



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JAN 25 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' licensing inspection on 12/18/17, on which we conducted on-site inspections] 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,

A handwritten signature in cursive script that reads "Roslyn Brewer LSK".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: ARDEN COURTS OF KING OF PRUSSIA		License Number: 12995
Address: 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406		County: Montgomery
Administrator: Nicole Groff		Region: SOUTHEAST
Legal Entity Name: ARDEN COURTS OF KING OF PRUSSIA PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy n/a na		
Staffing Hours Resident Support: 51 Total Daily Staff: 153 Waking Staff: 115		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site -12/18/2017: Parker, Shawn		
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 Served: 51 Secured Dementia Care Unit In Home: Yes Area: entire building Secured Dementia Unit Capacity, if Applicable: 64 Number of Residents Served in Secured Dementia Care Unit, if applicable: 51 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 27		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 4 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 51 Have a Physical Disability: 1

Violation Report: 12995 - 12/18/2017 - Parker, Shawn
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 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
 Resident # 1 was pushed by resident # 2 in the community center on 11-23-17 at approximately 2:15pm. Resident # 1 suffered a head laceration that required staples. The home was aware of resident # 2's aggression as multiple staff members stated the resident is "territorial" and "doesn't like to be bothered". Resident # 1 was bitten by resident # 2 back in August of 2017 resulting in an arm injury that required sutures. This is now the second time resident # 2 has injured resident # 1.

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.

Please see attached POC
 55 Pa. Code §2600.42(b)

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 *12/28/17*

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

The above plan of correction is approved as of <i>12/19</i> (Date)	Plan of correction implementation status as of <i>12/18</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Incident – 11/23/17

Resident #1 was seen at the Emergency Room at Paoli on 11/23/17 and received 7 staples at the rear of head. He returned to the community the same day.

Attachments: ER Discharge with order for pain medication as needed.
Mercy Home Health order for RN (staple removal), PT & OT
Physician order for X Rays on 11/24/17
X Ray results report
Suburban Geriatrics Service Notes

Resident #2 – Community requested transfer for in-patient behavioral health services on 11/23/17. During process to transfer, resident #2 was placed on 15 minute checks while sleeping and 1:1 supervision while awake.
Resident#2 was transferred to Haven Behavioral Health Unit on 11/24/17.

Attachments: 15 minute check / 1:1 sheet
Transfer order /note
RASP update (post incident #1)

Resident#2 did not return to the community.
Attachment – Move-Out Summary

Incident reported to Bureau of Human Services Licensing and Area Agency of Aging.
Attachment: Reports

The Executive Director will conduct in-services on 1/8/2018 and 1/11/2018 for the staff regarding dementia-related behaviors, including aggression, and interventions.
– In-service attendance records will be forwarded upon completion of the in-services

Office on Aging will conduct an in-service on date to be determined regarding regulation 42 (b) – A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. This will, also, include prevention and reporting of the previous items.
– In-service attendance record will be forwarded upon completion of the in-services

The Executive Director will implement the attached audit tool to ensure compliance with regulation 42 (b).
Attachment – Audit tool – 42 (b)

The center's Executive Director is responsible for attaining and maintaining compliance. The center will have completed implementation of these measures by dates indicated within the Plan of Correction.

Nicole C Broff Nicole C Broff Executive Director 12/28/17 Reg 42(b)