



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 04 2016

Mr. Martin D. Allen, Director
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. Allen:

As a result of the Department of Human Services' annual licensing inspection on March 29, 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct Care staff person A does not have a United States High School Diploma, GED Diploma or active registry on the Pennsylvania Nurse Aide Registry which is required to provide direct care to 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 plan of correction, along with corresponding attachments.

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>4/25/16</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>6/25/16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>6/25/16</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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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa. Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 3/25/16 the facility had 47 residents residing at the facility. The facility is required to have at least one person working at all times with current training in First Aid and CPR. On 3/25/16 from 9:00pm to 11:00pm the facility did not have anyone working with training in CPR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The First Aid Kit located in the Blue Wing Kitchen does not include antiseptic.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

A review of the facility's fire drill log determined that the facility held fire drills on the following dates and times: 7/31/15 at 6:02am, 9/25/15 at 11:54am, 10/9/15 at 9:00am and 10/14/15 at 12:22am. The facility did not evacuate all of the residents in the home at the time each fire alarm was sounded as required. It was determined based upon staff interviews that the facility evacuated only the residents in the effected fire safe area. The residents in adjacent fire safe areas were not evacuated from each resident's bedrooms and were permitted to shelter in place.

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

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Melissa Miller, Executive Director

Date

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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION
 The facility's fire drill logs indicate a fire drill was held on the following dates and times: 10/9/15 at 9:00am and 11/30/15 at 12:35pm. It was determined by reviewing the fire drill log as well as staff interviews that the fire alarm was not activated during these fire drills as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 3/29/16 at 3:00pm a small white round pill was located at the bottom of the medication cart drawer. It was unable to be determined what the medication was or what resident the medication is prescribed to. The facility is responsible for the proper and safe storage of resident medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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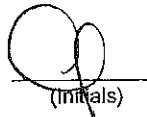
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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

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

Resident #1 is prescribed Risamine Ointment to be applied at 9:00am and 8:00pm. The Medication Administration Record (MAR) for the resident was not initialed by the staff person that administered this medication on 3/24/16 at 8:00pm.

Resident #2 is prescribed Synthroid 50mcg - one daily in the morning on an empty stomach. The resident's (MAR) does not indicate the special precaution of taking the medication on an empty stomach.

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

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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

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
 The following Resident Assessments included only updates to each of the resident's initial assessments, many of which contain years of information in one document. Residents are required to have an annual assessment of their personal care needs. This practice makes it difficult to determine which information is the most current, as well as the resident's current level of personal care needs.
 Resident #3 - Date of Admission [redacted] 13. The current assessment includes assessments completed on 11/7/14 and 11/6/15.
 Resident #4 - Date of Admission [redacted] 10. The current assessment includes assessments completed on 2/17/13, 2/17/14, and 1/20/2015.
 Resident #5 - Date of Admission [redacted] 12. The current assessment includes assessments completed 10/22/13, and 10/22/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 The following resident support plans, RASPS, included updates to each of the resident's initial support, many of which contain years of information in one document. This practice makes it difficult to determine which information is most current, as well as what current supports residents are receiving.
 Resident #3 - The current support plan includes support plans completed on 11/7/13, 11/7/14 and 11/6/15.
 Resident #4 - The current support plan includes support plans completed on 2/17/13, 2/17/14 and 2015.
 Resident #5 - The current support plan includes support plans completed on 11/22/13, and 10/22/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

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
 The support plan for Resident #3 was not signed by the staff person who participated in the development of the support plan on 11/7/14.

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.

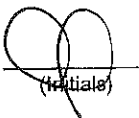
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 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.231(f) - In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The Resident assessment and support plans for the following residents did not indicate that the residents have been assessed for the continuing need for secure dementia care.
 Residents # 3, resident # 4, and resident # 5.

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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Melissa Miller

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Melissa Miller, Executive Director

Date 4/25/16

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
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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.233(a) - Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

2a. DESCRIPTION OF VIOLATION
 The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locking mechanisms located on each door exiting the facility.

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 the attached plan of correction, along with the corresponding attachments.

Upon receipt of necessary documentation from PA & EID copy will be faxed to Northern Regional Office for review and retention. Cp. 6.25.16

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Violation Report: 21787 - 03/29/2016 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION
 The Support plans for resident #3 and resident #5 do not indicate that the residents are receiving home health services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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1. REGULATION 55 Pa.Code §2600
 2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION
 Support Plans for the following residents are not signed and do not indicate if a resident or designated person was unable or chose not to sign the resident's support plan. The resident and or the resident's designated person also did not participate in the development of these resident support plans.
 Residents #3's support plan completed on 11/7/14, and on 11/6/15, resident #4's support plan completed on 1/20/14, and on 2/19/16, and resident #5's support plan completed on 10/22/13, 10/22/14 and 5/8/15.

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 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The home was unable to locate the medical evaluation, DME, for resident # 6 completed in 2014.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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4/25/16

Plan of Correction for Arden Courts of Allen town PA, LLC

54 (a)

A waiver was submitted to the Department by the Executive Director to accept staff person's educational credentials and has now been approved
(Attachment - Waiver request)

An audit of employee files was conducted by the Administrative Service Coordinator or designee to ensure compliance with Regulation 54 (a) regarding direct care staff person's qualifications. Follow up will be completed.
Date: 4/15/16

The Coordinators were in-serviced by the Executive Director regarding regulation 54 (a) re. *ok 6/25/16*
direct staff person's qualifications.
Date: 4/4/16
(Attachment - in-service attendance record)

The Executive Director or designee will audit the credentials of newly hired employees to ensure compliance with Regulation 54 (a).
Date: 4/15/16) and on-going

63 (a)

A First Aid/CPR class was held by [redacted] certified CPR trainer on 4/1/2016.
(see attached in-service sheet)

First Aid/CPR classes will be conducted minimally on a quarterly basis to ensure compliance with regulation 63 (a).
Date: 4-1/16 and on-going

The Resident Services Coordinator will audit daily schedules to ensure compliance with regulation 63 (a) re. CPR/First Aid certified staff requirements. *ok 6/25/16*
Date: 4-1-16 and on-going

The Resident Services Coordinator and Resident Services Supervisor were in-serviced by the Executive Director regarding regulation 63 (a) re. CPR/First Aid certified staff requirements.
Date: On 4/4/16
(Attachment - in-service attendance record) *Adm/Designee will review the home's schedule & payroll periodically to ensure ongoing compliance*
96 (a)

Antiseptic was replaced in the Blue House Kitchen First Aid Kit on 3-29 the Resident Services Coordinator. All other first aid kits were audited to ensure compliance with regulation 96 (a) on 3-29 by the Resident Services Coordinator.

The 11-7 Resident Services Supervisor or designee will conduct daily audits of the First Aid Kits to ensure all required items are present.
(date: 4-15/16 and on-going) *ok 6/25/16*

(Attachment - First Aid Kit Checklist)

The Resident Services Coordinator and Resident Services Supervisors were in-serviced by the Executive Director regarding regulation 96 (a) and the First Aid Kit Checklist.

Date: 4/4/16

(Attachment - in-service attendance record)

132 (h)

All residents will be evacuated to a Fire Safe Area by staff during each fire drill.

This practice was initiated starting on 1/15/15

Attachment – Fire drill record reflecting practices included in regulation 132 (h)

Fire drills will be reviewed at the monthly Safety Committee meeting to ensure compliance with regulation 132 (h).

Date: 4/15/16 and ongoing

The staff was in-serviced by the Executive Director regarding Regulation 132 (h), re. required Fire Drill practices, including all residents will be evacuated to a Fire Safe Area.

Date: Recommend by 4/6/15

(Attachment – in-service attendance record)

Adm. Designee will review fire drill logs monthly to ensure ongoing compliance. @ 6/25/16

132 (i)

The fire alarm or smoke detector will be set off during each fire drill.

1/15/16 and on-going

Attachment – Fire drill record reflecting practices included in regulation 132 (i).

Fire drills will be reviewed at the monthly Safety Committee meeting to ensure compliance with regulation 132 (i).

Date: 4/15/16 and on-going

*OK
6/25/16*

The staff was in-serviced by the Executive Director regarding Regulation 132 (i), re. Fire Drill practices, including the fire alarm or smoke detector will be set off during each fire drill.

Date: 4/6/16

(Attachment- in-service attendance record)

183 (e)

The loose pill was disposed of immediately by the Resident Services Coordinator. The pill could not be identified for type of medication or what resident the medication was prescribed to.

Date: 3-29

The medication carts will be audited weekly for compliance with regulation 186 (e) re. proper storage of medications by the Resident Service Coordinator or designee.

Date: 4/4/16 and on-going

(see attached Medication Audit Record)

*OK
6/25/16*

The Resident Services Coordinator and Supervisors and medication technicians were in-serviced by the Executive Director regarding regulation 183 (a) re. proper storage of medications.

Date: recommend by 4/4/16

(Attachment - in-service attendance record)

187 (a)

The staff member that did not document the administration of Risamine Ointment on 3/24/16 at 8:00 pm was counseled by the Resident Services Coordinator on date. 4/1/16

(Attachment - counseling documentation)

The MAR for Resident #2 was immediately revised to include the special precaution of taking the medication on an empty stomach by the Resident Services Coordinator.

Date: 3-29

(see attached MAR)

OK
6/25/16

The medication carts will be audited weekly for compliance with regulation 187 (a) re. requirements of the medication record by the Resident Service Coordinator or designee.

Date: 4-4/16 and on-going

(Attachment - Medication Audit Record)

The Resident Services Coordinator and Supervisors and medication technicians were in-serviced by the Executive Director regarding regulation 187 (a) re. requirements of the medication record.

Date: 4/4/16

(Attachment - in-service attendance record)

225 (c)

New Resident Assessment Support Plans (RASPs) have been completed for Residents #3, #4, and #5 by the Executive Director.

Date: By 4-21/16

(Attachment - RASPs)

RASPs will be completed on each resident per regulation 225 (c) regarding required time frames for assessments.

Date: 4-21/16 and ongoing

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

Date: 4-15 and on-going

OK
6/25/16

The coordinators were in-serviced by the Executive Director regarding regulation 225 (c) re. required time frames for RASPs, specifically assessments.

Date: 4/7/16

(Attachment – in-service attendance record)

227 (c)

New Resident Assessment Support Plans (RASPs) have been completed for Residents #3, #4, and #5 by the Executive Director.

Date: 4-21-16

(Attachment - RASPs)

RASPs will be completed on each resident per regulation 227 (c) regarding required time frames for support plans.

Date: 4/21/16 and on-going

OK
6-25-16

The Executive Director or designee will audit RASPs monthly to ensure compliance with regulation 227 (c).

Date: 4-15 and on-going

The coordinators were in-serviced by the Executive Director regarding regulation 227 (c) re. required time frames for RASPs, specifically support plans.

Date: by 4/7/16

(Attachment – in-service attendance record)

227 (g)

The individual [REDACTED] who participated in the development of the support plan for Resident #3 on 11/7/14 is no longer employed by the community.

Attachment – proof that of last day of employment of [REDACTED]

The new RASP for Resident #3 has been signed by the employee [REDACTED] who participated in the development of the support plan (date).

(Attachment – RASP – Resident #3 with highlighted signature)

The Executive Director or designee will audit RASPs monthly to ensure compliance with regulation 227 (g).

Date: 4-15 and on-going

OK
6/25/16

The coordinators were in-serviced by the Executive Director regarding regulation 227 (g) re. individuals who participate in the development of the support plan shall sign and date the support plan.

Date: by 4/7/16

(Attachment – in-service attendance record)

231 (f)

231(f)

New Resident Assessment Support Plans (RASPs) have been completed for Residents #3, #4, and #5 which include assessment of the resident's continuing need for the secured dementia care unit by the Executive Director.

Date: Include date – by 4/21/16

(Attachment – RASPs with highlighted area re. continuing need for the secured dementia care unit.)

RASPs will be completed annually on each resident per regulation 231 (f), including the continuing need for the secured dementia care unit.

Date: 4/15/16 and on-going

The Executive Director or designee will audit RASPs monthly to ensure compliance with regulation 231 (f).

Date: 4/15/16 and on-going

OK
6/25/16

The coordinators were in-serviced by the Executive Director regarding regulation 231 (f) re. resident will be assessed for the continuing need for the secured dementia care unit.

Date: by 4/7/16

(Attachment – in-service attendance record)

233 (a)

POC – Currently working with the Department of Labor attempting to retrieve this variance. This department is able to see that the variance exists. Please see the screen shot attached. The Department of Labor is still trying to “pull” the variance but it is taking some time for them to retrieve it as it was issued in 1994

The Executive Director will audit the Policies and Procedures pertinent to 55 Pa. Code Ch. 2600, including 233 (a) rewritten approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locking mechanisms located on each door exiting the facility on a quarterly basis to ensure compliance.

Date: 5/1/16 and on-going

The coordinators were in-serviced by the Executive Director regarding regulation 233 (a) re. written approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locking mechanisms located on each door exiting the facility.

Date:

OK OK 6/25/16

(Attachment – in-service attendance record)

234 (b)

New Resident Assessment Support Plans (RASPs) have been completed for Residents #3 and #5 which include health services.

Date: 4-21/16

234(b)

(Attachment – RASPs with highlighted section pertinent to health service)

RASPs will be completed per regulation 234 (b) regarding required identification of the resident's physical, medical, social, cognitive, and safety needs.

Date: 4/21/16 and on-going

The Executive Director or designee will audit RASPs monthly to ensure compliance with regulation 234 (b).

Date: 4/15/16 and on-going

The coordinators were in-serviced by the Executive Director regarding regulation 234 (b), re. identification of the resident's physical, medical, social, cognitive, and safety needs.

Date: by 4/7/16

(Attachment – in-service attendance record)

234 (e)

New Resident Assessment Support Plans (RASPs) have been completed for Residents #3 and #5. The development included the Responsible Parties indicated in the RASPs and signatures.

Date: Include date – by 4/21/16

(Attachment – RASPs with highlighted section pertinent to participation and signatures)

RASPs will be completed per regulation 234 (e) regarding the resident or the resident's designated party shall be involved in the development and the revisions of the support plan.

Date: 4-15 and on-going

The Executive Director or designee will audit RASPs monthly to ensure compliance with regulation 234 (e).

Date: 4-15 and on-going

6-25-16
OK

The coordinators were in-serviced by the Executive Director regarding regulation 234 (e) re. the resident or the resident's designated person shall be involved in the development and revisions of the support plan.

Date: by 4/7/16

(Attachment in-service attendance record)

252

The 2014 DME could not be located for Resident #6 by the Executive Director.

Date: 4/19/16

The resident record for Resident #6 does include the DMEs for 2015.
(Attachments – DMEs 2015)

6/25/16
OK

Resident records will be audited on a monthly by the Executive Director or designee to ensure inclusion of all items required in regulation 252.

Date: 4/20/16

The coordinators were in-serviced by the Executive Director regarding regulation 252 re. the requirements for each resident record.

Date: 4/20/16

(Attachment in-service attendance record)