



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Mr. Martin D. Allen, Director
Arden Courts Warminster of Hatboro PA LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of Warminster
779 West County Line Road
Hatboro, Pennsylvania 19040
License #: 129960

Dear Mr. Allen:

As a result of the Department of Human Services' annual licensing inspection on February 10, 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,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 12996 - 02/10/2016 - Keppel, Autumn PCH Name: ARDEN COURTS OF WARMINSTER
1. REGULATION 55 Pa.Code §2600 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.
2a. DESCRIPTION OF VIOLATION The contract for Resident #1 was not signed by the resident.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

25b The resident has a diagnosis of Dementia and was unable to sign the contract. On 2-11-2016 the resident was able to make a mark that was witnessed. (See attached)

All new residents admitted will sign the contract if able, 3 attempts will be made to have the resident sign the contract and documented with the date the attempts were made. Residents who can make a mark will have the mark witnessed by the administrator/designee. The Marketing Directors and Administrative Services Coordinator have been in-service. (see attached)

The administrator/designee will audit the business charts quarterly for compliance, to be instituted 4-1-2016

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Elizabeth Murphy</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Elizabeth Murphy Executive Director</i>	Date	<i>3/24/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>3/29/16</i> (Date)	Plan of correction implementation status as of <i>3/29/16</i> (Date)
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

Violation Report; 12996 - 02/10/2016 - Keppel, Autumn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

41e/41d The resident has a diagnosis of Dementia and was unable to sign the resident rights and complaint procedures addendums. On 3-22-2016 The resident's designated person signed that he received both the resident rights and complaint procedures.

All new residents admitted will sign the resident rights and complaint procedures acknowledging receipt of the same. The Marketing Director and Administrative Services Coordinator have been in-serviced. (see attached)

The administrator/designee will audit the business charts quarterly for compliance, to be instituted 4-1-2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Elizabeth Murphy</i>	Date <i>3/24/16</i>
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The above plan of correction is approved as of *3/29/16*
 (Date)

Plan of correction implementation status as of *3/29/16*
 (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: 12996 - 02/10/2016 - Keppel, Autumn
PCH Name: ARDEN COURTS OF WARMINSTER

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

Resident #2's assessment and support plan indicates that the resident requires total physical assistance with transferring, bladder and bowel management, and ambulation. The resident is also on hospice services. On 12/29/15, Staff Member's A and B helped the resident transfer to the toilet. They both left the room, leaving the resident alone for approximately five minutes. During this time, the resident fell from the toilet striking their head on the wall. The resident sustained a laceration to the forehead and received stitches.

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.

In addition to the abuse, neglect + caring for residents with cognitive impairments, 1.5 hours training

1.) A Representative from Adult + Aging Services will in-service all staff on Wednesday April 27, 2016 on abuse + neglect @ 1:45 pm.

2.) The Corporate Trainer will in-service on Dementia, how to take care of residents with cognitive impairments on Tuesday April 26th 2016 9A - 3pm.

3.) The Administrator will re-train staff on ADL's specifically toileting + showering residents as if pertains to their RASP. And that the RASP is a Road Map to the resident's care. The consequences of not following the RASP. This training will be completed by 5-13-16.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Cormier LPN/EP*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **KATHY CORMIER** Date **4-15-16**

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The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 4/15/16 (Date)

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

Violation Report: 12996 - 02/10/2016 - Keppel, Autumn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Member's C, D, and E did not receive training on falls and accident prevention during the 2015 training year.

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.

65g (15) staff has been trained by physical therapy on falls/accident prevention as of 2-25-16, including staff C & E, staff D did not come to the training – he resigned (see attached) All staff will be trained by 6-30-16.

All staff will be trained at least annually by physical therapy staff, the administrator/designee will ensure this training is complete by auditing training records quarterly to be initiated 4-1-2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Elizabeth Murphy Executive Director</i>	Date <i>3/24/16</i>
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Violation Report: 12996 - 02/10/2016 - Keppel, Autumn PCH Name: ARDEN COURTS OF WARMINSTER
1. REGULATION 55 Pa.Code §2600 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.
2a. DESCRIPTION OF VIOLATION According to Staff Member D, the yellowish fluid contained in a spray bottle that was located on the housekeeping cart is Pine- Sol. The warning label for this product instructs to "call a poison control center or doctor immediately for treatment advice" if ingested.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

82(a) The bottle of pine-sol was discarded along with the original bottle of pine-sol and only Ecolab cleaning products will be in Ecolab spray bottles which are all labeled and instructions include (call poison control or a doctor if ingested for treatment advice).

The administrator/maintenance coordinator will check this on daily rounds to ensure no other chemicals are purchased or put in unlabeled containers. (see attached)

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Violation Report: 12996 - 02/10/2016 - Keppel, Aulumn PCH Name: ARDEN COURTS OF WARMINSTER
1. REGULATION 55 Pa.Code §2600 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.
2a. DESCRIPTION OF VIOLATION The bathroom faucet in room #45 was loose.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

(95) The bathroom faucet in room #45 was fixed at the time of inspection by the Maintenance Coordinator.

All resident's rooms will be monitored for good repair on a daily basis by housekeeping and caregivers. They will write a work order for repairs to maintenance and maintenance will be responsible to make the repairs and sign off on the work orders (see attached)

This will be monitored by the Administrator/designee during daily rounds to ensure all items are in good repair

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Violation Report: 12996 - 02/10/2016 - Keppel, Autumn
 PCH Name: ARDEN COURTS OF WARMINSTER

- 1. REGULATION 55 Pa.Code §2600**
 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

- The medication administration record for Resident #1 does not include the diagnosis or purpose for Celexa 20mg or Ensure.
- Resident #3 had an order for Hydrocodone-Acetaminophen 5-300 as needed. This medication was discontinued on 11/30/15, but was included on the medication administration record for February 2016.

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.

187(a) The diagnosis on resident #1 for Celexa and Ensure were added on the day of inspection. The hydrocodone-acetaminophen on resident #3 MAR was discontinued on 11-30-2015 and was a pharmacy error. It was discontinued on the day of inspection on the MAR and submitted again to the pharmacy. (See attached)

The Nurses and Med Tech's were re-trained on the weekly Med Cart Audit Report on 2-15/2-16-2016 by the Administrator.

The Administrator, RSC, Nurses will be responsible to spot check the Med Carts and MAR's for accuracy on a monthly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Elizabeth Murphy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Elizabeth Murphy, Executive Director* Date *3/24/16*

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Violation Report: 12996 - 02/10/2016 - Keppel, Autumn PCH Name: ARDEN COURTS OF WARMINSTER
1. REGULATION 55 Pa.Code §2600 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.
2a. DESCRIPTION OF VIOLATION Resident #1 has not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.
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.

(191) The residents right to refuse medication was missing from the business file at the time of inspection, the residents right to refuse meds is included in the resident rights. (see attached)

All new residents admitted will be educated on their right to refuse meds by the administrator/designee and documentation of same will be kept in the business file.

The administrator/designee will audit the business files on a quarterly basis to be initiated 4-1-2016

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Violation Report: 12996 - 02/10/2016 - Keppel, Autumn
 PCH Name: ARDEN COURTS OF WARMINSTER

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

There is no preadmission screening form for Resident #1 who was admitted on [redacted] 15.

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 pre-admission screen was missing from the resident #1 file.

All new residents will have a preadmission screen within 30 days prior to admission documented on the departments form.

The administrator/designee will check for the preadmission screen upon move-in.

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

Printed Name and Title of Legal Entity Representative *Elizabeth Murphy*
 (Required on EVERY Page) *Executive Director* Date *3/24/16*

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Violation Report: 12996 - 02/10/2016 - Keppel, Autumn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

- Resident #1's husband participated in the development of the resident's support plan on 11/5/15. They did not sign the support plan.
- Resident #4's designated person participated in the development of the resident's support plan on 8/29/15. They did not sign the support plan.
- Resident #5 participated in the development of their support on 6/24/15. The resident did not sign the support plan.

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.

227(g) The resident's #1, #4 and #5 Resident Assessment & Support plan were mailed to the families for signatures on 3-11-2016 and have not been received back at this time. Upon receipt of the signed RASP's they will be forwarded to DHS

All future RASP's will be signed by the resident and the designated person if they participate in developing the plan.

The administrator/designee will audit RASP for signatures monthly.

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

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Violation Report: 12996 - 02/10/2016 - Keppel, Autumn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600
 2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION
 On 2/10/15, a binder containing resident assessment and support plans was found unlocked and accessible in a cabinet located in the Country kitchenette.

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.

254(c) All resident records are locked and staff is trained on orientation and at least annually on HIPAA regulations. The staff working in Country House on the day of inspection were re-trained. (see attached)

The Administrator/designee will check that the resident records are locked at all times by checking locked doors during daily rounds. (See Attached)

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

Printed Name and Title of Legal Entity Representative *Elizabeth Murphy* Date *3/24/16*
 (Required on EVERY Page) *Executive Director*

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