



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: April 4, 2016

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

RE: Arden Courts of Allentown  
5151 Hamilton Boulevard  
Allentown, Pennsylvania 18106  
License: #217870

Dear Mr. Lazarus:

As a result of the Department of Human Services' licensing inspection on February 9, 2016 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21787 - 02/09/2016 - Novak, Ryan  
PCH Name: ARDEN COURTS OF ALLENTOWN

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 1/9/16 an allegation of abuse against Resident #1 by staff person A was reported to staff person B. The home did not notify the local area agency on aging until 1/11/16.

**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 documentation for 15(a)

Repeat Violation: No

Date(s) of Previous Violation(s):

N/A

Signature of Legal Entity Representative  
(Required on EVERY Page)

Melissa Miller, Executive Director

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

Melissa Miller, Executive Director

Date

3/18/16

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

The above plan of correction is approved as of

4-2-16  
(Date)

Plan of correction implementation status as of

4-2-16  
(Date)

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

The above plan of correction was approved by

  
(Initials)

P2A 4

## 15 (a)

The allegation of abuse (1/9/16) was reported by staff person B to [REDACTED] RSS on 1/11/16 via a written note. The allegation of abuse was reported to the local area agency on aging on 1/11/16 verbally. We were told we did not have to do a written report and that they were doing in on our behalf. [REDACTED] from AAA came to do an onsite follow-up on 1/12/16

Staff person A was suspended on 1/11/16 due to the allegation of abuse. The internal investigation was inconclusive as it became an issue of 1 employee's word against the other. The only witness present was the resident [REDACTED] who suffers from dementia. No injuries were noted upon evaluation of the resident.

- Please see Attachment 1a, 1b, 1c, 1d- Witness Statement and Investigation Summary

Staff person B received disciplinary action on 1/11/16 regarding failure to report suspected abuse of a resident served in the home immediately to a supervisor.

- Please See Attachment 2a - Disciplinary Action

Resident #1 was assessed secondary to allegations of abuse on 1/11/16 by [REDACTED] RSS, LPN on 1/11/16. No injuries noted upon evaluation

- Please see Attachment 3a- documentation of assessment re. Resident #1.

The POA and physician were notified of the allegation of abuse on 1/11/16.

- Please see Attachment 4a & 4b - service note and physician note

Employee #1 was reeducated on the definition of abuse, neglect, harassment, etc. as well as in serviced on resident rights including what these meant to her. Additionally, resident incidents, i.e. allegation of abuse, will be discussed during the Morning Kick-Off Meeting to ensure timely reporting compliance and implementation of a plan of supervision or suspension of a staff person involved in the incident. Reporting procedures and supervision/suspension action, including discussion at the daily Morning Kick-Off Meeting, will be reviewed during an in-service with staff by the Executive Director on 3/15/16 and quarterly moving forward

- Please see Attachment 5a & 5b - resident rights review and abuse & neglect review (pg. 1-4) as well as attendance record from in-services (5b)

Office on Aging will conduct an in-service on 7/6/16 at 2:45 p.m. regarding regulation 15 (a) re. immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and 6 Pa. Code sections 15.21 - 15-27 and comply with the requirements regarding restrictions on staff persons.

*Arne Shagren RLA 4-2-16*

Violation Report: 21787 - 02/08/2016 - Novak, Ryan  
PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 1/8/16 an allegation of abuse against Resident #1 by staff person A was reported to staff person B. The home did not implement a plan of supervision or suspend staff person A until 1/11/16. Staff person A worked in the home on 1/10/16.

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 documentation for 15(b)

Repeat Violation: No

Date(s) of Previous Violation(s):

N/A

Signature of Legal Entity Representative  
(Required on EVERY Page)

Melissa Miller, Executive Director

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

Melissa Miller, Executive Director

Date 3/18/16

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4-2-16  
(Date)

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4-2-16  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

  
(Initials)

p3A g 4

15 (b)

The allegation of abuse (1/9/16) was reported by staff person B to [redacted] RSS on 1/11/16 via a written note. The allegation of abuse was reported to the local area agency on aging on 1/11/16 verbally. We were told we did not have to do a written report and that they were doing in on our behalf. [redacted] from AAA came to do an onsite follow-up on 1/12/16

- Please see Attachments regarding REPORTABLE INCIDENT REPORTS- A, B & C

Staff person A was suspended on 1/11/16 due to the allegation of abuse. The internal investigation was inconclusive as it became an issue of 1 employee's word against the other. The only witness present was the resident [redacted] who suffers from dementia. No injuries were noted upon evaluation of the resident.

- Please see Attachment 1a, 1b, 1c, 1d- Witness Statement and Investigation Summary

Staff person B received disciplinary action on 1/11/16 regarding failure to report suspected abuse of a resident served in the home immediately to a supervisor.

- Please See Attachment 2a - Disciplinary Action

The POA and physician were notified of the allegation of abuse on 1/11/16.

- Please see Attachment 3a & 3b - service note and physician note

Employee #1 was reeducated on the definition of abuse, neglect, harassment, etc. as well as in serviced on resident rights including what these meant to her. Additionally, resident incidents, i.e. allegation of abuse, will be discussed during the Morning Kick-Off Meeting to ensure timely reporting compliance and implementation of a plan of supervision or suspension of a staff person involved in the incident. Reporting procedures and supervision/suspension action, including discussion at the daily Morning Kick-Off Meeting, will be reviewed during an in-service with staff by the Executive Director on 3/15/16 and quarterly moving forward

- Please see Attachment 4a & 4b - resident rights review and abuse & neglect review (pg. 1-4) as well as attendance record from in-services (4b)

Office on Aging will conduct an in-service on 7/6/16 at 2:45 p.m. regarding regulation 15 (a) re. immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and 6 Pa. Code sections 15.21 - 15-27 and comply with the requirements regarding restrictions on staff persons.

Anne Hogan RLA 4-2-16

Violation Report: 21787 - 02/09/2016 - Novak, Ryan  
PCH Name: ARDEN COURTS OF ALLENTOWN

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  
On 1/9/16 an allegation of abuse against Resident #1 by staff person A was reported to staff person B. The home did not submit an incident report to the Department regarding the alleged abuse until 1/11/16.

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 documentation for 16(c)


Repeat Violation: No      Date(s) of Previous Violation(s): N/A

Signature of Legal Entity Representative  
(Required on EVERY Page) Melissa Miller, Executive Director

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Melissa Miller, Executive Director      Date 3/18/16

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

P4A84

16 (c)

The allegation of abuse (1/9/16) was reported by staff person B to [REDACTED] RSS on 1/11/16 via a written note,

- Please see Attachment – Reportable Incident

Staff person A was suspended on 1/11/16 due to the allegation of abuse. The internal investigation was inconclusive as it became an issue of 1 employee's word against the other. The only witness present was the resident [REDACTED] who suffers from dementia. No injuries were noted upon evaluation of the resident.

- Please see Attachment – Witness Statement and Investigation Summary 1a, 1b, 1c, 1d

Staff person B received disciplinary action on 1/11/16 regarding failure to report suspected abuse of a resident served in the home immediately to a supervisor.

- Please See Attachment 2a – Disciplinary Action

Resident #1 was assessed secondary to allegations of abuse on 1/11/16 by [REDACTED] RSS, LPN on 1/11/16. No injuries noted upon evaluation

- Please see Attachment 3a – documentation of assessment re. Resident #1.

The POA and physician were notified of the allegation of abuse on 1/11/16.

- Please see Attachment 4a & 4b– service note and physician note

Employee #1 was reeducated on the definition of abuse, neglect, harassment, etc as well as in serviced on resident rights including what these meant to her. Additionally, resident incidents, i.e. allegation of abuse, will be discussed during the Morning Kick-Off Meeting to ensure timely reporting compliance and implementation of a plan of supervision or suspension of a staff person involved in the incident. Reporting procedures and supervision/suspension action, including discussion at the daily Morning Kick-Off Meeting, will be reviewed during an in-service with staff by the Executive Director on 3/15/16 and quarterly moving forward.

- Please see Attachment 5a & 5b– resident rights review and abuse & neglect review (pg. 1-4) as well as attendance record from in-services (5b)

Office on Aging will conduct an in-service on 7/6/16 at 2:45 p.m. regarding regulation 15 (a) re. Immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and 6 Pa. Code sections 15.21 - 15-27 and comply with the requirements regarding restrictions on staff persons.

Diane DeGuzio RHA, 4-2-16