



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 07 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

Dear Mr. Allen:

This is to acknowledge receipt of your request to appeal the Department's decision to revoke your license for Arden Courts of Old Orchard. Your request has been forwarded to the Department of Human Services, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

cc: Megan Rubenstein, Office of General Counsel

LATSHA DAVIS & McKENNA



ATTORNEYS AT LAW

PLEASE REPLY TO: Mechanicsburg
WRITER'S E-MAIL: klatsha@ldylaw.com

November 3, 2017

RECEIVED

NOV 03 2017

Human Services Licensing

Via Hand Delivery

Jacqueline Rowe, Director
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

RE: NOTICE OF APPEAL AND REQUEST FOR HEARING
Old Orchard Health Care Center – Easton PA, LLC d/b/a Arden Courts
of Old Orchard
4098 Freemansburg Avenue/Easton, PA 18045
License No.: 226040

Dear Ms. Rowe:

Please be advised that this office represents Old Orchard Health Care Center – Easton PA, LLC d/b/a Arden Courts of Old Orchard (“Arden Courts”) in the above-referenced matter. We hereby enclose for filing with your office an original and two (2) copies of our Notice of Appeal and Request for Hearing relating to the Department of Human Services’ (“DHS”) decision to revoke Arden Courts’ current license.

Arden Courts received a letter dated October 26, 2017, from DHS, a copy of which is attached as Exhibit “A”. The letter indicates that DHS is revoking Arden Courts’ license pursuant to 62 P.S. §1026(b)(1);(2) and 55 Pa. Code §20.71(a)(2);(6);(7). Arden Courts disputes DHS’ decision on the basis that it did not engage in gross incompetence, negligence or misconduct in operating the facility nor did Arden Courts engage in fraud or deceit with respect to obtaining a license. Arden Courts further disputes DHS’ decision on the basis that it is in substantial compliance with all regulatory requirements and DHS’ revocation is arbitrary, capricious and an abuse of discretion.

On May 1, 2017, DHS issued Arden Courts a regular license. DHS conducted licensing inspections of Arden Courts on April 10, 2017; April 11, 2017; April 21, 2017; May 10, 2017;

1700 Bent Creek Boulevard, Suite 140 • Mechanicsburg, PA 17050 • (717) 620-2424 • FAX (717) 620-2444

350 Eagleview Boulevard, Suite 100 • Exton, PA 19341 • (610) 524-8454 • FAX (610) 524-9383

3000 Atrium Way, Suite 251 • Mt. Laurel, NJ 08054 • (856) 231-5351 • FAX (856) 231-5341

1684363v1

Maryland Telephone: (410) 727-2810

Ms. Jacqueline Rowe
November 3, 2017
Page 2

May 23, 2017; May 25, 2017; July 13, 2017 and August 11, 2017 and as a result of such licensing inspections, Arden Courts received Violation Reports. Pursuant to 62 P.S. §1008, DHS shall issue a provisional license “[w]hen there has been substantial but not complete compliance with all the applicable statutes, ordinances and regulations and when the applicant has taken appropriate steps to correct deficiencies. . . .” Arden Courts is in substantial compliance with the applicable statutes, ordinances and regulations as it has in good faith implemented corrective measures to address the cited deficiencies. As such, Arden Courts respectfully requests that its regular license be reinstated or, in the alternative, that a provisional license be issued and the ban on admissions be lifted.

Arden Courts reserves the right to raise additional items and issues identified during the course of discovery and also reserves the right to supplement the reasons given for its appeal.

Please find enclosed a “Notice of Appearance” (See Exhibit “B”) in accordance with 1 Pa. Code Part II and direct all future correspondence to the address listed below. If you require additional information, or further documentation to initiate proceedings in this matter, please do not hesitate to contact me.

Respectfully submitted,
LATSHA DAVIS & MCKENNA, P.C.



Kimber L. Latsha, Esq.
Attorney ID #32934
Tanya Daniels Harris, Esq.
Attorney ID #87437
1700 Bent Creek Boulevard, Suite 140
Mechanicsburg, PA 17050
(717) 620-2424

Attorneys for Appellant,
Old Orchard Health Care Center - Easton PA, LLC
d/b/a Arden Courts of Old Orchard

Enclosures

cc: Elizabeth Foley, Esq. (w/encl.)
Tanya Daniels Harris, Esq. (w/o encl.)

EXHIBIT A



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCT 26 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' (Department) licensing inspections on April 10, 2017, April 11, 2017, April 21, 2017, May 10, 2017, May 23, 2017, May 25, 2017, July 13, 2017 and August 11, 2017 of the above facility, the violations specified on the enclosed License Inspection Summaries were found.

As a result of violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is **REVOKING** your license to operate the above facility. The Department's decision to revoke your license is made pursuant to 62 P.S. § 1026 (b)(1);(2) and 55 Pa.Code § 20.71(a)(2);(6);(7) (relating to conditions for denial, nonrenewal or revocation) based on your failure to comply with the Department's regulations and gross incompetence, negligence and misconduct in operating the facility as well as fraud and deceit in attempting to obtain a license.

On March 27, 2017, you submitted an incident report to the Department's Northeast Regional Office regarding a fall by a resident who sustained a head injury and was then hospitalized. An investigation by the Department determined that the resident fell after being pushed by another resident who had a documented history of being aggressive toward other residents and that a staff person who witnessed the incident then reported this to the Executive Director. The incident report submitted to the Department on March 27, 2017 failed to include any information about the resident being pushed and stated that nothing was witnessed between the two residents.

On April 10, 2017, the Department initiated an investigation into the incident. During the investigation, it was determined that a staff person at the home used correction fluid on the individual services notes for the resident who pushed the other resident. It was determined that the original note stated that the resident, who was at

their room, was pushed by the other resident, causing them to fall backwards. The note was altered to state that the resident fell after the other resident slammed the door to the room, hitting the first resident's walker.

In accordance with 55 Pa.Code § 2600.269(a)(3) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to REVOKE your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jaqueline Rowe, Director
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed Licensing Inspection Summary specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,



Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summaries

EXHIBIT B

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
BUREAU OF HEARINGS AND APPEALS**

In the Matter of: Old Orchard Health Care Center - Easton PA, LLC
 d/b/a Arden Courts of Old Orchard
 4098 Freemansburg Avenue
 Easton, Pennsylvania 18045
 License No.: 226040
 Docket No.:

NOTICE OF APPEARANCE

Please enter the appearance of the undersigned and Latsha Davis & McKenna, P.C. on behalf of Old Orchard Health Care Center - Easton PA, LLC d/b/a Arden Courts of Old Orchard in the above-designated matter. We are authorized to accept service on behalf of said participant in this matter. On the basis of this notice, we request a copy of each document hereafter issued by the Department of Human Services in this matter.



Kimber L. Latsha, Esq.
Attorney ID: 32934
Tanya Daniels Harris, Esq.
Attorney ID: 87437
Latsha Davis & McKenna, P.C.
1700 Bent Creek Boulevard, Ste. 140
Mechanicsburg, PA 17050
(717) 620-2424

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
BUREAU OF HEARINGS AND APPEALS

In the Matter of: Old Orchard Health Care Center - Easton PA, LLC d/b/a
Arden Courts of Old Orchard
4098 Freemansburg Avenue
Easton, Pennsylvania 18045
License No.: 226040
Docket No.:

CERTIFICATE OF SERVICE

I hereby certify that I have this day served the foregoing "Notice of Appeal and Request for Hearing" and "Notice of Appearance" upon all parties of record in this proceeding in accordance with the requirements of 1 Pa. Code §33.32 (relating to service by a participant):

Jacqueline Rowe, Director
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Dated: 11/3/17



Kimber L. Latsha, Esq.
Attorney for Old Orchard Health Care Center - Easton PA,
LLC d/b/a Arden Courts of Old Orchard

P 178 11

The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged violations cited in the Violation Report. To remain in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), Arden Courts – Old Orchard (the “Center”) has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the Center’s allegation of compliance. The alleged violations have been or will be corrected by the date indicated.

Violation Report: 22604 - 04/10/2017 - Hummel, Jesse
 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

On 3/27/17 the Department received an incident report from the facility. The incident report was submitted by Executive Director A. The report indicated that on 3/25/17 staff members of the facility heard a noise in the hallway. When the staff turned and looked in the direction of the noise they observed resident #1 falling backwards to the floor. As the resident was falling, the resident turned and fell hitting their head on the floor. Staff immediately responded and observed the resident was bleeding and the resident's eye was swelling. Shortly after resident #1 fell, staff observed resident #2 open the bedroom door of resident #1 and leave resident #1's room. The report indicates that there was nothing witnessed between the residents. Department Representatives determined through staff interviews that resident #1 was walking back to their bedroom. Upon arriving at the resident's doorway, resident #2, who was in the bedroom, pushed resident #1 out of the doorway causing the resident to fall back hitting the resident's head. Staff interviews confirmed that this was accurately reported to the Executive Director. The Executive Director submitted an inaccurate incident report to the Department.

Department Representatives also determined through a review of individual service notes that the facility failed to report the following incident regarding resident #2: On 3/18/17 at 11:50 am resident #2 "was found on the floor in Harvest hallway coming out of another resident's room. The fall was unseen or heard. Gait unbalanced and bleeding from right eye; blood coming from side of mouth." Staff called 911 and resident #2 was sent to the Hospital where a CT scan was done on their cervical spine, face and head. Resident #2 was discharged back to the home the same day with the following diagnoses: head injury, facial contusion, facial laceration and cervical subluxation. The home failed to report the incident to the Department.

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.

Attachments

In addition, immediately upon receipt of the Licensing Packet:

The home will not make, present, or use any record or document knowing it to be false and with the intent to mislead the Department.

The home will not alter, destroy, or remove any record or document to impact its availability in an investigation by the Department

Repeat Violation: No YES Date(s) of Previous Violation(s): 6-9-16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina Forsgan Date 7/13/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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

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

Plan of correction implementation status as of 8-5-17 (Date)

- Fully Implemented 8-11-17 on-site
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

PAg 11

16 (c)

The Executive Director submitted the incident report (regarding the incident dated 3/25/17) to the Department's personal care home regional office based on staff's verbal statements obtained via the phone. The statements were placed in writing and signed by the caregivers. The incident report was accurate based on the verbal and written statements.

Incidents and conditions are reviewed in morning meeting by the Executive Director or designee to ensure follow up and regulatory compliance re. reporting an incident or condition (including abuse and neglect) in a timely manner.

The staff was in-serviced by the Executive Director or designee regarding regulation 16 (c) re. reporting an incident or condition within the scope of the regulation (include abuse reporting).
Attachment - In-Service Attendance Record

Date of compliance - June 13, 2017, and on-going

ADM will ensure that all staff know of the other 18 reportable elements as well. Administrator will oversee to ensure ongoing compliance. 7-17-17 Cp.

Violation Report: 22604 - 04/10/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 58 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 3/25/17 at approximately 8:00pm, resident #1 was walking back to their bedroom. Upon getting to the doorway of the room, resident #1 was observed by staff being pushed back from the doorway by resident #2, who had been in resident #1's bedroom, causing resident #1 to fall backwards and hit their head on the floor. Resident #1 was transported to the hospital in order to be assessed for a head injury. Resident #1 subsequently passed away at the Hospital on 3/27/17, with the cause of death directly related to a head injury.

Resident #2 has a documented history of being aggressive towards other resident as well as staff, including pushing other residents and going into other residents' rooms and pulling them out of their beds.

The home failed to develop and/or implement a plan to meet the needs of resident #2 and address their aggression toward other residents.

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.

Attachments

In addition, immediately upon receipt of the Licensing Packet:

The home will increase supervision to residents found to be aggressive and unable to be redirected with one to one direct supervision until the situation can be resolved. This information will be recorded in both the "Assessment - Supervision" in Part III: Assessment and Support Plan Information; Section 1: Personal Care Needs, Supervision, Mobility and Medications as well as Section 3: Mental Health, Behavioral Health and Cognitive Functioning Needs where indicated. Detailed information about what services will be provided to meet the need and who will perform these tasks and who will be responsible will be included in the support plan for the resident.

The home will have all staff in-serviced by a Representative of the Northampton County Area Agency on Aging, or their approved trainer, regarding the proper identification of abuse, and the immediate reporting to the local Area Agency on Aging for any allegation of abuse.

The home will ensure that licensed staff, med techs, direct care staff and all the other home's employees are in-serviced by a Representative of the Northampton County Area Agency on Aging, or their approved trainer, regarding the proper management techniques and positive interventions in addressing difficult resident behaviors in order to avoid the occurrence of abuse to a resident.

Q 7-17-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Forsyth* Date *7/13/17*

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

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

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

Plan of correction implementation status as of 9-5-17 (Date)

- Fully Implemented *8-11-17 on-site*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

42 (b)

P 3 A g 11

Plan of care for resident #2 included the following:

Resident #2 – The Executive Director or designee updated the Resident Assessment-Support Plan (RASP), including behavioral approaches.

Attachment – Updated RASP addendum

The staff was in-serviced by the Executive Director or designee regarding regulation 42 (b) re. resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment in any way.

Attachment – In-service attendance record

Staff (including coordinators and direct care staff) will review and sign off on each resident's RASP upon move-in or updates.

Date of compliance: August 1, 2017, and on-going

The Administrator will contact the Northampton County Area Agency on Aging to arrange a presentation regarding assessing, detecting and reporting suspected elder abuse.

Administrator will oversee to ensure ongoing compliance.
7-17-17. Q.

Violation Report: 22604 - 04/10/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation completed on 4/8/18 for resident #1 does not include the resident's weight, pulse rate, or ability to self administer medications.

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.

Attachment 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Forsyth

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

Tina Forsyth

Date 7/13/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

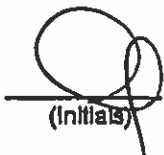
7-17-17
(Date)

Plan of correction implementation status as of

8-5-17
(Date)

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

The above plan of correction was approved by


(Initials)

8-11-17 on-site

141 (a) (2)

p4Ag 11

Current resident charts will be audited by the Executive Director or designee to ensure the Documentation of Medical Evaluation (DME) is complete. A new DME will be completed for any form that does not include all information.


The DME for each resident will be audited by the Executive Director or designee to ensure all information is complete upon move-in and updates.

The nurses were in-serviced by the Executive Director or designee regarding regulation 141 (a) (2), including information required on the DME.

Attachment - In-service attendance record

Date of compliance: July 30, 2017, and on-going

Admin moved [↑] to 8-31-17 w/o contacting NERO.

Administrator will oversee to ensure ongoing compliance
7-17-17. 

Violation Report: 22804 - 04/10/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the following individual service notes in the record of resident #2.

On 2/18/17 during 3pm-11pm shift "resident pushed another resident causing him/her to fall on the ground. All redirection attempts failed, offering snacks, walking around and offering quiet area. Resident received a PRN Ativan gel for anxiety."

On 3/12/17 at 11:50am "resident in another resident's bed and that resident was on the floor this am. PRN Ativan gel administered; resident placed on 15 minutes checks".

On 3/18/17 at 7:40 am "Resident continues to go into other residents' rooms to take them out of their beds, Ativan gel applied". On 3/19/17 at 10:00am "Ativan gel administered this morning, Resident anxious and not cooperating with staff. Pushing other residents and staff".

On 3/22/17 at 4:30 am "Resident showed signs and symptoms of increased anxiety, crying, pacing, continued to try to get in bed with other residents. Ativan gel administered at 4:30am to treat increased anxiety".

On 4/5/17 at 5:30am "He/she began going in and out of resident rooms, very difficult to redirect. When redirected by RCG he/she began pushing. RCG was able to stop resident from attempting to push another resident out of bed. Ativan gel applied PRN to treat increased anxiety and aggressive behaviors".

The resident is unable to request the PRN medication. Furthermore, the administration of a medication to control an individual's behaviors is considered a chemical restraint.

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.

Attachments

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tina Forsyth

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

Tina Forsyth

Date *7/13/17*

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

The above plan of correction is approved as of

7-17-17
 (Date)

Plan of correction implementation status as of

9-5-17
 (Date)

- Fully Implemented *8-11-17 on-site*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

PSA 811

202

Resident #2 – RASP updated with additional, individualized behavioral interventions.

The staff was in-serviced by the Executive Director and Protective Services regarding behavioral interventions.

Attachment – In-service attendance record

The nurses and med. techs were in-serviced by the Executive Director or designee regarding regulation 202, including prohibited procedures and positive approaches to behaviors.

Attachment – In-service attendance record

Date of compliance: July 25, 2017 The home will also bring in an outside presenter, in coordination with the Nottingham AAA to ensure all aspects of training are presented to prevent minimize future events. Sign in sheets to be retained. Administrator will oversee to ensure ongoing compliance.

Q. 7-17-17

Violation Report: 22804 - 04/10/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 65 Pa.Code §2800

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on [redacted] 16. The facility completed a preadmission screening of the resident on [redacted] /15, more than 30 days prior to the resident's admission to the facility.

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.

Attachments

The home will carefully review the information gathered from the referral source(s) regarding new admissions to the home. In determining that the home is able to meet the resident's needs, consideration will be paid to the home's description of services in order that once a resident is admitted to the home, their needs will be met safely for the new resident, as well as other residents in the home.

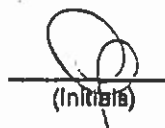
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Tina Forbush*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Forbush* Date *7/13/17*

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

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

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 8-11-17 (Date) *on-site*

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

224 (a)

p6 Ag 11

Current resident charts will be audited by the Executive Director or designee to ensure preadmission screenings were completed within 30 days prior to admission.

The preadmission screen for each resident will be audited by the Executive Director or designee to ensure completion within 30 days prior to admission.

The nurses were in-serviced by the Executive Director or designee regarding regulation 224 (a), including required time frame of within 30 days prior to admission.

Attachment - In-service attendance record

Date of compliance – July 30, 2017, and on-going

Administrator will oversee to ensure ongoing compliance.
EO. 7-17-17

Violation Report: 22604 - 04/10/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the facility on [redacted] 16. The facility completed an assessment of the resident's personal care needs, however the assessment was not dated when completed and therefore it can not be determined whether it was completed within the required time frame.

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.
 ATTACHMENTS

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

Signature of Legal Entity Representative -
 (Required on EVERY Page) *Tina Forbush*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tina Forbush* Date *7/13/17*

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

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

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-5-17
 (Date)

Fully Implemented *8-11-17 on-site*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

p7Ag11

225 (a)

Current resident charts will be audited by the Executive Director or designee to ensure written initial assessments were completed within 15 days of admission (and dated).

The written initial assessment for each resident will be audited by the Executive Director or designee to ensure required information is completed (and dated) within 15 days of admission.

The nurses were in-serviced by the Executive Director or designee regarding regulation 225 (a), including required time frame of within 15 days of admission and date.
Attachment - In-service attendance record

Date of compliance: July 30, 2017, and on-going

Administrator will oversee in order to ensure ongoing compliance. Q. 7-17-17

Violation Report: 22804 - 04/10/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600 231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured facility on [redacted] 16. The facility had a medical evaluation completed for the resident on [redacted] /16, after the resident's admission to the secured facility.

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.

Attachments

Repeat Violation: ~~No~~ **YES** Date(s) of Previous Violation(s): 6-9-16

Signature of Legal Entity Representative (Required on EVERY Page) *Tina Forsyth*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina Forsyth Date 7/13/17

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

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

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-5-17
 (Date)

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

8-11-17
07-5-17

p8 Ag 11

231 (b)

Current resident charts will be audited by the Executive Director or designee to ensure medical evaluations by a physician, physician's assistant or certified registered nurse practitioner were completed within 60 days prior to admission.

The medical evaluation for each resident will be audited by the Executive Director or designee to ensure information is completed within 60 days prior to admission.

The nurses were in-serviced by the Executive Director or designee regarding regulation 231 (b), including required time frame of within 60 days prior to admission.

Attachment - In-service attendance record will be forwarded

Date of compliance: July 30, 2017, and on-going

Administrator will oversee to ensure ongoing compliance.
C.E. 7-17-17

Violation Report: 22604 - 04/10/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured facility on [redacted] 16. The facility completed the preadmission screening/cognitive screening on [redacted] 16, after the resident's admission to the secured facility.

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.

A Nachments

Repeat Violation: ~~NO~~ YES

Date(s) of Previous Violation(s):

6-9-16

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Forsyth

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

Tina Forsyth

Date *7/13/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *7-17-17*
(Date)

Plan of correction implementation status as of *9-5-17*
(Date)

- Fully Implemented *8-11-17 on-site*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

ppg 11

231 (c)

Current resident charts will be audited by the Executive Director or designee to ensure written preadmission screenings were completed within 72 hours prior to admission.

The written preadmission screening for each resident will be audited by the Executive Director or designee to ensure required information is completed within 72 hours prior to admission.

The nurses were in-serviced by the Executive Director or designee regarding regulation 231 (c), including the required time frame of within 72 hours prior to admission.

Attachment - In-service attendance record

Date of compliance: July 30, 2017, and on-going

Administrator will oversee to insure ongoing compliance
7-17-17

Violation Report: 22604 - 04/10/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the secured facility on [redacted] 10. The facility completed a support plan to meet the residents needs, however the plan was not dated when completed and therefore it can not be determined whether the support plan was completed within the required time frames.

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.

Attachment

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

Signature of Legal Entity Representative
(Required on EVERY Page) Tina Forsyth

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tina Forsyth Date 7/13/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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

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

Plan of correction implementation status as of 8-11-17 on-site
(Date)

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

234 (a)

P101811

Current resident charts will be audited by the Executive Director or designee to ensure support plans were completed (and dated) within 72 hours of the admission or within 72 hours prior to admission.

The support plan for each resident will be audited by the Executive Director or designee to ensure required information is completed (and dated) within 72 hours of the admission or within 72 hours prior to admission.

The nurses were in-serviced by the Executive Director or designee regarding regulation 234 (a), including the required time frames of within 72 hours of the admission or within 72 hours prior to admission.

Attachment - In-service attendance record

Date of compliance: July 30, 2017, and on-going

Administrator will oversee in order to ensure ongoing compliance. CP. 7-17-17

Violation Report: 22604 - 04/10/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 56 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Review of resident #2's Individual Service Notes indicate that correction fluid was used on an entry made on 3/25/17 at 10:45 pm.
 Department representatives were able to read the original entry through the correction fluid by holding the note up to light. The original entry states: "resident #2 pushed resident #1 backwards out of the room. Resident #1 started falling backwards and resident #2 slammed the door shut hitting resident #1's walker."
 The following note was written over the correction fluid: "Resident #2 was found in room [redacted] on Dockside. Resident whose room it was, resident #1 went to go into his/her room and resident #2 slammed the door shut hitting resident #1's walker, causing resident #1 to fall backwards. The walker fell on the floor and resident #1 twisted around trying to catch him/herself but fell face first on the floor. When Resident Caregiver ran to resident #1, resident #2 came out of the room and walked up the hallway."

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.
 2 Attachments

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Forsyth* Date *7/13/17*

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

The above plan of correction is approved as of 7-17-17 (Date)
 The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 9-5-17 (Date)
 Fully Implemented *8-11-17 on-site*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

PIIA § 11

251 (b)

The Resident Services Coordinator or designee will audit charts on a monthly basis to ensure proper documentation practices are in place.

The staff and coordinators were in-serviced by the Executive Director or designee regarding regulation 251(b) including entries in a resident's record shall be permanent, legible, dated, and signed by the staff person making the entry. Also, correction tape is not permitted.

Attachment - In-service attendance record

The employee who utilized correction fluid and wrote over the correction fluid was terminated on May 12, 2017.

Attachment - Proof of employee termination

Date of compliance: July 30, 2017, and on-going

Administrator will oversee in order to ensure ongoing compliance. Q. 7-17-17

Violation Report: 22804 - 05/10/2017 - Rushin, Juhenna	
PCH Name: ARDEN COURTS OF OLD ORCHARD	
<p>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).</p>	
<p>2a. DESCRIPTION OF VIOLATION Resident #1 was sent to St. Luke's Hospital on 5/1/17 at 4:30 pm and admitted for bilateral subdural hematomas. The home did not report the incident to the department until 5/3/17 at 9:55am.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>16 (c) 1) The incident was reported on 5/3/2107 (Attachment - Reported Incident) 2) Incidents and conditions are reviewed in morning meeting by the Executive Director or designee to ensure follow up and regulatory compliance re. reporting incidents or conditions (including abuse and neglect) in a timely manner. June 16, 2017 and on-going 3) The staff was in-serviced on regarding regulation 16 (c) re. required reporting of abuse and neglect. June 16, 2017 (Attachment - In-Service Attendance Records)</p> <p style="font-size: 1.2em; font-family: cursive;">The administrator shall monitor and assure ongoing compliance - m 6/22/17</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/09/2016
Signature of Legal Entity Representative (Required on EVERY Page)	
Tina Forbush, Executive Director	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Tina Forbush	
Date 6/15/17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
6/22/17	6/22/17
The above plan of correction was approved by (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
m	

Violation Report: 22604 - 05/10/2017 - Rushin, Juliette
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
 2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION
 Review of resident #1's records indicate that he/she had a witnessed fall on 4/30/17 in the living room area. The resident also fell on the following dates and times after a 5/1/17 hospitalization: 5/3/17 at 4:30pm; 5/5/17 at 9:40pm; 5/7/17 at 11:46am and 5/7/17 at 7:20PM. Records also indicate that resident #1 has a history of entering other resident rooms and pushing them out of bed. The home has failed to implement interventions and safe management techniques to eliminate or modify resident #1's behaviors that endanger him/herself or others.

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.

- 201
- 1) Resident #1 - 15 minute checks on 4/11/17 post in-patient psych. consult to increase observation of resident. (The standard for Arden Courts is hourly checks). On 4/12/17, the RASP was documented, "Staff to alert supervisor if any behaviors observed." The resident was admitted for hospice care (St. Luke's) on [redacted]/17 due to worsening physical and mental status. A new RASP was completed on Resident #1 on 6/14/17 to reflect current status.
 (Attachments - RASPs)
 - 2) The Executive Director or designee will review all resident support plans to ensure that behavior management and redirection techniques are clearly noted on the RASP for residents that exhibit a behavior that endangers the resident himself/herself or others.
 Date: June 30, 2017
 - 3) Residents will be reviewed during Morning Meeting with the coordinators to discuss residents that exhibit a behavior that endangers the resident himself/herself or others. The RASP will be updated accordingly by the Executive Director or designee.
 Date: June 30, 2017, and on-going
 - 4) The coordinators were in-serviced on June 14, 2017 regarding regulation 201 re. positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others by the Executive Director.
 (Attachment - In-Service Attendance Record)

The administrator shall monitor and assure ongoing compliance in 6/22/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Forbuth* Date *6/15/17*

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

The above plan of correction is approved as of <i>6/22/17</i> (Date)	Plan of correction implementation status as of <i>6/22/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22804 - 05/10/2017 - Rushin, Julienne
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's RASP dated 1/6/17 has not been updated to indicate the resident's increased need for supervision due to his/her history of falls and his/her recent admission to hospice.

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.

227 (d)

1) Resident #1 - 15 minute checks on 4/11/17 post in-patient psych. consult to increase observation of resident. (The standard for Arden Courts is hourly checks).

On 4/12/17, the RASP was documented, "Staff to alert supervisor if any behaviors observed."

The resident was admitted for hospice care (St. Luke's) on [redacted] 17 due to worsening physical and mental status.

A new RASP was completed Resident #1 on 6/14/17 to reflect current status.

(Attachments - RASPs)

2) The Executive Director or designee will audit all resident records for documentation of services as required by regulation 227 (d).

Date: June 30, 2017

3) The coordinators were in-serviced on June 14, 2017 regarding regulation 227 (d), including documentation of services as required by regulation 227 (d) by the Executive Director.

(Attachment: In-Service Attendance Record)

4) The Executive Director or designee will audit individual resident records on a quarterly basis to ensure documentation of services as required by regulation 227 (d).

Date: June 30, 2017, and on-going

The administrator shall monitor and assure ongoing compliance in 6/22/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tara Forsyth, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tara Forsyth* Date *6/15/17*

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

The above plan of correction is approved as of 6/22/17 (Date) Plan of correction implementation status as of 6/22/17 (Date)

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

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

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2. DESCRIPTION OF VIOLATION

The home has 5 carbon monoxide detectors installed less than 15 from the appliances in the following areas: near the clothing dryers in each laundry room located in the Dockside, Harvest, Cloverdale and Berry Ridge wings and in the Maintenance Office near the 3 natural gas fired hot water heaters. The facility is not in compliance with the Care Facility Carbon Monoxide Alarms Standards Act.

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 Attachments

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Forsyth

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

Tina Forsyth Executive Director

Date

7/5/17

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

The above plan of correction is approved as of

7-19-17
(Date)

Plan of correction Implementation status as of 9-5-17
(Date)

Fully Implemented

8-11-17


on-site

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by


(Initials)

p2A921

18

The carbon monoxide detectors noted in the Violation Report were re-located by the Building Services Coordinator to be in compliance with the Care Facility Carbon Monoxide Alarms Standards Act, i.e. detectors are not installed less than 15 feet from appliances.

Date – May 23, 2017

Attachment – Pictures of the carbon monoxide detectors that have been relocated

The coordinators were in-serviced regarding Regulation 18 and the Care Facility Carbon Monoxide Alarms Standard Act by the Executive Director or designee on June 29, 2017.

Attachment – In-service attendance record

The Building Service Coordinator will complete daily rounds to ensure safety standards are in place, including the carbon monoxide detectors.

Date – June 29, 2017 and on-going

Attachment – Monthly Rounds

The Administrator will oversee these tasks to ensure ongoing compliance. QP. 7-19-17

Violation Report: 22804 - 05/23/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.80(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 facility is licensed as a Secured Dementia Care Unit and therefore all of the residents served at the facility have a mobility need based upon the residents' cognitive ability. Based upon staff interviews Department Representatives determined that resident #1, resident #2, and resident #3 require physical assistance of two people to transfer in and out of a bed or chair and also physical assistance of one person to ambulate in each resident's wheelchair. The facility consists of one floor with four separate wings. The facility contains five internal areas of refuge in which resident can evacuate to during an Emergency. As required during a fire alarm activation the magnetic locking mechanism will release, unlocking the doors and allowing resident an opportunity to also exit the facility. On 5/19/17 and 5/21/17 the facility had 32 residents residing at the facility, and scheduled two staff to work from 11:00pm to 7:00am the following day(s). Two staff persons is not sufficient to safely evacuate, account for and also supervise residents in each of the fire safe areas in the event an emergency evacuation was required.

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 Attachments

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tina Forgyth* Date *6-7/6/17*

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

The above plan of correction is approved as of 7-25-17
 (Date)

Plan of correction implementation status as of 9-5-17
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented *8-11-17 on-site*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

p3Ag 21

60 (a)

There is a minimum of four (4) staff scheduled on the 11-7 shift daily. There are three houses open at this time. Resident #2 has passed away with hospice services.
Attachment – Staff Assignments

The coordinators were in-serviced regarding Regulation 60 (a) including staffing shall be provided to meet the needs of the residents as specified in the resident's assessments and support plans by the Executive Director or designee on June 29, 2017.
Attachment – In-service attendance record

The Resident Services Coordinator or designee will review the daily staffing schedule during morning meeting to ensure there is adequate staff scheduled.
Date - June 29, 2017 and on-going
Attachment – Morning Meeting Agenda

The Administrator will oversee to ensure ongoing compliance. Cp. 7-25-17.

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A hired on 11/3/16 did not receive annual training in meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2016 training year.

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.

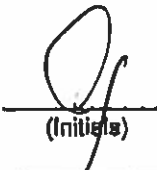
See Attachments

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tina Korayth* Date *7/5/17*

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

The above plan of correction is approved as of <u>7-19-17</u> (Date)	Plan of correction implementation status as of <u>9-5-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <i>8-11-17 on-site</i> <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

P4A g 21

65 (f)

Direct care staff person A's last day of employment was June 28, 2017. This date was before the required, annual training included in 65 (f) could be completed.

Attachment – Proof of non-employment status

The Executive Director or designee will audit all individual staff training plans for completion of the required, annual training topics.

Date – To be completed by July 30, 2017

The coordinators were in-serviced regarding regulation 65 (f), including required, annual training topics by the Executive Director or designee on June 29, 2017.

Attachment- In-service attendance record

The Administrative Services Coordinator or designee will audit individual staff training plans on a quarterly basis to ensure staff annual training requirements are completed.

Date - July 30, 2017, and on-going

The Administrator will oversee to ensure ongoing compliance. Op. 7-25-17

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A hired on 11/3/15 did not receive annual training in Fire Safety completed by a fire safety expert, Resident Rights and the Older Adult Protective Services Act during the 2016 Training Year.

Ancillary staff person B hired on 12/1/15 did not receive annual training in Fire Safety completed by a fire safety expert during the 2016 Training Year.

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 Attachments

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tina Forzani</i>	Date <i>7/6/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 07-25-17
 (Date)

Plan of correction implementation status as of 9-5-17
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented *8-11-17 on-site*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

PSA g 21

65 (g)

Direct care staff person A's last day of employment was June 28, 2017. This date was before the required annual training included in 65 (g) could be completed.

Attachment - Proof of non-employment status

Ancillary staff person B's last day of employment was May 29, 2017. This date was before the required annual training included in 65 (g) could be completed.

Attachment - Proof of non-employment status

The Executive Director or designee will audit all individual staff training plans for completion of the required annual training topics.

Date - To be completed by July 30, 2017

The coordinators were in-serviced by the Executive Director or designee regarding regulation 65 (g), including required annual training topics on June 29, 2017.

Attachment - In-service attendance record

The Administrative Services Coordinator or designee will audit individual staff training plans on a quarterly basis to ensure staff annual training requirements are completed.

Date - July 30, 2017, and on-going

The Administrator will oversee to ensure ongoing compliance. Cf. 7-25-17

Violation Report: 22804 - 05/23/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Department Representatives completed an audit of the glucometers prescribed to resident #4 and resident #5. It was determined through the audit as well as staff interviews that resident #4 ran out of test strips for the resident's glucometer. It was determined that from 5/8/17 through 5/18/17 staff of the facility utilized the glucometer prescribed to resident #5 to test the blood sugar of resident #4. Sharing of blood glucose devices is not permitted and greatly increases the risk of transmitting communicable diseases among residents.

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 Attachments

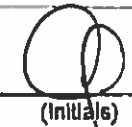
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Tina Forzani, Executive Director

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

Date 7/5/17

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

The above plan of correction is approved as of <u>7-19-17</u> (Date)	Plan of correction implementation status as of <u>9-5-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <u>8-11-17 on-site</u>
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

p6Ag 21

85 (a)

Per request of the surveyors, the following steps were immediately taken:

Physician orders were obtained on May 23, 2017 to hold Accu Checks until May 24, 2017.
Attachment – Physician orders

The four residents were screened for [REDACTED] on May 26, 2017. The results were negative for each of the residents.
Attachment – Test results

Four (4) new Glucometers were provided to each of the individual residents. Glucometers and supplies are provided by the community to ensure quality and adequate quantity.
Attachment – Proof of order/shipping Glucometers – glucose meters (May 23, 2017)

The nurses and med. techs will be in-serviced regarding regulation 85 (a) and the Glucose Blood Monitoring Policy and Procedures, including sharing of blood glucose devices is not permitted by the Resident Services Coordinator.

Date – by July 30, 2017

Attachment – In-service attendance record will be forwarded

The medication carts will be audited weekly by the Resident Services Coordinator/Resident Services Supervisors to ensure compliance with regulation 85 (a), which includes medications/supplies are available as ordered.

Date – July 1, 2017 and on-going

Attachment – Medication Cart Audit

The Administrator will oversee to ensure ongoing compliance.

Upon completion of the 7-30-17 training, the home will send a copy of the sign in sheet(s) to the Regional office.

CQ. 7-19-17

Violation Report: 22804 - 06/23/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following items were noted in the home's walk-in freezer not labeled or dated: a bag of French toast, a bag of frozen croquettes, a bag of cappelletti, a box of chicken cutlets and a tub of Sundae Shopper ice cream. Also observed in the refrigerator located on Dockside Wing was a plate of eggs and toast as well as a bowl of oatmeal. These items were also not labeled or dated.

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 Attachments

Repeat Violation: No

Date(s) of Previous Violation(s):

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 7/5/17

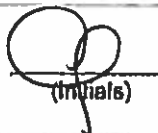
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-19-17
(Date)

Plan of correction implementation status as of 8-5-17
(Date)

- Fully Implemented 8-11-17 07-532
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by


(Initials)

pg 21

103 (i)

The unlabeled and undated food in the walk-in freezer and the Dockside Wing refrigerator were discarded by the Food Services Assistant and caregiver.

Date - May 23, 2017

The staff and coordinators were in-serviced regarding regulation 103 (i) including outdated or spoiled food or dented cans may not be used by the Executive Director or designee.

Dates - June 27, 28, and 29, 2017

Attachment - In-service attendance records

The Resident Services Coordinator or designee will complete daily rounds, including proper storage of food items.

Date - July 1, 2017 and on-going

Attachment - RSC Daily Rounds

Administrator will oversee to ensure ongoing compliance. Cp. 7-19-17

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

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 facility's furnaces were last inspected by a professional company on 1/13/16. Furnaces are required to be inspected annually, more than 12 months has expired since the last inspection.

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 Attachments

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tina Forgan

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

Tina Forgan

Date *7/5/17*

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

The above plan of correction is approved as of *7-19-17*
 (Date)

Plan of correction implementation status as of *7-19-17*
 (Date)

- Fully Implemented *8-11-17 on-site*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Page 21

126 (a)

The furnaces were inspected by John Bachman HVAC, Inc. on May 24, 2017.

Attachment – Furnace Inspection report

A notation will be placed on the 2018 calendar re. required furnace inspection/cleaning to be completed by May 24, 2018.

The Building Services Coordinator was in-service regarding regulation 126 (a) including required annual inspection of furnaces by the Executive Director or designee on June 29, 2017.

Attachment – In-service attendance record

Administrator will oversee to ensure ongoing compliance. Q. 7-19-17

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
 2600.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

2a. DESCRIPTION OF VIOLATION
 The facility's furnaces were last inspected/cleaned by a professional company on 1/13/16. Furnaces require cleaning as per the manufacturer's instructions. The facility does not have any cleaning documentation that occurred with the past 12 months.

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 Attachments

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tina Forgyth</i>	Date <i>7/18/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>7-19-17</i></u> (Date)	Plan of correction implementation status as of <u><i>7-19-17</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <i>8-11-17 on-site</i> <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

P10Ag 21

126 (b)

The furnaces were professionally cleaned by John Bachman HVAC, Inc. on May 24, 2017.
Attachment - Furnace Inspection Report (filters were replaced)

A notation will be placed on the 2018 calendar re. required furnace inspection/cleaning to be completed by May 24, 2018.

3) The Building Services Coordinator was in-serviced regarding regulation 126 (a) including required cleaning of furnaces by the Executive Director or designee on June 29, 2017.
Attachment - In-service attendance record

Administrator will oversee in order to insure ongoing compliance. Cp. 7-19-17

Violation Report: 22804 - 05/23/2017 - Hummel, Jesse
 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

It was determined through staff interviews that during the fire drills held on 9/7/16 and 10/12/16 resident #6 was very combative, so staff used a pillow to simulate the evacuation of resident #6, however did not have the resident evacuate. The facility fire drill log inaccurately indicates that all residents were evacuated during these drills.

The fire drill log also does not indicate whether the drill held on 10/12/16 was held in the AM/PM.

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 Attachments

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/09/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jina Forayth Executive Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jina Forayth* Date *7/5/17*

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

The above plan of correction is approved as of 7-25-17
 (Date)

Plan of correction Implementation status as of 7-5-17
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented 8-11-17 on-site
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

P11 Ag 21

132 (c)

The Building Services Coordinator was in-serviced regarding regulation 132 (c) including required fire drill documentation by the Executive Director or designee on June 29, 2017.

Attachment – In-service attendance record

The June fire drill records were reviewed and validated by the Education and Development Specialist on June 29, 2017 to ensure compliance with regulation 132 (c).

Attachment – June fire drill records

The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (c) required fire drill documentation.

Date - July 1, 2017 and on-going

The Administrator will review fire safety documentation monthly, in addition to overseeing to ensure ongoing compliance. Cf. 7-24-17

Violation Report: 22804 - 05/23/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
It was determined through staff interviews that during the fire drills held on 9/7/16 and 10/12/16 resident #6 was very combative, so staff used a pillow to simulate the evacuation of resident #6, however did not have the resident evacuate. Residents are required to fully evacuate during all fire drills.

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 Attachments

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/09/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *Tina Forzyth, Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tina Forzyth* Date *7/5/17*

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

The above plan of correction is approved as of 1-25-17
(Date)

Plan of correction Implementation status as of 8-5-17
(Date)

- Fully Implemented 8-11-17 07-5:46
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by 
(Initials)

PILA § 21

132 (h)

The Building Services Coordinator was in-service regarding regulation 132 (h) including residents are required to fully evacuate during all fire drills by the Executive Director or designee on June 29, 2017.
Attachment – In-service attendance record

2) The June fire drill records were reviewed and validated by the Education and Development Specialist on June 29, 2017, to ensure compliance with regulation 132 (h).
Attachment – June fire drill records

The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (h) including residents are required to fully evacuate during all fire drills. *
Date - July 1, 2017, and on-going

* The coordinators were in-service by the Education and Development Specialist regarding regulation 132 (h) re. procedures when a resident refuses to evacuate. These procedures will be adhered to and communicated to all staff during fire drills.
Date – July 25, 2017, and on-going
Attachment – In-service attendance record

Administrator will oversee to ensure ongoing compliance. Q. 7-25-17

Violation Report: 22804 - 05/23/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 65 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The Medical Evaluation completed on 1/19/17 for resident #3 does not indicate the resident's height or need for body positioning.
 The Medical Evaluation completed on 3/9/17 for resident #7 does not list the resident's medications.

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 Attachments

Repeat Violation: Yes	Date(s) of Previous Violation(s)	06/09/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) Tina Forzani, Executive Director

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tina Forzani Date 7/5/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7-19-17
 (Date)

Plan of correction implementation status as of 9-5-17
 (Date)

- Fully Implemented 8-11-17 on-site
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by 
 (Initials)

P13A g 21

141 (a) (2)

A new DME will be completed for resident #3, including the resident's height or need for body positioning by July 21, 2017.

Attachment - DME resident #3 - will be forwarded when complete

A new DME will be completed for resident #7, including the resident's medications by July 21, 2017.

Attachment - DME resident #7 - will be forwarded when complete

The nurses will be in-serviced by the Executive Director or designee regarding regulation 141(a) (2) including information required on the DME.

Date - by July 30, 2017

Attachment - In-service attendance record will be forwarded

The DME for each individual resident will be audited by the Executive Director or designee to ensure required information is completed upon move-in and updates.

July 30, 2017 and on-going

Administrator will oversee to ensure ongoing compliance.

Administrator/Designee will audit all residents' DMEs to insure current compliance. This audit will be retained by the home.

Q. 7-19-17

Violation Report: 22804 - 05/23/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Department Representatives observed Toujeo Solostar 300 units/ml prescribed to resident # 8. Two Toujeo pens are open, however neither pen is dated when the pen was first used. The medication manufacturers instructions indicate to discard any unused medication 42 days after first use.

Department Representatives observed Lantus Solostar 100 units/ml prescribed to resident #9. The pen was open and in use, however the pen was not dated when opened. The medication manufacturer's instructions indicate to discard any unused medication 28 days after opening the medication.

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 Attachments

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Tina Forsyth Executive

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Tina Forsyth

Date

7/5/15

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

The above plan of correction is approved as of

7-19-17
(Date)

Plan of correction implementation status as of

9-5-17
(Date)

Fully Implemented

8-11-17


Partially Implemented - Adequate Progress

07-5-16

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by


(Initials)

14 Aug 21

183 (d)

The opened Toujeo Solostar 300 units/ml pens for resident #8 were discarded by the Resident Services Coordinator. A new pen was opened and dated.

Attachment - Photo dated pen

The opened Lantus Solostar 100 units/ml pen for resident #9 was discarded by the Resident Services Coordinator. A new pen was opened and dated.

Attachment - Photo dated pen

The nurses and med. techs will be in-serviced by the Resident Services Coordinator re. regulation 183 (d) including dating pens when opened and following manufacturer's instructions.

Date - by July 30, 2017

Attachment - In-service attendance record will be forwarded

The medication carts will be audited weekly by the Resident Services Coordinator/Resident Services Supervisors to ensure compliance with regulation 183 (d).

Date - July 1, 2017 and on-going

Attachment - Medication Cart Audit

The Administrator used Onissee to ensure ongoing compliance. CP. 7-19-17

Violation Report: 22804 - 05/23/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 56 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed two pills; a round yellow pill, and a round pink pill, not packaged on the bottom of the medication cart drawer. The facility is responsible for the safe, sanitary, and organized storage of resident medication.

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 Attachments

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 *7/6/17*

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

The above plan of correction is approved as of <u>7-19-17</u> (Date)	Plan of correction Implementation status as of <u>9-5-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <i>8-11-17 on-site</i> <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

15A3 2,

183 (e)

The two medications located in the medication cart drawer were disposed (into the Drug Buster container) by the Resident Services Coordinator on May 23, 2017.

The nurses and med. techs will be in-serviced by the Resident Services Coordinator regarding regulation 183 (e) including prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Date - by July 30, 2017

Attachment - In-service attendance record will be forwarded

The medication carts will be audited weekly by the Resident Services Coordinator/Resident Services Supervisors to ensure compliance with regulation 183 (e).

Date - July 1, 2017 and on-going

Attachment - Medication Cart Audit

Administrator will oversee to ensure ongoing compliance. CP. 7-19-17

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

9

1. REGULATION 55 Pa.Code §2600

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

Department Representatives completed an audit of the glucometers prescribed to resident #5 and resident #8. The glucometers are not properly calibrated to the current time.

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 Attachments

Repeat Violation: No

Date(s) of Previous Violation(s):

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 7/5/17

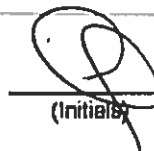
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-25-17
(Date)

Plan of correction implementation status as of 8-11-17
(Date)

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

The above plan of correction was approved by


(Initials)

new violations

185 (a)

p16 Ag 21

Four (4) new Glucometers were provided to each of the individual residents. Glucometers and supplies are provided by the community to ensure quality and adequate quantity.

The Resident Services Coordinator calibrated the glucometers based on the attached "User's Guide".

Attachment – Proof of order/shipping of glucometers – glucose meters (May 23, 2017)

Attachment – Cover of Blood Glucose Monitoring System – "User's Guide"

The Control Test Record is completed daily by the staff to ensure accuracy of results.

Attachment – Control Test Record

The nurses and med. techs were in-serviced by the Resident Services Coordinator regarding regulation 185 (a) re. the safe storage, access, security, distribution and use of medications and medical equipment, i.e. calibration of glucometers, by trained staff persons.

Date – by July 30, 2017

Attachment – In-service attendance record

Administrator will oversee to ensure ongoing compliance. J. 7-25-17

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
 PCH Name: AROEN 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

The Medication Administration Record (MAR) for resident #2 is not initialed by staff to indicate that Diclofenac Sod ER 100mg was administered on 6/22/17 at 12:00pm.
 The Medication Administration Record (MAR) for resident #6 is not initialed by staff to indicate that the following medications were administered on the following dates and times: Restasis 0.05% eye drops on 5/18/17 at 9am and 5/19/17 at 9pm; Travatan 0.004% eye drops on 5/18/17 at 8am; Momartine 10mg on 5/18/17 and 5/19/17 at 5pm; Mirtazapine 7.5 mg on 5/19/17 at 9pm and Nystatin Powder (apply 2 times daily) on 5/19/17 and 5/22/17 on 3-11pm shift.

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 Attachments

Repeat Violation: <u>No</u>	Date(s) of Previous Violation(s): <u>06-09-16</u>	
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Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>[Signature]</u>	Date <u>7/5/17</u>
---	--------------------

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

The above plan of correction is approved as of <u>7-19-17</u> (Date)	Plan of correction implementation status as of <u>9-5-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

new violation

P17Ag 01

187 (a)

An audit of all resident Medication Administration Records was conducted by the Resident Services Coordinator or designee on June 29, 2017 to ensure information required in regulation 187 (a) was documented for each medication.

Attachment - Medication Cart Audit

The nurses and medication techs. will be in-serviced regarding regulation 187 (a) including initialing by staff to indicate a medication was administered by the Resident Services Coordinator.

Date - by July 30, 2017

Attachment - In-service attendance record will be forwarded

~~Medication Cart Audits will be audited~~ weekly by the Resident Service Coordinator/Supervisors to ensure compliance with regulation 187 (a) including initialing by staff to indicate a medication was administered July 1, 2017 and on-going

Administrator will oversee to ensure ongoing compliance. 7-19-17

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2800

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 5/11/17 at 5:00pm resident #10 refused the following medications: Hydrolazine 10mg, Memantine 10mg, Zlprasadone 20mg, and Divalproex 125mg. The facility failed to notify the prescribing physician of these 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.

See Attachments

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tara Forzyth* Date *7/5/17*

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

The above plan of correction is approved as of 7-19-17
 (Date)

Plan of correction implementation status as of 9-5-17
 (Date)

- Fully Implemented *8-11-17 on-site*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by 
 (Initials)

P18Ag21

187 (c)

The Medication Technician Medication Pass Tool has been implemented on July 1, 2017 to document and communicate medication refusals to the physician.

Attachment – Medication Technician Medication Pass Tool

An audit of all resident Medication Administration Records was conducted by the Resident Services Coordinator or designee on June 29, 2017, to ensure information required in regulation 187 (c) was documented for each medication and communicated to the physician.

Attachment – Medication Cart Audit

The nurses and medication techs. will be in-serviced regarding regulation 187 (c) including procedures taken if a resident refuses a medication by the Resident Services Coordinator.

Date – by July 30, 2017

Attachment – In-service attendance record will be forwarded

Medication Cart Audits will be audited weekly by the Resident Service Coordinator/Supervisors to ensure compliance with regulation 187 (c).

July 1, 2017 and on-going

Administrator will oversee to ensure ongoing compliance. Q. 7-19-17

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
 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 #9 is prescribed to have their blood glucose level (BGL) tested daily at 8am. The facility did not test the resident's (BGL) on 5/2/17, 5/3/17 and 5/4/17 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.


See Attachments

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tina Forzyth*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tina Forzyth</i>	Date <i>7/5/17</i>
---	--------------------

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

The above plan of correction is approved as of <u>7-17-17</u> (Date)	Plan of correction implementation status as of <u>9-5-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <i>8-11-17 02:54</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

New violation

187 (d)

An audit of all resident Medication Administration Records was conducted by the Resident Services Coordinator or designee on June 29, 2017 to ensure information required in regulation 187 (d) was documented per directions of the prescriber.
Attachment – Medication Cart Audit

The nurses and medication techs. will be in-serviced regarding regulation 187 (d) including information was documented per directions of the prescriber by the Resident Services Coordinator.
Date – by July 30, 2017
Attachment – In-service attendance record will be forwarded

Medication Cart Audits will be audited weekly by the Resident Service Coordinator/Supervisors to ensure compliance with regulation 187 (a) including information was documented per directions of the prescriber.
July 1, 2017 and on-going

The Administrator will oversee in order to ensure ongoing compliance. (D). 7-19-17

Violation Report: 22604 - 05/23/2017 - Hummel, Jesse
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A received only 2.25 hours of the required 6 hours of annual training in Dementia care and services during the 2016 training year.

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 Attachments

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *7/5/17*


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

The above plan of correction is approved as of 7-19-17
 (Date)

Plan of correction implementation status as of 9-5-17
 (Date)

- Fully Implemented *8-11-17 on-site*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by


 (Initials)

236

P20Ag 21

Direct care staff person A's last day of employment was June 28, 2017. This date was before the required training hours included in 236 could be completed.

Attachment - Proof of non-employment status

The Executive Director or designee will audit all individual staff training plans for completion of the required training hours.

Date - To be completed by July 30, 2017

The coordinators were in-serviced regarding regulation 236 including required training hours by the Executive Director or designee on June 29, 2017.

Attachment- In-service attendance record

The Administrative Services Coordinator or designee will audit individual staff training plans on a quarterly basis to ensure staff training hour requirements are completed.

Date - July 30, 2017, and on-going

Administrator will oversee in order to ensure ongoing compliance Q. 7-19-17

The Administrator will send the audit results of the 1st quarterly audit upon completion to the Regional Office. Cg
9-5-17

Violation Report: 22804 - 05/23/2017 - Hummel, Jesse
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
A review of resident #7's Medical Evaluation (completed on 3/8/17) indicated that correction tape was used on "evaluation type" and "mobility" sections.

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 Attachments

In addition, immediately upon receipt of the Licensing Packet:

The home will not make, present, or use any record or document knowing it to be false and with the intent to mislead the Department.

The home will not alter, destroy, or remove any record or document to impact it's availability in an investigation by the Department

CP 7-19-17

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

Signature of Legal Entity Representative
(Required on EVERY Page) Tina Forsyth

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tina Forsyth Date 7/5/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7-19-17 (Date)
Plan of correction implementation status as of 8-5-17 (Date)
 Fully Implemented 8-11-17 on-site

The above plan of correction was approved by [Signature] (Initials)
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

P21A321

251 (b)

A new DME will be completed for resident #7 by July 21, 2017.
Attachment - DME resident #7 - will be forwarded when complete

The staff and coordinators were in-serviced regarding regulation 251(b) including entries in a resident's record shall be permanent, legible, dated, and signed by the staff person making the entry. Also, correction tape is not permitted by the Executive Director or designee on June 27, 28, and 29.
Attachment - In-service attendance records

The DME for each individual resident will be audited by the Executive Director or designee to ensure required information is completed upon move-in and updates.
July 30, 2017 and on-going

The Administrator will oversee to ensure ongoing compliance. Q. 7-19-17

Violation Report: 22604 - 05/25/2017 - Valencia, Duane
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

The home failed to report an incident involving a violation of resident rights within the required 24 hours of the alleged incident. On Sunday afternoon, 5/14/2017, between the time of 2:30 PM and 2:45 PM, Staff Person "A" verbally threatened Resident #1.

A staff member who was present and heard the threatening comments toward Resident #1 did not report the incident to a management person until the afternoon of Tuesday, 5/16/2017. A second staff person was present at the time of the incident and also overheard Staff Person "A's" threatening comments toward Resident #1 but did not report the incident of verbal abuse until asked by management several days later.

The faxed incident report addressing the 5/14/2017 incident was not received in the Regional Office until Wednesday, 5/17/2017.

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.

1) The incident was reported on 5/17/17.

(Attachment - Reported Incident)

2) Incidents and conditions are reviewed in morning meeting by the Executive Director or designee to ensure follow up and regulatory compliance re. reporting incidents or conditions in a timely manner.

June 16, 2017 and on-going.

3) The coordinators were in-service on regarding regulation 16 (c) re. required incidents and conditions to be reported in a timely manner by the Executive Director.

May 23, May 24 & June 16, 2017

(Attachment - In-Service Attendance Record)

Adm will ensure all employees are in-service on all 19 aspects of reportable incidents in order to ensure future compliance.

Adm will oversee the entire process to ensure on going compliance.

Repeat Violation: Yes

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Tim Forgyth, Executive Director

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

Tim Forgyth

Date *6/15/17*

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

The above plan of correction is approved as of *7-17-17*
(Date)

Plan of correction implementation status as of *9-5-17*
(Date)

Fully Implemented

8-11-17 on-site

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 22604 - 05/26/2017 - Valencia, Duane
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 56 Pa.Code §2600
2800.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Resident #1 was not treated with dignity and respect by staff person "A" on Sunday, 5/14/2017 between 2:00PM and 2:46 PM. Staff person "A" was verbally abusive and made threatening comments to resident #1 which were overheard by two other staff persons. Staff person "A"s response to resident #1 was that he/she would have kicked or kneed resident #1 in his/her private area.

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.

42 (c)

1) Staff member "A" was discharged over the phone on 5/22/17

(Attachment - Discharge Employee Warning Notice)

2) Incidents and conditions are reviewed in morning meeting by the Executive Director or designee to ensure follow up and regulatory compliance re. reporting incidents or conditions in a timely manner.

June 16, 2017 and on-going

3) The staff was in-serviced on regarding regulation 42 (c) a resident shall be treated with dignity and respect.

May 23, May 24, June 13, 2017

(Attachment - In-Service Attendance Record)

The Administrator will oversee to ensure ongoing compliance. Ce. 7-17-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Luna Forsyth

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

Luna Forsyth

Date *6/15/17*

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

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

Plan of correction Implementation status as of 8-5-17
(Date)

- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented
- 8-11-17 on-site*

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 22604 - 07/13/2017 - Harvey, Jason
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600 224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was discharged from Banebas Health Behavioral Health Center on [redacted]/2017 with a history of suicidal ideations or threats of killing others. The preadmission screening dated [redacted]/2017 for Resident #1, admitted [redacted]/17, did not indicate any history of suicidal ideations or threats of killing others.

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 Attachments

The home will carefully review the information gathered from the referral source(s) regarding new admissions to the home. In determining that the home is able to meet the resident's needs, consideration will be paid to the home's description of services in order that once a resident is admitted to the home, their needs will be met safely for the new resident, as well as other residents in the home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Tina Forbyth

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tina Forbyth Date 7/28/17

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

The above plan of correction is approved as of <u>8-4-17</u> (Date)	Plan of correction implementation status as of <u>9-5-17</u> (Date)
The above plan of correction was approved by <u>Og</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

224 (a)

P2A 8 4

The preadmission screening form for each resident will be audited by the Executive Director or designee to ensure inclusion of pertinent information.

The coordinators were in-serviced by the Executive Director or designee regarding regulation 224 (a), including information required on the preadmission screening form.

Attachment - In-service attendance record

Date of compliance - July 30, 2017, and on-going

The home will ensure there is a process in place to comply w/ the requirements of this regulation, and the home has put steps into place to ensure the process is adhered to.

The home will rekind documentation of this process and evidence success w/ the process is measured.

The Administrator will oversee this work to attain and then maintain compliance.

Cp. 8-4-17

Violation Report: 22604 - 07/13/2017 - Harvey, Jason
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 65 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's Resident Assessment-Support Plan dated 5/17/17 does not address the resident's history of suicidal ideations or threats of killing others.

Resident #2's Resident Assessment-Support Plan dated 3/23/17 does not address the resident's history of aggression towards residents and staff members of the home.

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 A Hack memo's

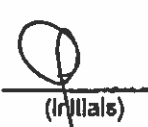
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Tina Forbyth*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Forbyth* Date *7/28/17*

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

The above plan of correction is approved as of 08-04-17 (Date) Plan of correction implementation status as of 9-5-17 (Date)

The above plan of correction was approved by  (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

227 (d)

P 3A g f

The Resident Assessment-Support Plan (RASP) for resident #1 was updated with an addendum to address the resident's history of suicidal ideation or threats of killing others.

Attachment - RASP addendum

The Resident Assessment-Support Plan (RASP) for resident #2 was updated with an addendum to address the resident's history of aggression towards residents and staff members of the home.

Attachment - RASP addendum

The coordinators and nurses were in-serviced by the Executive Director or designee regarding regulation 227 (d) - document in the resident's support plan the medical...behavioral care services that will be made available to the resident, etc.

Attachment - In-service attendance record

Date of compliance - July 30, 2017

The Administrator will insure there is a process to gather pertinent information from a variety of sources, evaluate that info, and determine that info necessary to insure each resident's needs are met or those needs change or develop, and that accountability for meeting those needs is firmly established.

The Administrator will oversee this process to attain and maintain compliance. CP 8-4-17.

Violation Report: 22604 - 07/13/2017 - Harvey, Jason
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment-Support Plan for resident #2 dated 3/23/17 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

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 Attachments

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tina Forgan* Date *7/28/17*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of <i>9-5-17</i> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <i>8-11-17 on-site</i> <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

227 (g)

p4A, 4

The Resident Assessment-Support Plan (RASP) for resident #2 has been signed by the resident.
Attachment – signed RASP

The RASP of current residents will be audited by the Executive Director or designee to ensure that the form has been signed by the resident or there is documentation of the resident's inability or refusal to sign the support plan.

The RASP of new residents will be audited by the Executive Director or designee to ensure that the form has been signed by the resident or there is documentation of the resident's inability or refusal to sign the support plan.

The coordinators and nurses will be in-serviced by the Executive Director or designee regarding regulation 227 (g).

Attachment – In-service attendance record will be forwarded to the Regional Office.

Date of compliance – August 30, 2017, and on-going

cf. 8-4-17

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page 1 of 5

PCH Name: ARDEN COURTS OF OLD ORCHARD		License Number: 22604
Address: 4088 FREEMANSBURG AVENUE, EASTON, PA 18045		County: Northampton
Administrator: Chrissina Forsyth		Region: NORTHEAST
Legal Entity Name: OLD ORCHARD HEALTH CARE CENTER EASTON PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43004		
Certificate(s) of Occupancy 1-2 10/07/2015 Township of Bethlehem		
Staffing Hours Resident Support: 0 Total Daily Staff: 78 Waking Staff: 59		
Type of Inspection: Partial SHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Interim, Complaint		
On-Site Inspection Dates and Department Representatives On-Site 08/11/2017: Harvey, Jason; Hummel, Jesse		
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 who:	
Number of Residents Served: 38	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 80 Years of Age or Older: 39	
Area: Entire Building	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 64	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 38	Have a Mobility Need: 39	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 16		

Su Daw ERS 10-4-17
Su Daw Del ERS

Violation Report: 22804 - 08/11/2017 - Harvey, Jason
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

Resident #11s prescribed Glucose 4mg - chewable tablets. This medication is not labeled with the resident's name.

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

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan H. Resch, EDS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan H. Resch, EDS Date 10-4-17

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

The above plan of correction is approved as of 10-6-17 (Date)

Plan of correction implementation status as of 10/6/17 (Date)

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

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

184(b)

PSA 9/5

- 1) Resident #1 moved out of the community on [redacted] 17.
Attachment - Move-Out Summary
- 2) An audit of all resident medications was conducted by the Executive Director or designee on 10/3/17, to ensure required identification of resident's name on all medications.
- 3) The nurses and medication technicians will be in-serviced on 10/9/17 regarding regulation 184 (b) re. required identification of resident's name by [redacted] (external consultant).
(Attachment - Notice re. medication in-service) attendance sheets to be furnished to Regional office.
- 4) Medication Administration Record Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure required information, i.e. identification of resident's name.
10/9/17 and on-going
(Attachment - Medication Administration Record Audit) Cf. 10-5-17

The Administrator will oversee all of the above steps to ensure ongoing compliance. Documentation of the training & audits will be retained on the hand. Audits will include dates, names or initials of persons conducting the audit, findings, steps taken if indicated, and outcomes. Cf. 10-5-17

184(b)

Jana Nilsen EPS 10-4-17
 Susan Wilkerson EPS

Violation Report: 22004 - 08/11/2017 - Harvey, Jason
FCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
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
Resident #1 is prescribed Acetaminophen 500 mg - 1 tablet every 8 hours as needed for pain. This medication is not on hand at the facility.

It is the home's policy that two staff persons count the narcotic medication at the beginning and end of each shift. On the following dates and times, the home did not count the narcotics per the home's policy as indicated on the Narcotic Count Sheet:

- 7/08/17: staff did not sign off during first shift narcotic audit
- 7/27/17: staff did not sign off during first shift narcotic audit
- 8/06/17: staff did not sign off during first shift narcotic audit

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Susan Hirsch EDS Date 10-4-17

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

The above plan of correction is approved as of 10-5-17
(Date)

Plan of correction implementation status as of 10/6/17
(Date)

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

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

185(a)

10/3/17

- 1) Resident #1 moved out of the community on [REDACTED] 17.
Attachment - Move-Out Summary
- 2) An audit of all resident medications was conducted by the Executive Director or designee on 10/3/17, to ensure all prescribed medications are available on hand for the residents. The Narcotic Count Sheets were, also, audited for compliance per policy.
- 3) The nurses and medication technicians will be in-serviced on 10/9/17 regarding regulation 185 (a) re. all prescribed medications are available on hand for the residents. Staff will also be in-serviced regarding the policy re. two staff persons count the narcotic medication at the beginning and end of each shift. In-service will be conducted by [REDACTED] (external consultant).
(Attachment - Notice re. medication in-service)
- 4) Medication Administration Record Audits and Narcotic Count Sheets will be audited weekly by the Resident Services Coordinator/Supervisors to ensure all prescribed medications are available on hand for the residents; and Narcotic Counts Sheets are completed at the beginning and end of each shift.
10/9/17 and on-going
(Attachment - Medication Administration Record Audit)

The Administrator will oversee all of the above steps to ensure ongoing compliance.
Documentation of the training & audits & Narcotic Count Sheets will be retained by the home.
Audits will include dates, names or initials of the person conducting the audit, findings, steps taken if indicated, and outcomes. QP. 10-5-17

185(a)

Susan Hirsch ERS
10-4-17

Violation Report: 22801-08/11/2017 - Harvey, Jason
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 88 Pa. Code §2800

2800.187(e) - 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 is prescribed Glimperide 2mg tablet - 1 tab two times daily. The Medication Administration Record was not initialed by the staff that administered the medication on 8/8/17 at 9:00am.

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

reviewed via phone w/Sue Hish 10-6-17

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/09/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN NICKEL EPS* Date *10-4-17*

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

The above plan of correction is approved as of *10-5-17* (Date)

Plan of correction implementation status as of *10/6/17* (Date)

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

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

187 (a)

- 1) Resident #1 moved out of the community on [REDACTED] 17.
Attachment - Move-Out Summary
- 2) An audit of all resident Medication Administration Records was conducted by the Executive Director or designee on 10/3/17 to ensure required documentation, i.e. name and initials of staff person administering the medication.
- 3) The nurses and medication technicians will be in-serviced on 10/9/17 regarding regulation 187 (a) re. required items to be included on the Medication Administration Record by [REDACTED] (external consultant).
(Attachment - Notice re. medication in-service)
- 4) Medication Administration Record Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure required information, i.e. name and initials of staff person administering the medication.
10/9/17 and on-going.
(Attachment - Medication Administration Record Audit)

P4A 35

Administrator will ensure that the other 13 elements of this regulation have been shared w/ all staff that administer medication. Sign in sheets for this training, to be completed w/in 15 days of the receipt of the home's license, will be retained by the home.

The Administrator will oversee all of the above steps to ensure ongoing compliance.

Documentation of the training & audits will be retained by the home.

Audits will include date, names or initials of the staff conducting the audit, findings, steps taken 187(a) is indicated, and outcomes of 10/5/17

Susan Plisch ERS
Susan Plisch ERS 10-4-17

Violation Report: 22804 - 08/11/2017 - Harvey, Jason
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2500
2600.167(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 was prescribed Tobramycin .3% drops - 2 drops in each eye 3 times a day for 5 days. This medication was ordered and filled by the pharmacy on 7/4/17. The medication was not administered to the resident until 7/8/17 at 4:00pm.

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 a Hirsch

Reviewed w/ Sue Hirsch 10-6-17

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/09/2016

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) SUSAN HIRSCHERS Date 10-4-17

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

The above plan of correction is approved as of 10-5-17
(Date)

Plan of correction Implementation status as of 10/6/17
(Date)

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

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

PSA P4A 84
85 84

187 (d)

- 1) An audit of all resident Medication Administration Records/Medications was conducted by the Executive Director or designee on 10/3/17 to ensure all medications are administered per directions of the prescriber.
- 2) The nurses and medication technicians will be in-serviced on 10/9/17 regarding regulation 187 (d) following the orders of the prescriber by [REDACTED] (external consultant)
(Attachment - Notice re. medication in-service)
- 3) Medication Administration Record Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure medications are administered per directions of the prescriber,
10/9/17 and on-going
(Attachment - Medication Administration Record Audit)

The Administrator will also ensure that all current physician orders are correctly transcribed onto the home's MARs and the labels of all medications, OTCs & CAMs that have orders. This audit will be done at minimum once per month.

The Administrator will oversee all of the above steps to ensure ongoing compliance.

The Audits will include dates, names or initials of staff conducting the audits, findings, steps taken if warranted and outcomes. CP. 10-5-17

187(d)

[Signature] EKS 10-4-17
SUSAN FLISK EKS