



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JUN 23 2016

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 inspection on February 18, 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, appearing to read 'Patricia Adams', written over a long horizontal line.

Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 12995 - 02/18/2016 - Colon, Lissette
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

On 1/25/16, the home discontinued Depakote Sprinkles 125 mg capsules for resident #1. The home had not received a written order from an authorized prescriber for the change.

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.

186 (c)

A written order was obtained from Resident #1's physician to discontinue the Depakote Sprinkles on 2/19/2016
(see attached physician order)

The medication carts will be audited for compliance with regulation 186 (c) re. changes in prescription medications and obtaining orders appropriately by the Resident Service Coordinator or designee.

Date: 2/23/2016 and ongoing
(see attached Medication Audit Record)

The Resident Services Coordinator and Supervisor and medication technicians were in-serviced by the Executive Director regarding regulation 186 (c) re. changes in prescription medications and obtaining orders appropriately.

Date: 2/22/2016
(see attached - in-service attendance record)

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 *2/10/16*

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

The above plan of correction is approved as of *5/23/16*
(Date)

Plan of correction implementation status as of *5/23/16*
(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: 12995 - 02/18/2016 - Colon, Lissette
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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's support plan dated 1/26/15, did not address Tactile under Sensory Needs. According to the resident's assessment, completed while at Intergrace Copper Ridge, "too much touch" can be a potential trigger. The home has not completed a new assessment of the resident's needs to reflect the change.

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.

225 (c)

The Resident Assessment Support Plan (RASP) for Resident #1 was completed to address Tactile under Sensory Needs, including "too much touch" can be a potential danger.

Date: 2/19/2016

(see attached RASP)

RASPs will be audited on each resident per regulations 225 (c) regarding required additional assessments.

Date: 2/22/2016

The Executive Director or designee will audit RASPs monthly to ensure compliance with regulation 225 (c).

Date: 2/22/2016 and ongoing

The coordinators were in-serviced by the Executive Director regarding regulations 225 (c) re. required additional assessments.

Date: 2/22/2016

(see attached - in-service attendance record)

| | | | |
|----------------------|-----------------------------------|--|--|
| 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 *4/04/16*

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The above plan of correction is approved as of *5/23/16*
 (Date)

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 (Date)

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