



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

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

RE: Arden Courts of Susquehanna
2625 Ailanthus Lane
Harrisburg, Pennsylvania 17110
License #: 324310

Dear Mr. Allen:

As a result of the Department of Human Services' annual licensing inspections on April 4, 2017 and April 5, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 3

PCH Name: ARDEN COURTS OF SUSQUEHANNA		License Number: 32431
Address: 2625 AILANTHUS LANE, HARRISBURG, PA 17110		County: Dauphin
Administrator: Jennifer Smith		Region: CENTRAL
Legal Entity Name: ARDEN COURTS SUSQUEHANNA OF HARRISBURG PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43804		
Certificate(s) of Occupancy C-2 LP 01/28/2000 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 98 Waking Staff: 74		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/04/2017: McCloskey, Jason; Hoover, Douglas 04/05/2017: McCloskey, Jason; Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable 		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64 Number of Residents Served: 49 Secured Dementia Care Unit in Home: Yes Area: entire building Secured Dementia Unit Capacity, if Applicable: 64 Number of Residents Served in Secured Dementia Care Unit, if applicable: 49 Number of Current Hospice Residents: 12 Number of Hospice Residents in past year: 22	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 49 Have a Physical Disability: 0	

RECEIVED TIME MAY. 4. 4:57PM

Violation Report: 32431 - D4/04/2017 - McCloskey, Jason
PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 85 Pa.Code §2600

2800.15(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 8 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 12-25-16, a physical altercation occurred between Resident 1 and Resident 2. Resident 2 received an injury and subsequent medical treatment as a result of the incident. This incident of suspected abuse was not reported to the local Area Agency on Aging and Pennsylvania Department of Aging.

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 Page 2A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Smith* Date *5.4.17*

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

The above plan of correction is approved as of 7/18/17 (Date)

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

Plan of correction implementation status as of 7/18/17 (Date)

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

Page 2A of 9

15 (a)

- 1) The incident that occurred 12/25/16 was reported via phone and fax to the local Area Agency on Aging /Pennsylvania Department of Aging on 4/19/17 by the Executive Director.
- 2) Resident incidents, including suspected abuse and required reporting, will be discussed during the daily Coordinator Morning Kick-Off Meeting. These procedures were reviewed during an in-service with Coordinators by the Executive Director on 4/18/17, and on-going
- 3) The Executive Director or RSC will conduct a staff in-service regarding regulation 15 (a) re. relating to abuse reporting covered by law by 5/1/17

Violation Report: 32431 - 04/04/2017 - McCloskey, Jason
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

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 contract for Resident 1 was not signed by the resident.

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 page 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jan Smith

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

Jan Smith

Date 5.4.17

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

The above plan of correction is approved as of 7/18/17
 (Date)

Plan of correction implementation status as of 7/18/17
 (Date)

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

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

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25 b

- 1) Resident #1 no longer resides at Arden Courts
- 2) An audit of all resident charts was conducted by the Executive Director or designee by 5/1/17 to ensure all contracts have required signatures, i.e. the resident and resident's payer if applicable.
- 3) Contracts will be audited by the Executive Director or designee upon move-in to ensure required signatures are completed 4/18/17 and on-going.
- 4) The coordinators were in-serviced on 4/18/17 regarding regulation 25 (b) re. required contract signatures, i.e. resident and resident's payer if applicable, by the Executive Director.

Violation Report: 32431 - 04/04/2017 - McCloskey, Jason
PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa.Code §2600

2600.122 - Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

2a. DESCRIPTION OF VIOLATION

The home is a one story building with only the main entrance of the building designated as an exit from the facility. The facility has a courtyard with two gates located on opposite ends of the property. These gates are equipped with a key-pad and magnetic locking system that will open in an emergency when the fire alarms are activated. However, the gates are not identified as exits with proper exit signs and proper documentation on the home's evacuation diagram.

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 page 4A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jan Smith*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jan Smith Executive Director* Date *6.26.17*

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

The above plan of correction is approved as of 7/18/17
(Date)

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

Plan of correction implementation status as of 7/18/17
(Date)

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

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122

1) The two courtyard gates will be identified as exits with proper exit signage, i.e. arrows by August 1, 2017.

Pictures of the exit signage will be forwarded when complete.

2) The home evacuation diagram will be revised to include documentation of the two courtyard gates identified as exits by August 1, 2017.

The revised evacuation diagram will be forwarded when complete.

3) The signage will be checked daily when checking the fence line by the Building Services Coordinator to ensure the signage is posted.

August 1, 2017 and on-going

Attachment – Building Services Coordinator Rounds Tool

4) The staff will be in-serviced by the Executive Director or designee by August 1, 2017 regarding regulation 122 and the courtyard gates being identified as exits.

The staff in-service attendance record will be forwarded when complete.

Violation Report: 32431 - 04/04/2017 - McCloskey, Jason

PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 65 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has ten forced-air furnaces. The furnaces were last inspected on 1-20-16.

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 page 5A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jason Smith

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

Jason Smith

Date 5.4.17

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

The above plan of correction is approved as of

7/18/17
(Date)

Plan of correction Implementation status as of

7/18/17
(Date)

The above plan of correction was approved by

BAS
(Initials)

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

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126 (a)

- 1) The furnace inspection was done by Commercial Refrigeration on 4/20/17.
- 2) A notation was placed on the 2018 calendar re. required furnace inspection to be completed by 4/20/18.
- 3) The Building Services Coordinator was in-serviced on 4/18/17 regarding regulation 126 (a) re, required annual inspection of furnaces by the Executive Director.

Violation Report: 32431 - 04/04/2017 - McCloskey, Jason
PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa.Code §2800

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

During a comparison of readings stored on the Resident #3's glucometer with the blood sugar readings recorded on Resident #3's blood glucose flow sheet, multiple readings were documented on the flow sheet that did not appear as measurements on the glucometer. These discrepancies include:

As recorded on the Glucose Monitoring Flow Sheet

Date	Time	Blood Sugar
4/4/17	7am	134
4/4/17	8am	128
3/28/17	7am	120
3/25/17	7am	142
3/21/17	7am	134

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 Page 6A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jason Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JCA SMITH* Date *5.4.17*

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

The above plan of correction is approved as of 7/18/17 (Date)

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

Plan of correction implementation status as of 7/18/17 (Date)

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

Page 6A of 9

185 (a)

- 1) The discrepancies on the Blood Glucose Monitoring Flow Sheet were reviewed with resident #3's physician.
- 2) An audit of all glucometer readings and blood glucose flow sheets was conducted by the Resident Services Coordinator or designee on 4/18/17 to ensure agreement/documentation.
- 3) Glucometer and blood sugar readings noted on the blood glucose monitoring will be reviewed weekly by the Resident Services Coordinator/Supervisors to ensure agreement. 4/18/17 and on-going.
- 4) The nurses were in-serviced on 4/18/17, regarding regulation 185 (a) and auditing procedures by the Resident Services Coordinator.

Violation Report: 32431 - 04/04/2017 - McCloskey, Jason
 POH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa. Code 52800

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 records lacked the diagnosis or purpose for the following medications:

- Resident 3's Gabapentin capsule
- Resident 4's Clonazepam tablet and Divalproex Sod Dr tablet
- Resident 5's Melatonin tablet

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 page 7A

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Smith.* Date *5.4.17*

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

The above plan of correction is approved as of 7/18/17
 (Date)

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

Plan of correction implementation status as of 7/18/17
 (Date)

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

Page 7A of 9

187 (a)

- 1) The diagnosis or purpose was documented on the identified resident's medications.
- 2) An audit of all resident Medication Administration Records was conducted by the Resident Services Coordinator or designee on 4/18/17, to ensure information in §2600.187 (12) was documented for each medication.
- 3) Medication Cart Audits will be audited weekly by the Resident Service Coordinator/Supervisors to ensure compliance with regulation 187 (a).
4/18/17 and on-going
- 4) The nurses have been in-serviced on 4/18/17, regarding regulation 187 (a) and auditing procedures by the Resident Services Coordinator.

Violation Report: 32431 - 04/04/2017 - McCloskey, Jason
PCH Name: ARDEN COURTS OF SUSQUEHANNA

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

The support plan for Resident 1, dated 11-29-16, and the support plans for Resident 8, dated 3-8-17 and 9-8-16, were not signed by the residents. The home did not make a notation regarding the residents' inability or refusal to sign.

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 page 8A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jan Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jan Smith* | Date *5.4.17*

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

The above plan of correction is approved as of 7/18/17 (Date)

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

Plan of correction implementation status as of 7/18/17 (Date)

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

Page 8A of 9

227 (h)

- 1) Resident 1 no longer resides at Arden Courts and resident 6 was signed by the resident or a notation of inability or refusal to sign documented.
- 2) An audit of all resident charts was conducted by the Executive Director or designee by 5/1/17 to ensure signature/documentation on support plans has been completed.
- 3) Resident charts will be audited by the Executive Director or designee upon move-in to ensure signature/documentation on support plans is completed pertinent to regulation 227 (h). 4/18/17 and on going
- 4) The coordinators were in-serviced on 4/18/17, regarding regulation 227 (h) re. required signatures/documentation on support plans by the Executive Director.

Violation Report: 32431 - 04/04/2017 - McCloskey, Jason
PCH Name: ARDEN COURTS OF SUSQUEHANNA

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 code for operating the home's locking mechanism that secures the two exit gates in the courtyard is posted at each gate, but there are no instructions that the posted code is backwards. Inspectors were unable to unlock the system until verbally provided this information 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.

See Page 9A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jason Smith

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

JASON SMITH

Date 5.4.17

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

The above plan of correction is approved as of 7/18/17
(Date)

Plan of correction implementation status as of 7/18/17
(Date)

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

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

Page 9A of 9

233 (c)

- 1) The codes for the keypad locks at the two exterior courtyard gates were posted in a forward sequence by the Building Services Coordinator on 4/18/17.
- 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 forward sequence.
4/18/17 and on-going
- 3) The coordinators were in-serviced on 4/18/17 regarding regulation 233 (c), including posting codes for keypad locks at the exterior courtyard gates by the Executive Director.
- 4) The revised key codes were posted by the time clock in the team member lounge by the Executive Director on 4/18/17.