



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 22, 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
Certificate #: 324310

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on July 12, 2017 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32431 - 07/12/2017 - Hoover, Douglas
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 7/9/17, at approximately 4:00 pm, Direct Care Staff Member A was observed by Direct Care Staff Member B with his/ her hand holding/pinching the back of Resident #1's neck. Redness and 3 long marks were observed on Resident #1's neck and treated by Direct Care Staff Member C.

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 Page 2A of 2 - SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *8/1/17*

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

The above plan of correction is approved as of 8-21-17 (Date)

Plan of correction implementation status as of 8-21-17 (Date)

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

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

42 (b)

Staff person A was suspended on date 7/9/17.

Staff person A is no longer employed at the community as of 7/9/17.

Attachment - A

JE

Body assessments were completed on Resident #1 by the Resident Services Supervisor and Resident Services Coordinator.

The physician was notified and also assessed Resident #1.

There were no residual effects noted.

Attachment - B (1-5)

on 4/18/2017 (ke)

All staff has been in-serviced by the Executive Director regarding regulation 42 (b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporate punishment or disciplined in any way.

Attachment - C (1-2)