



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: February 15, 2018

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/OPA

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on September 14, 2017 and September 21, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ARDEN COURTS OF OLD ORCHARD		License Number: 22604
Address: 4098 FREEMANSBURG AVENUE, EASTON, PA 18045		County: Northampton
Administrator: Tina Forsyth		Region: NORTHEAST
Legal Entity Name: OLD ORCHARD HEALTH CARE CENTER EASTON PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy 1-2 10/17/2015 Bethlehem Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 78 Waking Staff: 59		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/14/2017: Novak, Ryan 09/21/2017: Novak, Ryan; Yellenic, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p align="center"><i>On-site verification 12/7/17 Cp</i></p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64 Number of Residents Served: 39 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 64 Number of Residents Served in Secured Dementia Care Unit, if applicable: 39 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 17	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 39 Have a Physical Disability: 0	

Violation Report: 22604 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

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 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
Resident #1's KCL 10% was not administered on 8/16/17 at 4pm. The home did not submit an incident report to the Department regarding the 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.

The Administrator will oversee the Plan of Correction to ensure ongoing compliance. Q. 10/27/17

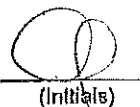
Repeat Violation: Yes Date(s) of Previous Violation(s) 08/09/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *Liz Murphy*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Liz Murphy Date 10/27/17

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

The above plan of correction is approved as of 10/27/17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 12-7-17
(Date)

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

16 (c)

P2A 815

- 1) Resident #1 moved out of the community on [REDACTED] 17.
- 2) The Resident Services Coordinator or designee will audit Medication Administration Records weekly to ensure medication records are compliant per regulation 187 (c). Appropriate, immediate follow up will occur as necessary.
10/9/17 and on-going
- 3) The pharmacy will complete a medication audit by 11/30/17. Appropriate, immediate follow up will occur as necessary.
- 4) Incidents and conditions will be reviewed in morning meeting by the Executive Director or designee to ensure follow up and regulatory compliance re. reporting.
10/20/17 and on-going
- 5) The Resident Services Coordinator completed a mandatory medication administration in-service for nurses and medication technicians on 10/9/17.
- 6) An external medication expert consultant will complete a mandatory medication administration in-service for nurses and medication technicians on 11/10/17.
- 7) The coordinators will be in-serviced by 11/30/17 regarding regulation 16 (c) re. required incident and conditions to be reported to the state by the Executive Director.

Adm will ensure that all employees of the home have additional training in Incident Reporting- to include all 19 events that constitute reportable incidents, as well as a process to ensure timely submissions, including weekends and holidays. Q2 10/27/17

Violation Report: 22604 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION
40 residents all of whom have mobility needs were present in the home on 8/27/17. The home is required to have at a minimum 80 total hours of direct care hours available. The home only had 78.25 hours of direct care available. The home is a secured dementia care unit.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance. Cp 10/27/17

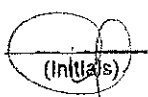
Repeat Violation: Yes Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Liz Murphy*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Liz Murphy* Date *10/27/17*

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The above plan of correction is approved as of *10/27/17*
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction Implementation status as of *10-27-17*
(Date)

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

P3A815

57 (c)

- 1) The required direct care staffing hours are audited daily by the Executive Director or designee to ensure compliance hours specified in regulation 57 (c). Appropriate action, i.e. calling unscheduled staff to work, will occur as needed.
10/20/17 and on-going
- 2) Recruitment for direct care staff continues to ensure required staffing hours, i.e. internet advertising and intranet advertising.
- 3) The coordinators will be in-serviced by 11/30/17 regarding regulation 57 (c) re. required direct care staff hours.

Violation Report: 22804 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

40 residents all of whom have mobility needs were present in the home on 8/27/17. The home is required to have at a minimum 60 hours of direct care hours during the hours of 7am-11pm. The home only had 55.75 hours of direct care available during the hours of 7am-11pm. The home is a secured dementia care unit.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance @ 10/27/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Liz Murphy

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

Liz Murphy

Date

10/27/17

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(Date)

Plan of correction implementation status as of 10-27-17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

P4A 915

57 (d)

1) The required direct care staffing hours (during waking hours) are audited daily by the Executive Director or designee to ensure compliance. Appropriate action, i.e. calling unscheduled staff to work, will occur as needed.

10/20/17 and on-going

2) Recruitment for direct care staff continues to ensure required staffing hours, i.e. internet advertising and intranet advertising.

3) The coordinators will be in-serviced by 11/30/17 regarding regulation 57 (d) re. required direct care staff hours during waking hours.

Violation Report: 22604 - 09/14/2017 - Novak Ryn
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
The home routinely staffs the 11pm-7am shift with 3 staff persons. The home currently serves 39 residents all of whom have mobility needs. In the event of an emergency 2 residents would require a 2-3 person total assist, 6 residents would require a 2 person total assist and 4 residents would require a one person total assist. The home is unable to meet the needs of the residents from 11p-7am in the event of an emergency. The home is a secured dementia care unit.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance

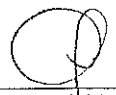
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Liz Murphy*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Liz Murphy* Date *10/27/17*

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

The above plan of correction is approved as of 10/27/17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 10-27-17
(Date)

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

PSAG 15

60 (a)

- 1) The staffing on the 11-7 shift is staffed with 4 staff persons.
10/20/17 and on-going
- 2) In the event of an emergency, the current assistance needs of residents include: 5 residents that require a 1-2 person assist at times.
- 3) The staffing and resident assistance needs are audited daily by the Executive Director or designee to ensure compliance. Appropriate action, i.e. calling un-scheduled staff to work, will occur as needed.
10/20/17 and on-going
- 4) Recruitment for direct care staff continues to ensure required staffing hours, i.e. internet advertising and intranet advertising.
- 5) The coordinators will be in-serviced by 11/30/17, regarding regulation 60 (a) re. required direct care staff hours during waking hours.

The home's Administrator will ensure that the mobility needs and supervision needs of the residents are assessed in the daily audits. As residents' needs improve or decline, the home will make the necessary staffing adjustments in order to ensure the safety and care of the residents in the home at all times. Cf. 10/27/17

Violation Report: 22804 - 09/14/2017 - Novak Ryan
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
 2600.86(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

A 2 inch circle of spit/vomit was located on the carpet near the sitting room on the Dockside unit. Staff person A reported it happened about 10-15 minutes ago. A resident nearby was observed walking on the unit without socks or shoes on. Upon entering Room #34 there is an extreme smell of urine. A brown liquid matter was located around the toilet on the floor of the bathroom. The bathroom of Room #22 had urine soaked toilet paper around the toilet. Room #24's bathroom floor had a yellow liquid stain around the bottom of the toilet.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance. *CP*
 10/27/17

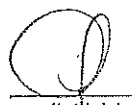
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Liz Murphy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Liz Murphy* Date: *10/27/17*

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

The above plan of correction is approved as of 10/27/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 10-27-17
 (Date)

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

pd Agis

85 (a)

- 1) The sanitary condition items included in the violation report, carpet; urine smell; toilet area; toilet paper; and bathroom floor, were addressed immediately by staff.
- 2) The facility contracted with an outside cleaning service to deep clean the core, etc. areas.
- 3) There are two housekeepers on staff hire dates are 9/21/17 and 9/22/17. They were oriented to housekeeping duties by the Senior Building Services Coordinator on 9/25/17.
- 4) The Building Services Coordinator or designee will complete daily rounds to ensure sanitary conditions are maintained.
- 5) The staff will be in-serviced by 11/30/17, regarding regulation 85 (a) re. sanitary conditions shall be maintained.

Violation Report: 22604 - 09/14/2017 - Novak, Ryan
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa. Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 Resident #2's bed sheets have a dried red substance and a circular yellow ring stain located on the sheets.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance. P. 10/27/17


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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Liz Murphy* Date *10/27/17*

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The above plan of correction is approved as of 10/27/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 10-27-17
 (Date)

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

P7 Ag 15

101 (j) (3)

1) Resident #2's bed sheets were immediately removed and replaced with clean sheets.

2) Bed linens are to be changed per the attached Shower and Bath List. RSC or designee audits the list weekly to ensure compliance.

3) The Building Services Coordinator or designee will complete daily rounds to ensure compliance with regulation 101 (j) (3).

or more if necessary. CP 10/27/17

4) The staff will be in-served by 11/30/17, regarding regulation 101 (j) (3) re. each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair; and the Shower and Bath List.

Violation Report: 22604 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The fire drill conducted on 7/19/17 at 5:10am notes "mock drill" in the box designated for evacuation time on the fire drill log.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance. *LM*
12/27/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/09/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Liz M. Murphy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Liz Murphy* Date *10/27/17*

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

The above plan of correction is approved as of 12/27/17 (Date)

Plan of correction implementation status as of 12-7-17 (Date)

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

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

P8Ag15

132 (c)

- 1) The Building Services Coordinator will be in-serviced by [REDACTED] Fire Safety Expert, regarding regulation 132 (c) re. documentation of the evacuation time versus "mock drill" by 11/30/17.
- 2) The monthly fire drill records will be reviewed monthly by the Senior Building Services Coordinator to ensure compliance with regulation 132 (c). Appropriate follow up will occur as needed.
- 3) A fire drill during sleeping hours was conducted on 6/28/17.
- 4) The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (c).
10/20/17 and on-going

The Administrator will review the home's fire drill logs on a monthly basis & sign or initial and date.
 CC, 10/27/17

Violation Report: 22604 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.132(l) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION
The fire alarms were not activated during the fire drill conducted on 7/18/17 at 5:10am.

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 Administrator will oversee the Plant Director to ensure ongoing compliance. 10/27/17

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) *Liz Murphy* Date *10/27/17*

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

The above plan of correction is approved as of *10/27/17*
(Date)

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

Plan of correction Implementation status as of *10-27-17*
(Date)

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

P9A 8/15

132 (d)

1) The Building Services Coordinator will be in-serviced by [REDACTED] Fire Safety Expert, regarding regulation 132 (d) re. a fire alarm or smoke shall be set off during each fire drill by 11/30/17.

2) The monthly fire drill records will be reviewed monthly by the Senior Building Services Coordinator to ensure compliance with regulation 132 (d). Appropriate follow up will occur as needed.

3 A fire drill during sleeping hours was conducted on 6/28/17.

4) The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (d).
10/20/17 and on-going

Violation Report: 22604 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
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
Resident #1's memantine tablet is not initiated on the MAR on 8/18/17 at 8am.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance. 10/27/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/09/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Liz Murphy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Liz Murphy Date 10/27/17

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

The above plan of correction is approved as of 10/27/17 (Date)

Plan of correction implementation status as of 10-27-17 (Date)

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

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

P10A §15

187 (a)

- 1) Resident #1 moved out of the community on [REDACTED] 17.
- 2) The Resident Services Coordinator or designee will audit Medication Administration Records weekly to ensure medication records are compliant per regulation 187 (c). Appropriate, immediate follow up will occur as necessary.
10/20/17 and on-going
- 3) The pharmacy will complete a medication audit on 11/9/17. Appropriate, immediate follow up will occur as necessary.
- 4) The Resident Services Coordinator completed a mandatory medication administration in-service for nurses and medication technicians on 11/9/17.
- 5) An external medication expert consultant will complete a mandatory medication administration in-service for nurses and medication technicians on 11/10/17.

↳ The administrator will ensure this does not contraindicate any of the required med admin training under 182 or 190. Cf. 10/27/17

Violation Report: 22804 - 09/14/2017 - Novak, Ryan
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 08/17/17, Resident #1 refused the prescribed 4pm and 8pm medications, the prescriber was not notified regarding the refusals.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance. *Q*
 10/27/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Liz Murphy

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

Liz Murphy

Date

10/27/17

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

The above plan of correction is approved as of

10/27/17
 (Date)

Plan of correction implementation status as of

12-2-17
 (Date)

The above plan of correction was approved by

Q
 (Initials)

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

PIA 8/15

187 (c)

- 1) The resident #1 moved out of the community on [redacted] 17.
- 2) The Resident Services Coordinator or designee will audit Medication Administration Records weekly to ensure medication records are compliant per regulation 187 (c). Appropriate, immediate follow up will occur as necessary.
10/20/17 and on-going
- 3) The pharmacy will complete a medication audit by 11/9/17. Appropriate, immediate follow up will occur as necessary.
- 4) The Resident Services Coordinator completed a mandatory medication administration in-service for nurses and medication technicians on 10/9/17.
- 5) An external medication expert consultant will complete a mandatory medication administration in-service for nurses and medication technicians by 11/10/17.

The Administrator will ensure there is a method of notifying prescribers regarding refusals.

Violation Report: 22604 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1's KCL 10% was not administered on 8/16/17 at 4pm.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance.
P 10/27/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/09/2016

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KE Murphy* Date *10/27/17*

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The above plan of correction is approved as of *10/27/17* (Date)

Plan of correction implementation status as of *10-7-17* (Date)

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

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

187 (d)

p/2A/15

1) The resident #1 moved out of the community on [redacted] 17.

2) The Resident Services Coordinator or designee will audit Medication Administration Records weekly to ensure medications are administered per physician order. Appropriate, immediate follow up will occur as necessary.

10/9/17 and on-going

3) The pharmacy will complete a medication audit on 11/9/17. Appropriate, immediate follow up will occur as necessary.

4) The Resident Services Coordinator completed a mandatory medication administration in-service for nurses and medication technicians on 10/9/17.

5) An external medication expert consultant will complete a mandatory medication administration in-service for nurses and medication technicians on 11/10/17.

6) The coordinators were in-serviced on 10/25/17 regarding regulations 16 (c) and 187 (d) re. required reporting.

The Administrator will ensure that at a minimum, once per month, current physician orders, printed or E-Mars and script labels are all correct and in agreement. Documentation of these reviews will be retained by the home, including reviewer's signature or initials, date, findings, and action taken if necessary. CA 10/27/17

Violation Report: 22604 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Codé §2600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1's KCL 10% was not administered on 8/16/17 at 4pm. The prescriber was not notified regarding the 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.

The Administrator will oversee the Plan of Correction to ensure ongoing compliance.
CP 10/27/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/09/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Liz Murphy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Liz Murphy Date 10/27/17

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

The above plan of correction is approved as of 10/27/17 (Date)

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

Plan of correction implementation status as of 10-27-17 (Date)

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

P13A 15

188 (b)

- 1) The resident #1 moved out of the community on [redacted] 17.
- 2) The Resident Services Coordinator or designee will audit Medication Administration Records weekly to ensure medications are administered per physician order. Appropriate, immediate follow up will occur as necessary.
10/20/17 and on-going
- 3) The pharmacy will complete a medication audit on 11/10/17. Appropriate, immediate follow up will occur as necessary.
- 4) Incidents and conditions will be reviewed in morning meeting by the Executive Director or designee to ensure follow up and regulatory compliance re. reporting.
10/20/17 and on-going
- 5) The Resident Services Coordinator completed a mandatory medication administration in-service for nurses and medication technicians on 10/9/17
- 6) An external medication expert consultant will complete a mandatory medication administration in-service for nurses and medication technicians by 11/10/17.
- 7) The coordinators were in-serviced on 10/25/17 regarding regulations 16 (c) and 188 (b) re. required reporting.

A method of reporting to all 3 parties will be implemented - documentation of notifications will be retained by the nurse. C. 10/27/17

Violation Report: 22604 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

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 #1's contract dated [redacted] 17 objection statement for admission to the memory care unit was not signed by the residents POA.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance. 10/27/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/09/2016


Signature of Legal Entity Representative (Required on EVERY Page) *Lnz Murphy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lnz Murphy Date 10/27/17

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

The above plan of correction is approved as of 10/27/17 (Date)

Plan of correction implementation status as of 10-27-17 (Date)

The above plan of correction was approved by  (Initials)

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

P174Ag15

231 (e)

1) An audit of all resident charts was conducted by the Executive Director or designee to ensure signature on medical evaluation by residents POA completed on 9/1/17.

2) Resident's Documentation of Medical Evaluation Attachments 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. Appropriate follow up will occur immediately. September 1, 2017, and on-going

3) The Senior Executive Director will complete random resident chart audits monthly to ensure compliance with regulation 231 (e). November and December, 2017

Audits will be retained by the home.

4) The coordinators were in-serviced on 10/25/17 regarding regulation 231 (e) re. required signatures on the Documentation of Medical Evaluation Attachment.

CP
10/20/17

Violation Report: 22804 - 09/14/2017 - Novak, Ryan
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa. Code §2600
2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
Resident #1's RASP dated 8/4/17 has not been updated to reflect the resident falls.

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 Administrator will oversee the Plan of Correction to ensure ongoing compliance.
CP - 10/27/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Liz Murphy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Liz Murphy* Date *10/27/17*

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

The above plan of correction is approved as of 10/27/17 (Date)

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

Plan of correction implementation status as of 10-27-17 (Date)

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

234(d)

P15A 8/15

1) The resident #1 moved out of the community on [redacted] 17.

2) An audit of all resident RASPS was conducted by the Executive Director or designee by September 1, 2017, to ensure required revisions have been completed. Appropriate follow up completed immediately.

3) Resident's conditions will be discussed daily at the morning meeting and appropriate updates to the RASP will be completed immediately.
10/20/17 and ongoing

4) The Senior Executive Director will complete random resident chart audits monthly to ensure compliance with regulation 234 (d). - documentation will be retained by the home. *Oct. 10-27-17.*

5) The coordinators were in-serviced on 10/25/17 regarding regulation 234 (b) re. the resident's RASP will be updated annually and as the resident condition changes.