



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

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

RE: Arden Courts of Warminster
779 West County Line Road
Hatboro, Pennsylvania 19040
License #: 129960

Dear Mr. Allen:

As a result of the Department of Human Services' annual licensing inspection on February 1, 2017 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,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12098 - 02/01/2017 - Parker, Shawn
 PCI Name: ARDEN COURTS OF WARMINSTER

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 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 01-17-17 Resident # 1 had a fall that required a visit to Abington Hospital. The incident was never reported to the department. DHS found out when visiting the home for a renewal and noticing the resident had visible bruises on their face.

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.

- 1) The Incident for resident # 1 was reported to the BHSL regional office per surveyor's directive on February 3, 2017 by the Executive Director.
 (Attachment - Reportable Incident)
- 2) Incidents and conditions are reviewed in morning meeting by the Executive Director or designee to ensure follow up and regulatory compliance re. reporting.
 February 2, 2017 and on-going
- 3) The coordinators were in-serviced on February 2, 2017, regarding regulation 16 (c) re. required incident and conditions to be reported to the state by the Executive Director or designee.
 (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) *Gary Achilles*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY PAGE) *GARY ACHILLES EXECUTIVE DIRECTOR* Date *3/15/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *3/16/17*
 (Date)

Plan of correction implementation status as of *3/16/17*
 (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: 12888 - 02/01/2017 - Parker, Shawn
PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 58 Pa.Code §2600
2600.26(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 contract for resident's #4 and #5 was not signed by 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.

- 1) The contracts for residents #4 and #5 have been signed by the respective residents.
(Attachments – Signed contract/missing pages for residents #4 and #5)
- 2) An audit of all resident charts was conducted by the Executive Director or designee on February 6, 2017 to ensure all contracts have required signatures, i.e. the resident.
- 3) Contracts will be audited by the Executive Director or designee upon move-in to ensure required signatures, i.e. resident, are completed.
February 2, 2017 and on-going
(Attachment – resident file audit form)
- 4) The coordinators were in-serviced on February 2, 2017 regarding regulation 25 (b) re. required contract signatures, i.e. resident and administrator, by the Executive Director.
(Attachment – In-Service Attendance Record)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gary Achilles*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **GARY ACHILLES EXECUTIVE DIRECTOR** Date **3/15/17**

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- Not Implemented

Violation Report: 12998 - 02/01/2017 - Parker, Shawn
 PGH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 88 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 #4 and #5 record's did not contain a statement signed by the resident's 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.

- 1) A statement acknowledging receipt of a copy of the information specified in § 2600.41(d) for resident #4, and the Resident's Rights form with the signature of resident #5 have been secured.
 (Attachments - Signed statement of receipt for resident #4 and Resident's Rights form with signature of resident #5 with signature highlighted)
- 2) An audit of all resident charts was conducted by the Executive Director or designee on February 6, 2017 to ensure statements acknowledging receipt of a copy of the resident rights and complaints 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 complaints procedures have been signed by the resident, etc.
 February 2, 2017 and on-going
 (Attachment - resident file audit form)
- 4) The coordinators were in-serviced on February 2, 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):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Gary Achilles*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GARY ACHILLES EXECUTIVE DIRECTOR** Date **3/15/17**

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Violation Report: 12988 - 02/01/2017 - Parker, Shawn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 02-01-17 the refrigerator in Harvest Ridge was 48 degree F, and the freezer was 10 degrees F. In Berry Ridge the refrigerator was 50 degrees F.

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.

The thermometers were replaced in the refrigerator and freezer in Harvest Glen ("Ridge") and the refrigerator in Berry Ridge kitchenettes; by the Food Service Coordinator on February 1, 2017.

Temperatures have been taken in the AM and PM daily. Temperatures are compliant with regulated temperatures.
 (Attachment - completed Refrigerator/Freezer Temperature Log)

Temperatures will be taken in the AM and PM daily and documented on the Refrigerator/Freezer Log by the Food Service Coordinator or designee to ensure compliance with regulation 103 (f). Necessary follow-up action will occur. February 7, 2017 and on-going

The Food Service Coordinator and Building Services Coordinator were in-serviced on February 2, 2017 regarding regulation 103 (f), including regulated temperatures for the refrigerators and refrigerator freezers by the Executive Director.
 (Attachment - In-service attendance record)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gary Achilles*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **GARY ACHILLES EXECUTIVE DIRECTOR** Date **3/15/17**

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Violation Report: 12996 - 02/01/2017 - Parker, Shawn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2600

2800.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 3 was admitted on [redacted]-16. The DME was completed 01-25-17.

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.

1) The Documentation of Medication Evaluation (DME) for all residents was audited by the Resident Services Coordinator or designee on February 6, 2017 to ensure compliance with regulatory time standards.

2) The DME will be audited by the Executive Director or designee upon move-in to ensure compliance with regulatory time standards.
 February 2, 2017 and on-going

3) The nurses were in-serviced on February 3, 2017 regarding regulation 141(a) (1) re. regulatory time standards 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) *Gary Achilles*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GARY ACHILLES EXECUTIVE DIRECTOR** Date **3/15/17**

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12995 - 02/01/2017 - Parker, Shawn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2800

2800.191 - 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

Resident # 4 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. Resident # 6 didn't have the right to refuse page in folder.

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.

1) Residents #4 and #5 have been educated to the resident's right to refuse a medication if the resident believes there may be a medication error. Documentation for resident #4 has been completed, and the Resident's Rights form with signature of resident #5 has been secured. (Attachments - Documentation of resident education for resident #4 and Resident's Rights form with signature of resident #5 with signature highlighted)

2) An audit of all resident charts was conducted by the Executive Director or designee on February 6, 2017 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. February 2, 2017 and on-going (Attachment - resident file audit form)

4) The coordinators were in-serviced on February 2, 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) *Gary Achilles*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GARY ACHILLES EXECUTIVE DIRECTOR* Date *3/15/17*

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 (Initials)

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 (Date)

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

Violation Report: 12998 - 02/01/2017 - Parker, Shawn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 55 Pa.Code §2800

2800.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The assessment for resident # 1 indicates the resident has a need for wearing glasses and staff will help. Resident # 1 had a fall on 01-17-17. On 02-01-17 and 02-03-17 Resident # 1 was observed walking around home without their glasses. On 02-03-17 administrator could not locate glasses of resident # 1.

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.

1) The RASP for Resident # 1 was updated on February 3, 2017 to include current vision needs.
 (Attachment: Updated RASP)

2) An audit of all resident charts was conducted by the Executive Director or designee on date to ensure Service Plans include medical, dental, vision, hearing, mental health or other behavioral care services.

3) The resident's Service Plan will be audited by the Executive Director or designee upon move-in to ensure inclusion of all items noted in regulation 227 (d).
 February 2, 2017 and on-going

4) The coordinators were in-serviced on February 7, 2017 regarding regulation 227 (d) re. required items to be included in the resident's service plan, i.e. vision needs, by the Executive Director.
 (Attachment - In-Service Attendance Record)

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) *GARY ACHILLES EXECUTIVE DIRECTOR* Date *3/15/17*

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 (Date)

Plan of correction implementation status as of *3/16/17*
 (Date)

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

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

Violation Report: 12906 - 02/01/2017 - Parker, Shawn PCH Name: ARDEN COURTS OF WARMINSTER	
1. REGULATION 55 Pa.Code §2600 2800.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.	
2a. DESCRIPTION OF VIOLATION Resident # 3 participated in the development of their support plan on 10/31/17. The resident did not sign the support plan.	
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.	
<p>Resident #3 signed the RASP on February 6, 2017. (Attachment – Signed RASP)</p> <p>The support plans have been audited by the Executive Director to ensure compliance with regulation 227 (g), including residents shall sign and date the support plan and/or attempts to obtain signature be documented.</p> <p>All resident records will be audited by the Executive Director or designee upon move-in to ensure compliance with regulation 227 (g). (Attachment – resident file audit form)</p> <p>The coordinators were in-serviced on February 2, 2017 regarding regulation 227 (g), including required signature and date 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>Gary Achilles</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>GARY ACHILLES EXECUTIVE DIRECTOR</i>	Date <i>3/15/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>3/16/17</i> (Date)	Plan of correction implementation status as of <i>3/16/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 12000 - 02/01/2017 - Parker, Shawn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 Pa.Code §2800
 2800.231(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 # 4 was admitted to the SDCU on [redacted] 18. The home has no documentation that the resident and the resident's designated person have not objected 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.

1) The Documentation of Medical Evaluation Attachment for resident #4 was completed by the resident's designated person on June 15, 2016. The resident's signature was attempted on February 10, 2017 in the presence of the resident's designated person and again on February 13, 2017. (Attachment-completed Documentation of Medical Evaluation Attachment for resident #2)

2) An audit of all resident charts was conducted by the Executive Director or designee on February 6, 2017 to ensure the Documentation of Medical Evaluation Attachment has been signed by the resident.
 (Attachment - resident file audit form)

3) 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's signature.
 February 2, 2017 and on-going

4) The coordinators were in-serviced on date regarding regulation 231 (e) re. required signature by the resident on the Documentation of Medical Evaluation Attachment 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) *Gary Atchilles*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GARY ATCHILLES EXECUTIVE DIRECTOR* Date *3/15/17*

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 (Date)

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

Plan of correction implementation status as of *3/16/17*
 (Date)

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

Violation Report: 12090 - 02/01/2017 - Parker, Shawn
 PGH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 65 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 directions for operating the home's locking mechanism are not conspicuously posted near the door to the SDCU in Berry Ridge, gate near patio.

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.

1) The codes for the keypad locks at the two exterior courtyard gates in the Berry Ridge area were posted in a conspicuous location by the Building Services Coordinator on February 1, 2017.
 (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 in a conspicuous location.
 February 1, 2017 and on-going
 (Attachment - Building Services Coordinator Rounds Tool)

3) The coordinators and supervisors were in-serviced on February 2, 2017 regarding regulation 233 (c), including posting codes for keypad locks at the exterior courtyard gates in a conspicuous location by the Executive Director.
 (Attachment - In-Service Attendance Record)

4) The keypad codes were posted by the time clock in the team member lounge by the Executive Director on February 2, 2017.
 (Attachment-Memo to staff re: door codes)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gary Achilles*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **GARY ACHILLES EXECUTIVE DIRECTOR** Date **3/15/17**

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Violation Report: 12098 - 02/01/2017 - Parker, Shawn
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 66 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident # 4 was admitted to the SDCU on [redacted] 16. RASP not completed until [redacted] 16, exceeding 72 hours.

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.

- 1) An audit of all resident charts was conducted by the Executive Director or designee on February 6, 2017 to ensure Service Plans have been completed in accordance with regulatory time standards.
- 2) The resident's Service Plan will be audited by the Executive Director or designee upon move-in to ensure completion within regulatory time standards. February 2, 2017 and on-going
- 3) The coordinators were in-serviced on February 2, 2017 regarding regulation 234 (a) re. regulatory time standards by the Executive Director.
 (Attachment - In-Service Attendance Record)

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <small>(Required on EVERY Page)</small> 			
Printed Name and Title of Legal Entity Representative <small>(Required on EVERY Page)</small> GARY ACHILLES EXECUTIVE DIRECTOR			Date 3/15/17
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Violation Report: 12998 - 02/01/2017 - Parker, Shawn
PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 56 Pa.Code §2800
2800.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident # 2 records does not include 2016 DME or RASP. Resident admitted [redacted] 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.

- 1) The DMEs for all residents were audited by the Resident Services Coordinator or designee on date to ensure completion.
- 2) The DME will be audited by the Executive Director or designee upon move-in to ensure completion.
February 2, 2017 and on-going
- 3) The nurses were in-serviced on February 3, 2017 regarding regulation 252 re. required record content, including the DME, 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)	<i>Gary Achilles</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
GARY ACHILLES EXECUTIVE DIRECTOR	3/15/17

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