



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 06 2017

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

RE: Arden Courts of King of Prussia
620 West Valley Forge Road
King of Prussia, Pennsylvania 19406
License #: 129950

Dear Mr. Allen:

As a result of the Department of Human Services' annual licensing inspection on December 2, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12996 - 12/02/2016 - Kazlmer, Lauren PCH Name: ARDEN COURTS OF KING OF PRUSSIA	
1. REGULATION 55 Pa.Code §2600 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	
2a. DESCRIPTION OF VIOLATION The contracts for residents #1, #2, and #3 were not signed by the resident. The contract for resident #3 was also not signed by the administrator.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>25 (b)</p> <p>1) The contracts for residents #1, #2, and #3 have been signed by the respective residents. The contract for resident #3 was, also, signed by the administrator. Attachments – Signed contracts for residents #1, #2, and #3</p> <p>2) An audit of all resident charts was conducted by the Executive Director or designee on 12/5/2016 to ensure all contracts have required signatures, i.e. the resident and administrator.</p> <p>3) Contracts will be audited by the Executive Director or designee upon move-in to ensure required signatures, i.e. resident and administrator, are completed. 12/5/2016 and on-going Attachment – resident file audit form</p> <p>4) The coordinators were in-serviced on 1/18/2017, regarding regulation 25 (b) re. required contract signatures, i.e. resident and administrator, by the Executive Director. Attachment – In-Service Attendance Record</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Nicole C. Graff</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole C. Graff, Executive Director</i>	Date <i>1/20/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>1/25/17</i> (Date)	Plan of correction implementation status as of <i>1/25/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12995 - 12/02/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1, #2, and #3's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

41 (e)

1) A statement acknowledging receipt of a copy of the information specified in § 2600.41(d) for residents #1, #2, and #3 have been signed by the respective residents.
 Attachments – Signed statements for residents #1, #2, and #3

2) An audit of all resident charts was conducted by the Executive Director or designee on 12/5/2016 to ensure statements acknowledging receipt of a copy of the resident rights and complaint procedures have been signed by the resident, etc.

3) Contracts will be audited by the Executive Director or designee upon move-in to ensure statements acknowledging receipt of a copy of the resident rights and complaint procedures have been signed by the resident, etc.
 12/5/2016 and on-going
 Attachment – resident file audit form

4) The coordinators were in-serviced on 1/18/2017, regarding regulation 41 (e) re. required resident signatures, etc. by the Executive Director.
 Attachment – In-Service Attendance Record

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff, Executive Director* Date *1/20/17*

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 (Date)

Plan of correction implementation status as of 1/25/17
 (Date)

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

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

Violation Report: 12995 - 12/02/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The Plum house kitchenette refrigerator had crumbs and dried juice spills on the inside shelves.

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.

88 (a)

1) The Plum house kitchenette refrigerator was cleaned of crumbs and dried juice spills on the inside shelves by 12/3/2016 by Staff Member A.

2) The Resident Services Supervisor will complete daily rounds to ensure compliance with regulation 88 (a), including ensuring the kitchenette refrigerators are clean.

1/18/2017 and on-going

Attachment – Resident Services Supervisor Rounds

3) The Resident Services Supervisors were in-serviced on 1/18/2017 regarding regulation 88 (a) re. floors, walls, ceilings, windows, doors and other surfaces (including the kitchenette refrigerators) must be clean, in good repair, and free of hazards, by the Executive Director.

Attachment – In-Service Attendance Record

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Groff Executive Director* Date *1/20/17*

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Violation Report: 12995 - 12/02/2016 - Kazimer, Lauren PCH Name: ARDEN COURTS OF KING OF PRUSSIA	
1. REGULATION 55 Pa.Code §2600 2600.102(k) - Use of a common towel is prohibited.	
2a. DESCRIPTION OF VIOLATION There were no paper towels in the Green hall common bathroom.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>102 (k)</p> <p>1) Paper towels were placed in the Green hall common bathroom by Building Services Coordinator (JH) on 12/2/2016.</p> <p>2) The Building Services Coordinator or designee will complete daily rounds, including ensuring there are paper towels in all rooms, including the common bathrooms. 12/3/2016 and on-going Attachment – Resident Room Deep Cleaning Checklist</p> <p>3) The Building Services Coordinator and housekeepers were in-serviced on 1/18/2017 regarding Regulation 102 (k) re. use of a common towel is prohibited; and paper towels must be placed in all rooms, including the common bathrooms by the Executive Director. Attachment – In-Service Attendance Record</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Nicole C. Gruff</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole C. Gruff, Executive Director</i> Date <i>1/20/17</i>	
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Violation Report: 12995 - 12/02/2016 - Kazlmer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #4, dated 11/23/15, does not include a list of prescribed medications.

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.

141 (a) (2)

- 1) The list of prescribed medications was attached to the medical evaluation for resident #4 by Executive Director (NG) on 12/2/2016.
 Attachment - Medical Evaluation, resident #4, including prescribed medications
- 2) The DMEs for all residents were audited by the Resident Services Coordinator or designee on 12/5/2016 to ensure inclusion of all items required in 141 (a) (2), including prescribed medications.
- 3) The DME will be audited by the Executive Director or designee to ensure required information is completed upon resident move-in.
 12/5/2016 and on-going
- 4) The nurses were in-serviced on 1/18/2017 regarding regulation 141(a) (2) re. information required on the DME, including prescribed medications, by the Executive Director.
 Attachment - In-Service Attendance Record

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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C Groff, Executive Director* Date *1/20/17*

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Violation Report: 12995 - 12/02/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #3's PRN Lorazepam 0.5mg was not available on 12/2/16.

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.

185 (a)

- 1) The PRN order of Lorazepam 0.5mg for resident #3 was discontinued on 12/3/2016.
Attachment – Discharge Order
- 2) An audit of all Medication Carts/resident Medications was conducted by the Resident Services Coordinator or designee on 12/5/2016 to ensure all medications are available.
Attachment - Medication Cart Audit Tool
- 3) Medication Cart Audits will be completed weekly by the Resident Services Coordinator/Supervisors to ensure medications are available.
12/5/2016 and on-going
- 4) The med. techs/nurses have been in-serviced on 1/18/2017, regarding regulation 185 (a), including medications are to be available, by the Executive Director.
Attachment - In-Service Attendance Record

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/26/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff, Executive Director* Date *1/20/17*

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 (Initials)

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

Violation Report: 12995 - 12/02/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 12/1/16 and 12/2/16 at 8am, resident #5's Seroquel 200mg was administered but not initialed on the medication administration record by staff.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

187 (b)

1) The staff member who did not initial the medication administration records re. resident #5 on 12/1/16 and 12/2/16 - 8am Seroquel 200mg - was counseled on 1/18/2017 regarding regulation 187 (b) by the Executive Director or designee.
 Attachment - Employee Counsel

2) An audit of all resident Medication Administration Records was conducted by the Executive Director or designee on 12/6/2016, to ensure information in §2600.187 (a) (13) and §2600.187 (a) (14) was recorded at the time the medication is administered.
 Attachment - Medication Cart Audit

3) Medication Cart Audits will be audited weekly by the Resident Service Coordinator/Supervisors to ensure compliance with regulation 187 (b).
 12/5/2016 and on-going.

4) The med. techs/nurses have been in-serviced on 1/18/2017, regarding regulation 187 (b) by the Executive Director.
 Attachment - In-Service Attendance Record

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Hoff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C Hoff Executive Director* Date *1/20/17*

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Plan of correction implementation status as of 1/25/17
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- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12995 - 12/02/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff person A's last annual medication administration training was completed on 11/7/2015. Staff person A's 2016 annual recertification contains only three out of four required MAR reviews.

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.

190 (a)

- 1) Resident Service Coordinator completed fourth required MAR review for staff person A on 12/6/2016.
Attachment -- MAR review
- 2) A file audit of employees that successfully completed the Department-approved medications administration course was conducted by the Executive Director or designee on 12/6/2016 to ensure compliance with regulation 190 (a).
- 3) A quarterly file audit of employees that successfully completed the Department-approved medications administration course will be conducted by the Executive Director or designee to ensure compliance with regulation 190 (a).
12/6/2016 and on-going
- 4) The nurses have been in-serviced on 1/18/2017 regarding regulation 190 (a) by the Executive Director.
Attachment - In-Service Attendance Record

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff, Executive Director* Date *1/20/17*

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Violation Report: 12995 - 12/02/2016 - Kazlmer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 There is no documentation that resident #1, #2, and #3 have been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

191

1) Residents #1, #2, and #3 have been educated to the resident's right to refuse a medication if the resident believes there may be a medication error. Documentation of the resident education has been completed by the respective residents re. resident signature.
 Attachments – Documentation of resident education for residents #1, #2, and #3.

2) An audit of all resident charts was conducted by the Executive Director or designee on 12/5/2016 to ensure documentation of resident education pertinent to regulation 191 has been completed re. resident signature.

3) Resident charts will be audited by the Executive Director or designee upon move-in to ensure resident education and documentation/signature is completed pertinent to regulation 191. 12/5/2016 and on-going
 Attachment – resident file audit form

4) The coordinators were in-serviced on 1/18/2017, regarding regulation 191 re. required education and resident documentation/signatures by the Executive Director.
 Attachment – In-Service Attendance Record

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Graft*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Graft Executive Director* Date *1/20/17*

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12995 - 12/02/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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 #6 was admitted to the SDCU on [redacted] 16 and did not have a cognitive preadmission screening until 9/8/16.

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.

231 (e)

1) An audit of all resident charts was conducted by the Executive Director or designee on 12/5/2016 to ensure the Documentation of Medical Evaluation Attachment has been signed by the resident and the resident's designated person.

2) The resident's Documentation of Medical Evaluation Attachment 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.
 12/5/2016 and on-going

3) The coordinators were in-serviced on 1/18/2017, regarding regulation 231 (e) re. required signature by the resident and the resident's designated person on the Documentation of Medical Evaluation Attachment by the Executive Director.
 Attachment - In-Service Attendance Record

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/26/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Grotf*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Grotf, Executive Director* Date *1/20/17*

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Violation Report: 12995 - 12/02/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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 #3 was admitted to the SDCU on [redacted] 16. The home has documentation that on 8/12/16 that the designated person did not object to the admission.

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.

231 (c)

1) An audit of all resident charts was conducted by the Executive Director or designee on 12/5/2016, to ensure the residents' cognitive preadmission screening is completed in accordance to the timeframe established in regulation 231 (c).

2) Resident's cognitive preadmission screening will be audited by the Executive Director or designee upon move-in to ensure compliance with the timeframe established in regulation 231 (c).
 12/5/2016 and on-going

3) The coordinators were in-serviced on 1/18/2017, regarding regulation 231 (c) re. cognitive preadmission screening required completion timeframe by the Executive Director.
 Attachment – In-Service Attendance Record

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff, Executive Director* Date *1/20/17*

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Violation Report: 12995 - 12/02/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The codes for the keypad locks at the two exterior courtyard gates is not conspicuously posted nearby.

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.

233 (c)

1) The codes for the keypad locks at the two exterior courtyard gates were posted by the Executive Director (NG) on 12/2/2016.
 Attachment – picture of posted codes

2) The keypad locks will be checked daily when checking the fence line by the Building Services Coordinator to ensure the codes are posted.
 12/2/2016 and on-going
 Attachment – Building Services Coordinator Rounds Tool

3) The coordinators, including the Building Services Coordinator, were in-serviced on 1/18/2017, regarding regulation 233 (c), including posting codes for keypad locks at the exterior courtyard gates by the Executive Director.
 Attachment – In-Service Attendance Record

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Nicole C. Graft*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Graft, Executive Director* Date *1/20/17*

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