



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: July 6, 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 March 15, 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 - 03/15/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a history of anxiety regarding the resident's own health. On 3/6/16 the resident was requesting the assistance of staff person A. Staff person A responded to the resident. During the interaction with resident #1, staff person A indicated "If the resident does not calm down, the staff person would need to give the resident a shower." The resident indicated that they did not want a shower. Staff person A assisted the resident back to bed. Prior to leaving the staff person stated, "Ok. But, if you call out for the nurse again, I'll have to put you in the shower." Staff person A failed to treat resident #1 with dignity and respect while attempting to care for the resident.

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 following page

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Miller, Executive Director</i>	Date <i>6/6/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7-1-16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>7-1-16</u> (Date) <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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page 3

42 (c)

Staff person A was suspended on 3/7/16 by the Executive Director due to the alleged incident. Staff person A was returned to work on 3/8/16 upon approval of the Plan of Supervision. Staff person A was terminated on [redacted] 16 due to verbal exchange with another staff member. * (she only worked 1 shift after her initial return from suspension though, which was the 3-11 shift on 3/8/16) *

- Attachments –
- Proof of Suspension -A1& A2
- Approved Plan of Supervision -B1& B2
- Proof of last day of work -C1& C2

An assessment was completed on resident #1 on 3/6/16.
Results of the assessment: No injury noted
Attachment – documentation of assessment -D

*Documentation on the form from AAA, signed by Dr. [redacted] -E

→ Adm/Designer used oversee ongoing interactions between staff & residents to ensure ongoing compliance.
The Executive Director conducted in-services regarding: Resident rights, safe management techniques and abuse and neglect. CO. 7-1-16

Attachment – In-service attendance record- 1a-4a

Office on Aging will conduct an in-service on July 6 regarding regulation 42 (c) re. A resident shall be treated with dignity and respect.

Attachment – In-service attendance record will be forwarded upon completion of the in-service.

201

Staff person A was suspended on 3/7/16 by the Executive Director due to the alleged incident. Staff person A was returned to work on 3/8/16 upon approval of the Plan of Supervision. Staff person A was terminated on [redacted] 16 due to verbal exchange with another staff member.

- Attachments –
- Proof of Suspension -A1&A2
- Approved Plan of Supervision -B1&B2
- Proof of last day of work -C1&C2

An assessment was completed on resident #1 on 3/6/16.
Results of the assessment: No injuries found
Attachment – documentation of assessment -D

*Documentation on the form from AAA, signed by Dr. [redacted] -E

Staff person B was suspended on 2/25/16 by the Executive Director due to the alleged incident. Staff person B self -terminated employment on [redacted] 16.

Attachment-Proof of last day of work -1a

An assessment was completed on resident #2 on 2/25/16.
Results of the assessment: No injuries noted
Attachment– documentation of assessment -2a& 2b

Anne Shoyan RLA
7-1-16

Violation Report: 21787 - 03/15/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a history of anxiety regarding the resident's own health. On 3/6/16 the resident was requesting the assistance of staff person A. Staff person A responded to the resident. During the interaction with resident #1, staff person A indicated "If the resident does not calm down, the staff person would need to give the resident a shower." The resident indicated that they did not want a shower. Staff person A assisted the resident back to bed. Prior to leaving the staff person stated, "Ok. But, if you call out for the nurse again, I'll have to put you in the shower." Staff person A failed to use positive intervention to assist the resident with anxiety and instead used a threat of a shower in an attempt to thwart the resident from continuing to call for assistance.

Resident #2 has a history of hitting staff as well as residents of the facility. On 2/25/16 at 4:00pm staff person B placed resident #2 in the community bathroom in an attempt to prevent the resident from continuing to hit the staff person. Staff person B failed to use positive interventions in an attempt to care for resident #2. Staff person B instead attempted to seclude the resident to keep the resident from hitting the staff person.

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.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa Miller, Executive Director* Date *6/6/16*

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 (Date)

Plan of correction implementation status as of 7-1-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 21787 - 03/15/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a history of hitting staff as well as residents of the facility. On 2/25/16 at 4:00pm staff person B placed resident #2 in the community bathroom in an attempt to prevent the resident from continuing to hit the staff person.

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.

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p4a95

The Resident Assessment Support Plan (RASP) was updated for Resident #2 by the Executive Director re. "moderate problem with judgment and agitation" and positive interventions.

Date: 3/15/16

(Attachment - RASP with highlighted section pertinent judgment and agitation and positive interventions)- See 3a-3l

The Executive Director conducted in-services regarding Resident Rights, Safe management techniques and Abuse/neglect & exploitation

Attachment - In-service attendance record- See 1a-4a

Adm Designee will continue to monitor employee interactions w/ residents to ensure ongoing compliance. Cf. 7-1-16

Office on Aging will conduct an in-service on July 6 regarding regulation 201 re. positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others.

Attachment - In-service attendance record will be forwarded upon completion of the in-service

202

Staff person B was suspended on 2/25/16 by the Executive Director due to the alleged incident.

Staff person B self- terminated employment on [redacted] 16.

Attachment-Proof of last day of work -See 1a

An assessment was completed on resident #2 on 2/25/16.

Results of the assessment: No injuries noted

Attachments - documentation of assessment -See 2a

The Resident Assessment Support Plan (RASP) was updated for Resident #2 by the Executive Director re. "moderate problem with judgment and agitation".

Date: 3/15/16

(Attachment - RASP with highlighted section pertinent judgment and agitation and positive interventions) See 3a-3l

The Executive Director conducted in-services regarding: Resident Rights, Safe management techniques and Abuse/neglect & exploitation

Attachment - In-service attendance record- See 1a-4a

Office on Aging will conduct an in-service on July 6 regarding regulation 202 re. Prohibited procedures, such as seclusion.

Attachment - In-service attendance record will be forwarded upon completion of the in-service

Adm Designee will review RASPs - behavioral sections, MARs (reverse side - PRN's administered - when? - By whom? -) Staff log/ communication book (etc) to note indicators of possible restraints or prohibitive responses to handling resident behavior. Cf. 7-1-16

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1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a history of hitting staff as well as residents of the facility. The resident's assessment and support plan finalized on 6/24/15 indicates the resident has a moderate problem with judgement and agitation, however the description of the service need as well as the plan to meet the resident's service needs were not completed in the resident's support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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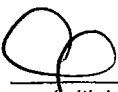
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- Not Implemented

psab⁵

234 (a)

The Resident Assessment Support Plan (RASP) was updated for Resident #2 by the Executive Director re. "moderate problem with judgment and agitation" and positive interventions.

Date: 3/15/16

(Attachment – RASP with highlighted section pertinent judgment and agitation and positive interventions) See 3a-3l

RASPs will be completed per regulation 234 (a) re. required time frames for development, implementation, and documentation.

Date: 3/15/16 and on-going

The Executive Director or designee will audit RASPs post admission to ensure compliance with regulation 234 (a).

Date: 3/15/16 and on-going

The coordinators were in-serviced by the Executive Director regarding regulation 234 (a), re. required times frames for development, implementation, and documentation.

Date: 4/7/16

(Attachment – in-service attendance record) See 4a

Q. 7-1-16