



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: November 20, 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/OPA

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on September 28, 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,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22604 - 09/28/2017 - Deluca, Amy
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
Resident #1's support plan was updated on 9/7/17 and 9/20/17 to reflect the need for one to one supervision and then 15 minute well checks respectively, due to suicidal ideation behaviors. Through staff interviews it was determined that staff were not providing one to one supervision and were not always able to provide 15 minute checks due to lack of staff and the need for staff to perform ancillary duties.

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)

See Attached
→

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 ED* Date *11/7/17*

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

The above plan of correction is approved as of 11/16/17
(Date)

Plan of correction implementation status as of 11/16/17
(Date)

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

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

Regulation 2600.227 (c)

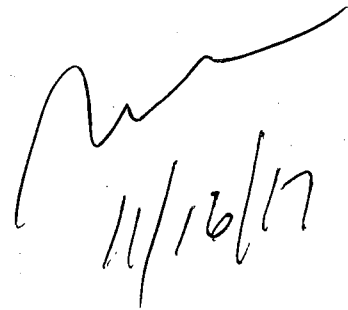
1) Resident #1 moved out of the community on [REDACTED] 17.
(Move-out summary attached)

2) An audit of all resident RASPs pertinent to regulation 227 (c) will be conducted by the Executive Director or designee. Follow-up action, i.e. RASP updated and interventions implemented, will be documented and completed.
Date: Completion by 12/15/17
(Attachment - Audit tool)

3) Resident's conditions will be discussed daily at the coordinator morning meeting pertinent to regulation 227 (c) by the Executive Director or designee. The attached audit tool will be utilized and follow up action, i.e. RASP updated and interventions implemented, will be documented and completed.
Date: Initiated 11/15/17 and on-going
(Attachment - Audit tool)

4) The coordinators were in-serviced on 11/15/17 regarding regulation 227 (c), the corresponding audit tool, and required follow up actions.
Date: 11/15/17
(Attachment - In-Service Attendance Record)

5) The Executive Director will oversee all of the above steps to ensure on-going compliance.
Date: 11/15/17 and on-going



Handwritten signature and date: 11/16/17