



# pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: June 7, 2018

Mr. Martin D. Allen  
Director  
Old Orchard Health Care Center – Easton PA LLC  
333 North Summit Street  
Toledo, Ohio 43604

RE: Arden Courts of Old Orchard  
4098 Freemansburg Avenue  
Easton, Pennsylvania 18045  
License #: 226040

Dear Mr. Allen:

As a result of the Department's Bureau of Human Services Licensing inspection on December 7, 2017 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

*Michele Moskalczyk*

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ARDEN COURTS OF OLD ORCHARD		License Number: 22804
Address: 4098 FREEMANSBURG AVENUE, EASTON, PA 18045		County: Northampton
Administrator: Arlene Henry		Region: NORTHEAST
Legal Entity Name: OLD ORCHARD HEALTH CARE CENTER EASTON PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy I-1 10/17/2015 L&I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 64                      Waking Staff: 41		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Interim, Complaint, Incident, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 12/07/2017: Novak, Ryan; Harvey, Jason; Deluca, Amy		<b>RECEIVED</b>  JAN 11 2018
Off-Site Inspection Dates and Inspectors, if Applicable 12/13/2017: Novak, Ryan		Human Services Licensing <b>RECEIVED</b> APR 09 2018 By <i>NE Regional office</i>
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 64 Number of Residents Served: 27 Secured Dementia Care Unit In Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 64 Number of Residents Served in Secured Dementia Care Unit, if applicable: 27 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 27 Have a Physical Disability: 0	

Violation Report: 22604 - 12/07/2017 - Novak, Ryan  
 PCH Name: ARDEN COURTS OF OLD ORCHARD

**1. REGULATION 55 Pa.Code §2600**  
 2600.101(l) - A resident shall have access to his/her bedroom at all times.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's bedroom door was locked upon entering the home's memory care unit. The resident is unable to open the door with a key. The resident does not have access to the residents room at all times.

**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.*


**DIRECTED PLAN OF CORRECTION:**

Immediately and On-going:

The Administrator will oversee that all staff that work in the building are aware of the regulation that requires residents have access to their bedrooms at all times. Documentation of training will be retained by the home.

The administrator will also oversee that the home has specific training for all management staff in ensuring that the home is properly staffed in order to meet all residents needs. This includes close supervision of residents who may be prone to enter other residents rooms or residents that are prone to respond aggressively when another resident enters their room.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Arlene Henry, Executive Director	Date 4/6/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/22/18</u> (Date)	Plan of correction implementation status as of <u>5/22/18</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented