



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC  
LEGAL ENTITY

To operate ARDEN COURTS OF OLD ORCHARD  
NAME OF FACILITY OR AGENCY

Located at 4098 FREEMANSBURG AVENUE, EASTON, PA 18045  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 64  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 64**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 16, 2016 until August 16, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 226040

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 17 2016

Mr. Martin D. Allen, Director  
Old Orchard Health Care Center – Easton PA LLC  
333 North Summit Street  
Toledo, Ohio 43604

RE: Arden Courts of Old Orchard  
4098 Freemansburg Avenue  
Easton, Pennsylvania 18045  
License #: 226040

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on June 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**1. REGULATION 55 Pa.Code §2600**  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**  
 The licensing inspection summary dated 1/15/16 was not posted in a public conspicuous area of the home.

**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 AHA check.

The administrator shall monitor for ongoing compliance.

M 8/3/16

Cont →

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Susan Hirsch*

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

Susan Hirsch, EDS

Date

7-25-16

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

The above plan of correction is approved as of

8/3/16  
 (Date)

Plan of correction implementation status as of

8/3/16  
 (Date)

The above plan of correction was approved by

*M*  
 (Initials)

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

3 (c)

1) The licensing inspection summary was placed in the lobby (in a labeled binder) by the Executive Director on June 9, 2016.

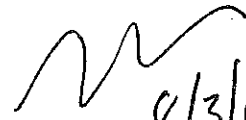
(Attachment - picture of posted licensing inspection summary)


2) The Executive Director or designee will conduct daily rounds that include ensuring the licensing inspection summary is posted in a public conspicuous area, the lobby.

June 22, 2016, and on-going

3) The Coordinators were in-serviced on June 22, 2016, regarding regulation 3 (c) re. licensing inspection summary must be posted in a public conspicuous area, the lobby, by the Education and Development Specialist or designee.

(Attachment - In-Service Attendance Record)

  
8/3/16

 Hasen EPS 725-16  
3 (c)

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**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 3/31/16 Resident # 1 was combative with another resident, on 4/6/16 the resident had an altercation with another resident during activities and on 4/7/16 the resident became aggressive with the other residents. The home did not notify the local area agency on aging regarding the abuse.

**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 Attached.

The administrator shall monitor for ongoing compliance.

8/3/16

cont →

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Susan Hirsch*

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

Susan Hirsch, ED

Date

7-25-16

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The above plan of correction was approved by

*M*  
 (Initials)

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

15 (a)

1) No further behavioral incidents have been noted for Resident #1 since April 7, 2016.

2) Resident's #1 RASP was revised to include on-going interventions on July 25, 2016, by the Executive Director or designee.

(Attachment – updated RASP - Resident #1)

3) Resident incidents, i.e. allegation of abuse, are 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.


July 25, 2016, and on-going


4) Reporting procedures and supervision/suspension action, including discussion at the daily Morning Kick-Off Meeting, were reviewed during an in-service with coordinators by the Education and Development Specialist or designee on June 22, 2016.

Date: June 22, 2016

(Attachment – In-Service Attendance Record)

~~5) The Office of Aging will conduct an in-service for all staff regarding reporting an allegation of abuse; appropriate, positive behavioral interventions; and appropriate documentation on August 17, 2016.~~

  
8/3/16

 15(a) 725-16

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**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 3/31/16 Resident # 1 was combative with another resident, on 4/6/16 the resident had an altercation with another resident during activities and on 4/7/16 the resident became aggressive with the other residents. The home did not submit an incident report to the Department regarding the abuse.

**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 Attached.

- The administrator shall monitor for ongoing compliance m 8/3/16 cont →

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

Susan Hirsch, EMS

Date

7-25-16

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

The above plan of correction is approved as of

8/3/16  
 (Date)

Plan of correction implementation status as of

8/3/16  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

16 (c)

1) No further behavioral incidents have been noted for Resident #1 since April 7, 2016.

2) Resident's #1 RASP was revised to include on-going interventions on July 25, 2016, by the Executive Director or designee.

(Attachment – updated RASP for Resident #1)

3) Resident incidents, i.e. allegation of abuse, are 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.

July 25, 2016, and on-going

4) Reporting procedures and supervision/suspension action, including discussion at the daily Morning Kick-Off Meeting, were reviewed during an in-service with coordinators by the Education and Development Specialist on June 22, 2016.

Date: June 22, 2016

(Attachment – In-Service Attendance Record)

5) The Office of Aging will conduct an in-service for all staff regarding reporting alleged abuse; appropriate, positive behavioral interventions and appropriate documentation on August 17, 2016.

*M*  
8/3/16

*Spencer Haskins 7-25-16 16(c)*

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**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**

Resident # 2's contract dated 6/3/16 is not signed by the resident and there is no documentation of the resident's inability to sign or mark the contract.

**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 Attached.

cont →

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Signature]*

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

Susan Hirsch EMS

Date 7-25-16

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

The above plan of correction is approved as of

8/3/16  
 (Date)

Plan of correction implementation status as of

8/3/16  
 (Date)

The above plan of correction was approved by

*[Initials]*  
 (Initials)

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

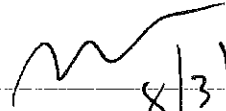
**25 (b)**

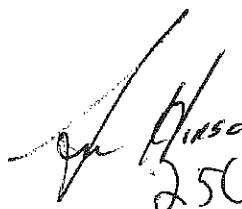
1) Resident #2 moved out of the community on [REDACTED] 2016, before the contract was signed.  
(Attachment – Move-Out Summary)

2) An audit of all resident charts was conducted by the Executive Director or designee on June 29, 2016, to ensure all contracts have been signed by the resident.

3) Contracts will be audited by the Executive Director or designee upon move-in to ensure resident signatures are completed.  
June 29, 2016, and on-going  
(Attachment – resident file audit form)

4) The coordinators were in-serviced on June 22, 2016, regarding regulation 25 (b) re. required contract resident signatures by the Education and Development Specialist or designee.  
(Attachment – In-Service Attendance Record)

  
8/3/16

  
Hirsch EAS 725-16  
25(b)

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

A tube of Colgate advanced whitening toothpaste labeled if swallowed get medical help and call a poison control center immediately was located in the bathroom of Room #64 unlocked and accessible to the residents.  
 A tube of Colgate max fresh toothpaste labeled if swallowed get medical help and call a poison control center immediately was located in the bathroom of Room #35 unlocked and accessible to the residents.  
 The home is a secure dementia care unit, the residents are unable to safely identify and handle poisonous materials.

**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 Attached.*

*The administrator shall monitor for ongoing compliance - Cont'd m 8/3/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*Susan Hirsch, EMS*

Date

*7-25-16*

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

The above plan of correction is approved as of

*8/3/16*  
 (Date)

Plan of correction implementation status as of

*8/3/16*  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

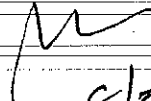
Not Implemented

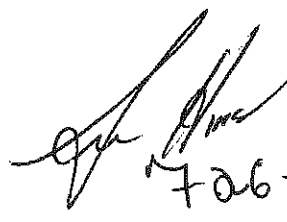
The above plan of correction was approved by

*m*  
 (Initials)

82 (c)

- 1) The Colgate products in Rooms #64 and #35 were immediately secured in the resident's locked cabinet by the Building Services Coordinator on June 9, 2016.
- 2) The Resident Services Supervisor will complete daily rounds to ensure compliance with regulation 82 (c) re. Poisonous materials shall be kept locked and inaccessible to residents. July 26, 2016, and on-going  
(Attachment – Resident Services Supervisor Rounds)
- 3) The staff was in-serviced on June 22, 2016, June 29, 2016, and July 26, 2016, regarding regulation 82 (c) re. Poisonous materials shall be kept locked and inaccessible to residents by the Executive Director or designee.  
(Attachment – In-Service Attendance Record)
- 4) An updated contract insert was created by the Marketing Director and is provided to the resident's responsible party upon move-in. The insert includes regulation 82 (c).  
(Attachment - updated contract insert)

  
8/3/16

 (SP 582(c))  
7-26-16

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The emergency preparedness plan for the local municipality the home is located in is not posted in a public conspicuous area of the home.

**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 Attached.

Cont →

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Date 8-25-16

Susan Hirsch ENS

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

The above plan of correction is approved as of 8/3/16  
 (Date)

Plan of correction implementation status as of 8/3/16  
 (Date)

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

The above plan of correction was approved by M  
 (Initials)

123 (b)

1) The emergency preparedness plan for the local municipality was placed in the lobby (in a labeled binder) by the Executive Director on June 22, 2016.  
(Attachment - picture of posted Local Municipality Evacuation Plan)

2) The Executive Director or designee will conduct daily rounds that include ensuring the emergency preparedness plan for the local municipality is posted in a public conspicuous area, the lobby.  
June 22, 2016, and on-going

3) The Coordinators were in-serviced June 22, 2016, regarding regulation 123 (b) re. emergency preparedness plan for the local municipality must be posted in a public conspicuous area, the lobby, by the Educational Development Specialist or designee.  
(Attachment - In-Service Attendance Record)

*[Handwritten signature]*  
8/3/16

*[Handwritten signature]*  
7-25-16  
123(b)

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

Staff person A was incorrectly documenting the number of resident's evacuated during the fire drills. The number of residents evacuated included residents that remained in the fire affected area, met at the outside exit and actually didn't evacuate the fire affected area with the exception of the drill on 4/15/16. The drill on 4/15/16 indicated there were 13 resident's in the home and 3 residents evacuated. In this case this was the only drill where resident's evacuated to the outside of the home and the "3" represented the number of residents who went outside the home.

**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 Attached


Part 9

The administrator shall monitor and assure ongoing compliance

8/3/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Susan Hirsch, EDS		7-25-16

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

The above plan of correction is approved as of	8/3/16 (Date)	Plan of correction implementation status as of	8/3/16 (Date)
The above plan of correction was approved by	 (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	

**132 (c)**

1) The Building Services Coordinator was in-serviced on June 17, 2016, by the Senior Building Services Coordinator regarding regulation 132 (c) re. documentation of the number of residents in the community and the number of residents evacuated during a fire drill.

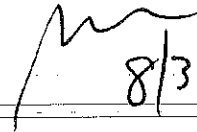
(Attachment – In-Service Attendance Record)

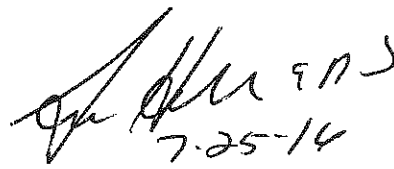
2) The June fire drill records were reviewed by the Education and Development Specialist on June 29, 2016, to ensure compliance with regulation 132 (c).

(Attachment – reviewed June fire drill records)

3) The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (c) re. documentation of the number of residents in the community and the number of residents evacuated during a fire drill.

August 1, 2016, and on-going

  
8/3/16

 132(c)  
7-25-14

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The home's designated evacuation time is 12 minutes. The home's fire drill evacuation time for the drill conducted on 5/27/16 was 12 minutes and 36 seconds.

**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 Attached.

The administrator shall monitor and assure ongoing compliance.

*m*  
8/3/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Susan Nirsch*

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

Susan Nirsch, EDS

Date

7-25-16

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8/3/16  
(Date)

Plan of correction implementation status as of

8/3/16  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

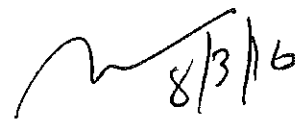
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(Initials)

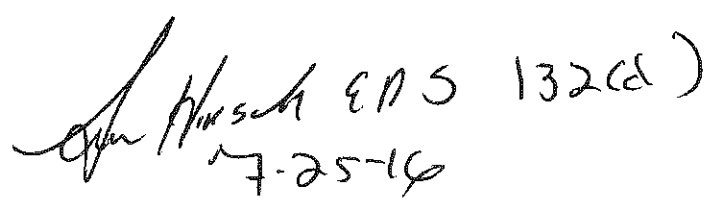
132 (d)

1) The Building Services Coordinator was in-serviced on June 17, 2016, by the Senior Building Services Coordinator regarding regulation 132 (d) re. the designated time to evacuate residents.  
(Attachment – In-Service Record)

2) June fire drill records were reviewed by the Education and Development Specialist on June 29, 2016, to ensure compliance with regulation 132 (d).  
(Attachment – reviewed June fire drill records)

3) The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (d) regarding designated time to evacuate residents.  
August 1, 2016, and on-going

 8/3/16

 ENS 132(d)  
7-25-16

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

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

The home only had residents living in the Dockside wing. Staff person A conducts the home's fire drills. Staff person A stated that no residents ever were evacuated to the outside of the home when the fire affected area was in the Dockside wing. Staff person A stated that the residents on the side of the fire affected area in Dockside wing closest to the core of the building would evacuate through the firesafe doors into the core which is a fire safe area. The residents on the other side of the fire affected area in Dockside wing did not leave the wing and go outside. They remained in the fire affected area and only met at the outdoor exit.

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 Attached

The administrator shall monitor and assure ongoing compliance - Cont. →  
 M  
 8/3/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Susan Hirsch, EDS			8-26-16 7-25-16

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

The above plan of correction is approved as of <u>8/3/16</u> (Date)	Plan of correction implementation status as of <u>8/3/16</u> (Date)
The above plan of correction was approved by <u>M</u> (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


**132 (h)**

1) The Building Services Coordinator was in-serviced on June 17, 2016, by the Senior Building Services Coordinator regarding regulation 132 (h) re. residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.  
(Attachment – In-Service Attendance Record)

2) The July 26, 2016, fire drill was conducted in accordance with regulation 132 (h).  
(Attachment – July 26, 2016, fire drill)

3) The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (h) regarding designated meeting place away from the building or within a fire-safe area.  
August 1, 2016, and on-going

  
8/3/16

  
7-26-16  
132(h)

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident # 2's DME does not include cognitive functioning, date the resident was evaluated and date the form was completed. The DME was signed by the doctor on 5/5/16.

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.

See Attached.

The administrator shall monitor and assure ongoing compliance.

m 8/3/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan Hunsch, EDS* Date *7/25/16*

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

The above plan of correction is approved as of <u>8/3/16</u> (Date)	Plan of correction implementation status as of <u>8/3/16</u> (Date)
The above plan of correction was approved by <u>m</u> (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

**141 (a) (2)**

1) Resident #2 moved out of the community on [REDACTED] 2016, before a new, all-inclusive DME could be completed.

(Attachment - Move-Out Summary)


2) The nurses have been in-serviced on July 26, 2016, regarding regulation 141(a) (2) re. required information included on the DME by the Executive Director or designee.

(Attachment - In-Service Attendance Record)

3) The DME will be audited by the Executive Director or designee to ensure required information is completed upon move-in.

July 27, 2016, and on-going

  
8/3/16

 - 141(a)(2)  
7-25-16

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
 A tube of Calmoseptine ointment was located in the bathroom of Room #35 unlocked and accessible to the 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.

See Attached.

The administrator shall monitor and assure ongoing compliance. Cont. →  
 M  
 8/3/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Susan Hirsch, EDS			7-25-16

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The above plan of correction is approved as of <u>8/3/16</u> (Date)	Plan of correction implementation status as of <u>8/3/16</u> (Date)
The above plan of correction was approved by <u>M</u> (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

**183 (b)**

1) The tube of Calmoseptine was removed from the resident's bathroom in room #35 and placed in the locked medication cart by the Resident Services Supervisor on June 9, 2016.

2) The Resident Services Supervisor will complete daily rounds to ensure compliance with regulation 183 (b) re. proper storage of medications (locked area).

(Attachment – Resident Services Supervisor Rounds)  
July 27, 2016, and on-going

3) The staff was in-serviced on June 22, 2016, and July 26, 2016, regarding regulation 183 (b) re. proper storage of medication (locked area) by the Executive Director or designee.


(Attachment – In-Service Attendance Record)

4) The resident move-in packet includes the “Facility Policy and Procedure for Selection of an Independent Pharmacy Provider”. This form includes the following: “For Arden Courts facilities, no medications are to be stored in the resident’s room, wether prescription or non-prescription, under any circumstances, unless mandated by state regulation.

(Attachment – Facility Policy and Procedure for Selection of an Independent Pharmacy Provider)

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8/3/16

 183 (b) )  
7-26-16

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**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 for June 2016 does not include the diagnoses or purpose for the following medications: Docusate Sodium, Escitalopram, Haloperidol, Mirtazapine, Quetiapine Fumarate, and Tums.

**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 Attached.*

*The administrator shall monitor and assure ongoing compliance.*

*8/3/16*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Susan Hirsch ERS</i>	<i>7-25-16</i>

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

The above plan of correction is approved as of 8/3/16  
 (Date)

Plan of correction implementation status as of 8/3/16  
 (Date)

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

The above plan of correction was approved by *M*  
 (Initials)

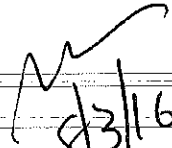
187 (a)

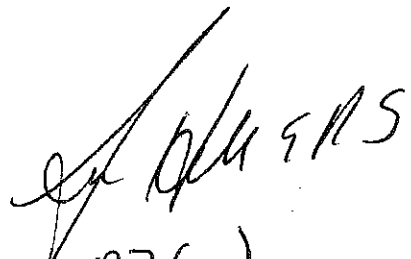
1) The diagnoses or purpose for the medications were added to the Medication Administration Record of resident #1 by the Resident Services Coordinator or designee.  
(Attachment - Medication Administration Record – diagnosis or purpose highlighted)

2) An audit of all resident Medication Administration Records was conducted by the Executive Director or designee on June 22, 2016, to ensure required documentation, i.e. diagnosis or purpose for each medication.

3) The nurses have been in-serviced on July 26, 2016, regarding regulation 187 (a) re. required items to be included on the Medication Administration Record by the Executive Director or designee.  
(Attachment - In-Service Attendance Record)

4) Medication Administration Record Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure required information, i.e. diagnosis/purpose is completed. For each medication.  
7/26/2016 and on-going.  
(Attachment - Medication Administration Record Audit)

  
8/3/16

 7-26-16  
187(a)

Violation Report: 22804 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Synthroid 100mg by mouth at 6am. This medication was not available in the home on 6/1/16. This resident is also prescribed healthshake at lunch and dinner, noon and 5pm. It was not available on 6/1/16 and 6/4/16. This resident is prescribed Lactulose 15ml by mouth every day at 9am. This medication was not available in the home on 6/8/16 and 6/9/16.

Resident #3 is prescribed healthshake twice a day at 9am and 5pm. It was not available in the home on 6/1/16, 6/4/16, 6/5/16 at 5pm.

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 Attached

The administrator shall monitor and ensure ongoing compliance. Cont. →  
 M  
 8/3/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

Susan Hirsch, RD

Date

7-25-16

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

The above plan of correction is approved as of

8/3/16  
 (Date)

Plan of correction implementation status as of

8/3/16  
 (Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

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

187 (d)

1) The prescribed medications (Synthroid 100 mg and Lactulose 12 ml) for resident #1 have been available for resident #1 as evidenced by the documented Medication Administration Record.  
(Attachment – June Medication Administration Record)

The health shakes for resident #1 were delivered on June 6, 2016.  
Resident #1 has received the health shakes as evidenced by the documented Medication Administration Record.  
(Attachment – proof of delivery of health shakes)  
(Attachment – June Medication Administration Record)

2) The health shakes for resident #3 were delivered on June 6, 2016.  
(Attachment – proof of delivery of health shakes).  
(Attachment – June Medication Administration Record)

\* 3) An audit of all resident Medication Administration Records/Medications was conducted by the Executive Director or designee on June 22, 2016, to ensure all medications are available.

3) The nurses have been in-serviced on July 26, 2016, regarding regulation 187 (d) following the ~~orders of the prescriber, including medications are to be available.~~  
(Attachment – In-Service Attendance Record)

4) Medication Administration Record Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure medications are available.  
July 27, 2016, and on-going  
(Attachment - Medication Administration Record Audit)

8/3/16

Jan O'Neil SRS 187(d)  
7-26-16

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Synthroid 100mg by mouth at 6am. This medication was not available in the home on 6/1/16. This resident is also prescribed healthshake at lunch and dinner, noon and 5pm. It was not available on 6/1/16 and 6/4/16. This resident is prescribed Lactulose 15ml by mouth every day at 9am. This medication was not available in the home on 6/8/16 and 6/9/16. This medication error was not reported to the prescriber.

Resident #3 is prescribed healthshake twice a day at 9am and 5pm. It was not available in the home on 6/1/16, 6/4/16, 6/5/16 at 5pm. This medication error was not reported to the resident's designated person or the prescriber.

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 Attached

Cont'd

The administrator shall monitor and assure ongoing compliance per 8/3/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan Hirsch*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Hirsch ERS      Date 7-26-16

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

The above plan of correction is approved as of 8/3/16 (Date)

Plan of correction implementation status as of 8/3/16 (Date)

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

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

188 (b)

1) The prescribed medications (Synthroid 100 mg, health shakes, and Lactulose 12 ml) have been available for resident #1 as evidenced by the completed June Medication Administration Record. (Attachment – June Medication Administration Record)

The health shakes for resident #1 were delivered on 6/6/2016  
(Attachment – proof of delivery of health shakes)  
(Attachment – June Medication Administration Record)


2) The health shakes for resident #3 were delivered on 6/6/2016.  
(Attachment – proof of delivery of health shakes).  
(Attachment – June Medication Administration Record)

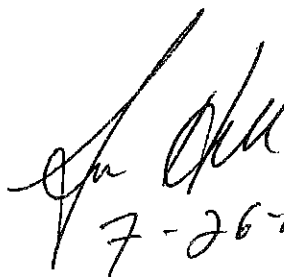
3) An audit of all resident Medication Administration Records/Medications was conducted by the Executive Director or designee on June 22, 2016, to ensure all medications are available.

3) The nurses have been in-serviced on July 26, 2016, regarding regulation 187 (d) re. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.  
(Attachment – In-Service Attendance Record)

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4) ~~Medication Administration Record Audits will be audited weekly by the Resident Services~~  
Coordinator/Supervisors to ensure medications are available. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber. July 27, 2016, and on-going  
(Attachment-Medication Administration Record Audit)

  
8/13/16

 EAS (RCK)  
7-26-15

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**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**

On 3/24/16 nursing notes for Resident # 1 note after lunch today resident was very agitated and aggressive hitting caregiver multiple times, tried to redirect that did not work. Haloperidol administered for aggression. On 4/5/16 resident was given a PRN Haldol for agitated behaviors. On 4/6/16 resident was given PRN Haldol for agitation and aggressive behaviors, trying to hit caregiver and grabbing items off the dinner tables, this happened several times so Haldol was given. On 4/7/16 throughout the shift the resident became aggressive with other residents, was redirected every time, resident given a PRN Haloperidol no other incidents since. On 4/9/16 the resident was seen going into another resident's room, caregiver retrieved the resident out of the room and the resident punched the caregiver in the face, PRN Haldol given at that time. On 4/28/16 PRN Haldol given, resident is pacing, wandering and touching other resident's belongings in their rooms unable to redirect. On 4/28/16 PRN Haldol was not effective, resident continued to go into other rooms and taking things and agitating other resident by touching them and their belongings. The administration of a medication to control an individual's behaviors is considered a chemical restraint.

**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 Attached -

- Chemical restraints are prohibited.
  - The administrator shall monitor and assure ongoing compliance.
- 8/13/16

Cont.  
→

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Josann Hirsch, EDS      7-25-16

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

The above plan of correction is approved as of 8/3/16  
 (Date)

Plan of correction implementation status as of 8/3/16  
 (Date)

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

The above plan of correction was approved by M  
 (Initials)

- 1) No further behavioral incidents have been noted for Resident #1 since April 7, 2016.
- 2) Resident's #1 RASP was revised to include on-going interventions on July 25, 2016 by the Executive Director or designee.  
(Attachment – updated RASP for Resident #1)
- 3) Resident incidents, i.e. allegation of abuse, are 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 and appropriate, positive interventions.  
(July 26, 2016, and on-going)
- 4) Reporting procedures and supervision/suspension action, including discussion at the daily Morning Kick-Off Meeting, were reviewed during an in-service with coordinators by the Executive Director on June 22, 2016. Positive interventions were additionally discussed with all staff on July 25, 2016.  
Date: June 22, 2016 and July 25, 2016  
(Attachment – In-Service Attendance Record)
- 5) The Office of Aging will conduct an in-service for all staff regarding reporting alleged abuse; appropriate, positive interventions; and appropriate documentation on August 17, 2016.

\* The following procedures are prohibited: Seclusion, Aversive Conditioning, pressure point techniques, chemical restraints, mechanical restraints and manual restraints.

\* The administrator shall be responsible for ongoing compliance. M — 8/3/16

J. DeLERS 7-26-15  
202

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

1. REGULATION 55 Pa.Code §2600  
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's RASP dated 3/7/16 is not signed by the resident and there is no documentation of the resident's inability or refusal to do so.

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 Attached.

The administrator shall monitor and assure ongoing compliance -  
 m  
 8/3/16

Cont  
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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan Hirsch, EDS* Date *7-25-16*

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

The above plan of correction is approved as of 8/3/16  
 (Date)

Plan of correction implementation status as of 8/3/16  
 (Date)

The above plan of correction was approved by m  
 (Initials)

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

227 (h)

1) Resident #1 signed the Resident Assessment and Support Plan (RASP) on July 25, 2016.  
(Attachment – signed RASP)

2) An audit of all resident charts was conducted by the Executive Director or designee on July 25, 2016, to ensure all RASPs include documentation of participation/signature.

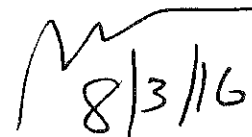
3) RASPs will be audited by the Executive Director or designee upon move-in and updates to ensure resident participation/signatures, etc. are completed.

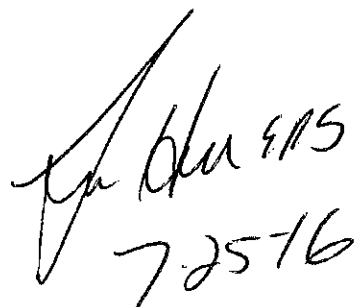
July 26, 2016, and on-going

(Attachment – resident file audit form)

4) The coordinators were in-serviced on June 22, 2016, regarding regulation 227 (h) re.required RASP resident participation/signatures by the Executive Director or designee.

(Attachment – In-Service Attendance Record)

  
8/3/16

 7-25-16  
227(h)

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**1. REGULATION 55 Pa.Code §2600**

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident # 2's DME does not include a diagnosis of dementia or Alzheimer's disease.

**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 Attached

The administrator shall monitor and assure ongoing compliance.

8/3/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Susan Hirsch, EDS	7-25-16

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

The above plan of correction is approved as of <u>8/3/16</u> (Date)	Plan of correction implementation status as of <u>8/3/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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

**231 (b)**

1) Resident #2 moved out of the community on [REDACTED], 2016, before a new DME could be obtained.

(Attachment – Move-Out Summary)

2) An audit of all resident charts was conducted by the Executive Director or designee on June 29, 2016, to ensure all DMEs include a diagnosis of Alzheimer's disease or other dementia.

3) Resident's DMEs will be audited by the Executive Director or designee upon move-in to ensure a diagnosis of Alzheimer's disease or other dementia is included.

July 26, 2016. and on-going

4) The coordinators were in-serviced on June 22, 2016, and the nurses on July 26, 2016, regarding regulation 231 (b) re. required diagnosis of Alzheimer's disease or other dementia on the DME by the Executive Director or designee.

(Attachment – In-Service Attendance Record)

M  
8/3/16

John P. S. 231(b)  
7-26-16

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**1. REGULATION 55 Pa.Code §2600**

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1 was admitted to the home on [redacted] 16. The home has a waiver to use their form called "initial documentation of medical evaluation attachment" in lieu of the Department's cognitive preadmission screening form. Section 2 of the home's "initial documentation of medical evaluation attachment" does not include the date the physician completed the section.

**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 Attached

The administrator shall monitor and assure ongoing compliance.

m  
8/3/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Susan Harsel ED		7-25-16

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

The above plan of correction is approved as of	8/3/16 (Date)	Plan of correction implementation status as of	8/3/16 (Date)
The above plan of correction was approved by	m (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	

**231 (c)**


1) An audit of all resident charts was conducted by the Executive Director or designee on June 29, 2016, to ensure all "initial documentation of medical evaluation attachment" includes a date of completion by the physician.

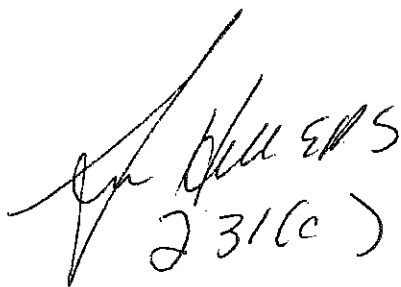
2) Resident's "initial documentation of medical evaluation attachment" will be audited by the Executive Director or designee upon move-in to ensure completion of all documentation, including date.

July 26, 2016, and on-going

3) The coordinators were in-serviced on July 26, 2016, regarding regulation 231 (c) re. required documentation - "initial documentation of medical evaluation attachment".

(Attachment - In-Service Attendance Record)

  
8/3/16

 7-25-16  
231(c)

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

**1. REGULATION 55 Pa.Code §2600**

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1's no objection statement to the home's secure dementia care unit was not signed until 3/9/16. The resident was admitted to the home on [redacted] 16.  
 Resident # 1 did not have a no objection statement to the home's secure dementia care unit in the resident's record.

**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 Attached

The administrator shall monitor and assure ongoing compliance. Cont. →  
 m  
 8/3/16

Repeat Violation: No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
SUSAN HINE			7-25-16
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		Plan of correction implementation status as of	
8/3/16 (Date)		8/3/16 (Date)	
The above plan of correction was approved by		<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	
m (Initials)			


231 (e)

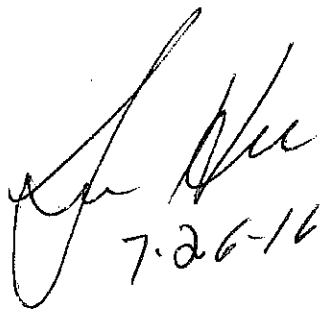
1) Resident #1's "no objection statement to the home's secure care unit" is attached.  
(Attachment – Resident #1 - "No objection statement to the home's secure care unit")

2) An audit of all resident charts was conducted by the Executive Director or designee on June 29, 2016, to ensure all Documentation of Medical Evaluation Attachments have been signed.

2) Resident's Documentation of Medical Evaluation Attachments will be audited by the Executive Director or designee upon move-in to ensure there is a resident and resident's designated person's signature.  
July 26, 2016, and on-going

3) The coordinators were in-serviced on 6/22/2016 regarding regulation 231 (e) re. required signatures on the Documentation of Medical Evaluation Attachment.  
(Attachment – In-Service Attendance Record)

  
8/3/16

 EMS 231(e)  
7.26.16

Violation Report: 22604 - 06/09/2016 - Foulkes, Kimberli  
 PCH Name: Arden Courts of Old Orchard

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

Resident # 2's RASP dated 6/4/16 is incomplete, nothing is noted for the resident's social and recreational needs.

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 Attached

The administrator is responsible for monitoring and ongoing compliance.

*[Signature]*  
 8/3/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Hirsch, CPS	Date 7-25-16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/3/16  
 (Date)

Plan of correction implementation status as of 8/3/16  
 (Date)

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

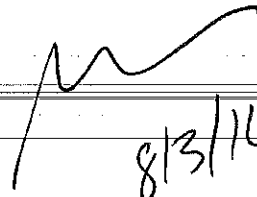
The above plan of correction was approved by *[Signature]*  
 (Initials)

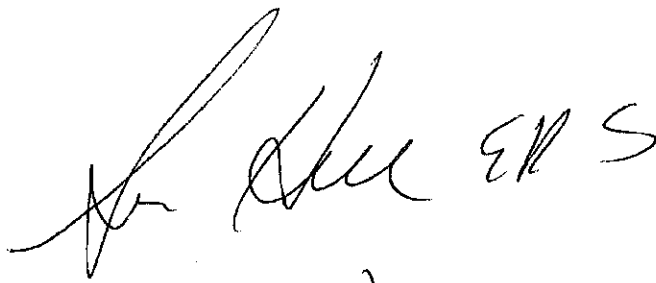
234 (b)

- 1) Resident #2 moved out of the community on [REDACTED] 2016, before the resident's RASP could be updated with the resident's social and recreational needs.  
(Attachment – Move-Out Summary)
- 2) An audit of all resident RASPS was conducted by the Executive Director or designee on June 29, 2016, to ensure identification of resident's physical, medical, social, cognitive, and safety needs.
- 3) Resident's RASPs will be audited by the Executive Director or designee upon move-in and updates for identification of resident's physical, medical, social, cognitive, and safety needs. June 22, 2016, and on-going
- 4) The coordinators were in-serviced on June 22, 2016, regarding regulation 234 (b) re. the resident's support plan will identify the resident's physical, medical, social, cognitive, and safety needs.  
(Attachment – In-Service Attendance Record)

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8/3/16

  
234(b)  
7-25-16