



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 26 2018

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

RE: Arden Courts of King of Prussia  
620 West Valley Forge Road  
King of Prussia, Pennsylvania 19406  
License #: 129950

Dear Mr. Allen:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on November 17, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 12995 - 11/17/2017 - Thomas, Tahesia  
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff member A, whose first day of work was 07/13/16, did not sign the home's documentation advising that orientation was completed.

**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.*

65(a)

Staff member A reviewed orientation documentation and signed, verifying she did complete the training required during orientation. 12/20/2017 Attachment 1

The Executive Director or designee will audit employee files for required signatures and ensure compliance with regulation 65 (a) Target Date: 12/27/2017 and on-going. Attachment 2



The Administrator Services Coordinator, Human Resources designee, was in-serviced on 12/20/2017 Executive Director on Regulation 65(a). Personnel check list to be utilized with areas marked completed with all needed signatures present. Attachment 3 & 4

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Graff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Graff, Executive Director* Date *12/22/2017*

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

The above plan of correction is approved as of <u>11/18/17</u> (Date)  (Initials)	Plan of correction implementation status as of <u>11/18/17</u> (Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul>
The above plan of correction was approved by  (Initials)	

Violation Report: 12995 - 11/17/2017 - Thomas, Tahesia  
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
 Staff person A completed their 40th scheduled work hour on 07/21/17. Staff person A did not sign the home's documentation advising that orientation was completed.

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.

65(b)

Staff member A reviewed orientation documentation and signed, verifying she did complete the training required during orientation. 12/20/2017 Attachment 5

The Executive Director or designee will audit employee files for required signatures and ensure compliance with regulation 65 (b) Target Date: 12/27/2017 and on-going. Attachment 6

The Administrator Services Coordinator, Human Resources designee, was in-serviced on 12/20/2017 Executive Director on Regulation 65(b). Personnel check list to be utilized with areas marked completed with all needed signatures present. Attachment 7 & 8

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groff, Executive Director* Date *12/22/17*

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

The above plan of correction is approved as of *1/18/18*  
 (Date)

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

Plan of correction implementation status as of *1/18/18*  
 (Date)

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

Violation Report: 12995 - 11/17/2017 - Thomas, Tahesia  
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa. Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Room numbers 7, 27, 46, and 59 did not have a source of light that can be turned on/off from bedside.

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.*

101(j)(7)

The Building Services Coordinator was in-serviced on regulation 101(j)(7) on 11/20/2017 by Executive Director. Attachment 9

Inspection of all resident room lamps completed on 11/20/2017 by Building Services Coordinator. Any lamps not operable, including those in rooms 7, 27, 46, and 59, were repaired or replaced on 11/20/17. Attachment 10

The Building Services Coordinator will inspect lamps on daily rounds of the building, utilizing Daily Rounds checklist. Attachment 11

Target Date: 11/20/2017 and on-going.

All staff will be in-serviced Executive Director or designee on proper reporting of non-operable items in resident rooms and the use of work orders to ensure good communication and compliance with regulation 101(j)(7).

Target Date: 12/27/2017 Attachment 12 & 13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nicole C. Groff*

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

*Nicole C. Groff, Executive Director*

Date

*12/22/17*

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

The above plan of correction is approved as of

*11/18/18*  
 (Date)

Plan of correction implementation status as of

*1/18/19*  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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

Violation Report: 12995 - 11/17/2017 - Thomas, Tahesia  
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 1 last medical evaluation was completed on 09/26/17. The prior DME was completed on 09/09/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

141(b)(1)

The Executive Director or designee will audit resident medical evaluations to ensure compliance with regulation 141(b)(1).

Target Date: 12/27/17 and on-going. Attachment 14

The Executive Director or designee will review resident medical evaluations and date due during the Morning Kick Off Meeting and follow up accordingly.

Target Date: 12/27/2017 and on-going.

Nursing supervisors will be in-serviced by the Resident Services Coordinator regarding appropriate time frames and Regulation 141(b)(1).

Target Date: 12/27/2017 Attachment 15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Nicole C Groff

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole C Groff, Executive Director Date 12/22/17

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

The above plan of correction is approved as of 1/18/18  
 (Date)

Plan of correction Implementation status as of 1/18/18  
 (Date)

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

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