015

Attachment- Meeting posting

All staff will be in-serviced on Regulation 96 (a) and this procedure.

By 12/1/2015

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, ED* Date *11.18.15*

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

The above plan of correction is approved as of *12/15/15* (Date) Plan of correction implementation status as of *12/15/15* (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 - 10/26/2015 - Colon, Lissette
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55.Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 - There was an open frozen package of pancakes not labeled or dated inside the Plum House refrigerator.
 - There were two frozen packages of pancakes not labeled or dated inside the Blue House refrigerator.

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 (e)

The undated/unlabeled/opened food items in the Plum and Blue House refrigerators were discarded immediately by the Executive Director on 10/26/2015.

The coordinators and staff will be in-serviced by the Executive Director regarding Regulation 103 (e), including all food/fluids shall be labeled, dated, and stored properly.

The Resident Services Coordinator or designee will complete daily rounds, including all food/fluids shall be dated/labelled/stored properly.

12/1/2015 and ongoing

Attachment – RSC Daily Rounds

Completed RSC Rounds will be reviewed daily at Morning Meeting by the Executive Director or designee.

12/1/2015 and ongoing

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, ED* Date *11.18.15*

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

Violation Report: 12995 - 10/26/2015 - Colon, Lissette
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 4/30/14 did not include the following elements,

- The amount of time it took for evacuation
- The exit route used
- The number of residents in the home
- The number of residents evacuated
- The number of staff participating
- Any problems encountered
- Whether the alarm/smoke detector was operable

The fire drill record for the drill conducted on 5/31/14 did not include the following elements,

- The number of residents in the home
- The number of residents evacuated
- The number of staff participating
- Any problems encountered
- Whether the alarm/smoke detector was operable

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 <i>Nicole C Groff</i>	Date
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Printed Name and Title of Legal Entity Representative <i>Nicole C Groff, ED</i>	Date <i>11-18-15</i>
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The above plan of correction was approved by <i>[Signature]</i> (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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132 (c)

The fire drills conducted 4/30/14 and 5/31/14 were completed by the previous Building Services Coordinator; last day of employment (8/18/15).

The current Building Service Coordinator began employment 7/27/2015.

Attachment – Employment Paperwork

The current Building Services Coordinator was trained by a Fire Safety expert regarding fire drill procedures on 9/15/2015.

Attachments – Attendance Record, Certificate

Fire drills have been compliant for inclusion of all elements included in regulation 132 (c) during September, October and November, 2015.

Attachment – Fire Drill Records; September, October and November, 2015

Fire drill records will be reviewed to ensure compliance with regulation 132 (c) during monthly safety committee meetings by the Building Services Coordinator.

12/1/2015 and ongoing

Fire drill records will be reviewed to ensure compliance with regulation 132 (c) during quarterly Quality Management meetings by the Executive Director.

12/1/2015 and ongoing

Violation Report: 12995 - 10/26/2015 - Colon, Lissette
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

According to the fire drill record, during the fire drill of 8/13/15, the residents did not evacuate to a public thoroughfare or a fire safe area.

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)

Nicole C. Groff

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

Nicole C Groff, ED

Date *11-18-15*

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

The above plan of correction is approved as of

11/20/15
 (Date)

Plan of correction implementation status as of

11/20/15
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

132 (d)

The fire drill conducted 8/13/15 was completed by the previous Building Services Coordinator; last day of employment (8/18/15). The current Building Services Coordinator began employment July 27, 2015, and was still in orientation at the time of the 8/13/15 fire drill.

Attachment – Employment Paperwork

The current Building Services Coordinator was trained by a Fire Safety expert regarding fire drill procedures on 9/15/2015

Attachment – Attendance Record, Certificate

Fire drills have been compliant for evacuation procedures re. Regulation 132 (d) during September, October and November, 2015.

Attachment – Fire Drill Records, September, October and November 2015.

Fire drill records will be reviewed to ensure compliance with regulation 132 (d) during monthly safety committee meetings by the Building Services Coordinator.

12/1/2015 and ongoing

Fire drill records will be reviewed to ensure compliance with regulation 132 (d) during quarterly Quality Management meetings by the Executive Director.

12/1/2015 and on-going

Violation Report: 12995 - 10/26/2015 - Colon, Lissette
 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

On 10/26/15, the following resident's "as needed" medications were not available in the home,

- Resident #2's Neutrogena Shampoo.
- Resident #3's Acetaminophen 325 mg tab.
- Resident #4's Tylenol 325 mg tab.

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)

The "as needed" medications including: Neutrogena Shampoo (Resident # 2), and Acetaminophen (Resident#3) were reordered on 10/27/2015. The Tylenol (Resident # 4) was discontinued by the physician on 10/27/2015.

The Medication Administration Record was revised to reflect the discontinued order.

Attachments --Pharmacy Oder Sheet, Physician Orders, Updated MARs

A medication cart audit will be completed on each medication cart on a weekly basis to ensure all medications are available as ordered by the Resident Services Coordinator or designee.

12/1/2015 and ongoing

Attachment – Medication Cart Audit

The Executive Director will in-service all Resident Services supervisory staff and the Resident Services Coordinator regarding regulation 185 (a) – including all medications are available as ordered, and the Medication Cart audit.

By 12/1/2015

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, ED* Date *11-18-15*

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Violation Report: 12995 - 10/26/2015 - Colon, Lissette
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2800

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

Resident #1's Lorazepam had been discontinued, however, the medication was still on October's medication administration record.

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)	<i>Nicole C Groff</i>
--	-----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nicole C Groff, ED</i>	<i>11.18.15</i>

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187 (a)

The Lorazepam (Resident # 1) discontinued order was documented on the Medication Administration Record on 10/27/2015.

The medication was disposed on 10/27/2015

Attachments – Updated MAR and Disposition Record

A medication cart audit will be completed on each medication cart on a weekly basis to ensure all medication orders are reflected accurately on the Medication Administration Record by the Resident Services Coordinator or designee.

12/1/2015 and ongoing

Attachment – Medication Cart Audit

A daily review of the Medication Administration Records will be completed by the Resident Services Coordinator or designee to ensure all new orders received from physicians have been added to the record.

12/1/2015 and ongoing

Attachment – Shift Change MOR Review

The Executive Director will in-service all Resident Services supervisory staff and the Resident Services Coordinator regarding the regulation; the procedures for completing physician orders; and the new system for tracking physician order transcribing to Medication Administration Record.

By 12/1/2015

Violation Report: 12995 - 10/26/2015 - Colon, Lissette
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 - The preadmission screening form for resident #4, admitted [redacted] 15, which includes the determination that the home can meet the resident's service needs, is not dated.
 - There is no preadmission screening form for resident #5, admitted [redacted] 14.

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.

224 (a)

The Executive Director, or designee, will complete an audit of all current residents' records for compliance with regulation 224 (a) re. pre-admission screening form requirements.

By 12/1/2015

Attachment – Chart Audit Tool

An audit of new resident files will be completed by the Executive Director, or designee, to ensure the pre-admission screening form is completed and dated as required; audit will be completed prior to the resident's admission.

12/1/2015 and ongoing

The Executive Director will in-service all designees regarding the regulation re. the pre-admission screening form. Additionally, the Executive Director will in-service Administrative Services staff and designees regarding the audit procedures and audit tool.

By 12/1/2015

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. Graft</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nicole C. Graft, ED</i>	<i>11-18-15</i>

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 (Date)

Plan of correction implementation status as of *12/15/15*
 (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 - 10/28/2015 - Colon, Lisette
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the SDU on [redacted] 5. The resident did have a preadmission and cognitive screening in collaboration with a physician or geriatric assessment team, however, the form was not dated to determine if the assessment was completed in a timely manner.

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.

231 (c)

The Executive Director, or designee, will complete an audit of all current residents' records for compliance with regulation 231 (c) re. the cognitive pre-admission screening form requirements.

By 12/1/2015

Attachment - Chart Audit Tool

An audit of new resident files will be completed by the Executive Director, or designee, to ensure the cognitive pre-admission screening form is completed and dated as required; audit will be completed prior to the resident's admission.

12/1/2015 and ongoing

The Executive Director will in-service all designees regarding the regulation re. the cognitive pre-admission screening form. Additionally, the Executive Director will in-service Administrative Services staff and designees regarding the audit procedures and audit tool.

By 12/1/2015

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, ED* Date *11-18-15*

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