



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 2, 2016

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
Certificate #: 324310

Dear Mr. Lazarus:

As a result of the Department of Human Services' licensing inspection on November 10, 2015 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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 "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: - 11/10/2015 - Bomberger, Cybil
 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 10/20/2015, Resident #1 and Resident #2 were involved in a physical altercation that resulted in a laceration to Resident #2's head. Resident #1 has had two previous incidents of aggressiveness to other residents.

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.

Please see attached - Page 2 A of 2 - SE

Repeat Violation: No	Date(s) of Previous Violation(s): 11/10/16
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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) Jennifer Smith, Executive Director	Date: 2.23.16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-2-16</u> (Date)	Plan of correction implementation status as of <u>3-2-16</u> (Date)
The above plan of correction was approved by <u>JE</u> (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

42 (b)

- 1) Residents #1 and #2 were immediately separated/redirected by staff on 10/20/2015.
- 2) Resident #1 and #2 were assessed by nursing. Results were communicated to the POAs and physician. First aid was applied to Resident #2. The Incident was reported to the Department of Human Services.
Date: 10/20/2015
- 3) The RASPs for both residents were updated by the Executive Director to include the noted incident and initiated interventions.
- 4) Resident review conclusion by the Executive Director – no further resident incidents has occurred with either resident.
- 5) Staff continues to receive on-going, specialized training, i.e. mandated annual 6 hour dementia care and services, to assist residents with behaviors and interventions.