



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: June 9, 2017

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 March 30, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22604 - 03/30/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 12/31/2016 during a New Years Eve party, staff member A and staff member B recorded resident #1 dancing with a New Year's Eve Hat on. The video was recorded with each of the staff member's mobile device. The video was then uploaded to social media. Staff member A and staff member B violated the resident's right to privacy.

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. (also attached on separate page)

42 (s)

1) Employees A and B were suspended immediately, pending the investigation. Employee A resigned her employment on [redacted] 2017 via email at 4:26pm. Employee B was terminated employment on [redacted] 17 due to improper use of cell phone and HIPAA violation.

(Attachments - Proof of Employee A's resignation and Employee B's termination)

2) The POA for resident 1 was notified of the incident and investigation on 1/5/17 and follow-up actions on 3/2/17 by the HCR Manor Care legal department.

(Attachment - Proof of notification of Resident #1's POA)

3) A staff In-service was held on 1/30 by the Executive Director regarding improper use of cell phones and regulation 42(s).

(Attachment - Attendance record & policy that was handed out and reviewed)

4) All staff is mandated to complete on-line courses, including Resident Rights by March 31 and Corporate Compliance and HIPAA by June 30. 100% completion by staff.

(Attachment - Mandatory In-Service Schedule)

5) The nurses complete daily rounds, which includes "No unsafe items observed", including insurance of resident's rights.

(Attachment - RSS Rounds)

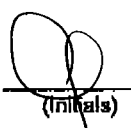
Admin will continue to oversee employee's adherence to company policy to ensure ongoing compliance. (C)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tina Forsyth, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Forsyth* Date *6/1/17*

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

The above plan of correction is approved as of <u>6-8-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>6-8-17</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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