



**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 February 15, 2018 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: 22604 - 02/15/2018 - O'Haire, Anne  
 PCH Name: ARDEN COURTS OF OLD ORCHARD

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

**2a. DESCRIPTION OF VIOLATION**  
 The most recent medical evaluation for resident #1 was completed 1/5/2017, which is more than 12 months prior to the date of inspection. Residents are required to have medical evaluations completed at least annually.

**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.

To be completed within 30 days of receipt of this Directed Plan of Correction (DPOC)

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation completed as soon as possible and annually thereafter.

An audit tool specific to annual medical evaluation due dates was created and implemented to be utilized as a tickler system (Please see attachment #1). Administrator completed an audit of all resident files to ensure DME dates were current, and that each resident has had a medical evaluation within the past year. Significant condition changes are discussed amongst supervisory team at morning meeting daily, with timely follow up of any resident issue. Resident #1 has received an updated DME from time of DHS visit (Please see attachment #2). Administrator and designees will ensure continued compliance with timely annual medical evaluations.

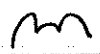
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Arlene Henry, Executive Director	Date 4/2/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/22/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 5/22/18  
 (Date)

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

Violation Report: 22604 - 02/15/2018 - O'Haire, Anne  
 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**

Through staff interviews it was determined that residents #2 and #1 have body pillows tucked under the sheets in their beds at night in order to restrict movement while sleeping and prevent falls. This is a mechanical 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.*

Immediately and within 30 days of receipt of this DPOC

The home shall immediately refrain from use of any and all kinds of restraints on residents, whether chemical, mechanical or manual. The home shall also refrain from using seclusion, adverse conditioning and/or pressure point techniques with residents.

Within 30 days, the home will contract with an outside agency such as the Area Agency on Aging to conduct training for all direct care staff. The training will include information on the definitions of abuse and neglect of residents as well as a review of resident rights. The training will also include the prohibition of use of restraints on residents as outlined under Ch.2600.202 and information on the use of positive interventions as outlined under Ch.2600.201.

Documentation of the training shall be maintained by the home and for review by the department upon request.

The body pillows were immediately removed from the residents rooms following DHS visit, and family notified of restricted use. Area Agency on Aging was contacted to conduct an additional training with our staff in regards to prohibition of use of items that are considered restraints, resident rights, and abuse/neglect. Training to be confirmed within 30 days of DPOC, and documentation of attendance will be available for review by Department of Human Services upon request.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/10/2017
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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 4/2/18

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The above plan of correction was approved by  (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

Violation Report: 22004 - 02/15/2018 - O'Haire, Anne  
 PCH Name: ARDEN COURTS OF OLD ORCHARD

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The most current assessment for resident #1 is dated 1/19/2017. The resident is required to have additional assessments annually.

**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.*

(Within 30 days of DPOC and thereafter)

The identified resident #1, will have a detailed, comprehensive assessment that identifies all of the resident's personal care needs. The assessment will be documented on the Department's required form. Forms will be filled out in their entirety, including signatures and dates.

The administrator will develop a system to ensure that all assessments are completed correctly, completely, and within the time frames required by this Chapter.

An audit tool specific to annual resident assessment support plan due dates was created by Administrator and implemented to be utilized as a tickler system (Please see attachment #3). Administrator completed an audit of all resident files to ensure Support Plan dates were current, complete, and that each resident has had an updated care plan within the past year. Condition changes are discussed amongst supervisory team at morning meeting daily, with timely follow up of any resident issue, and care plan updates as required. Resident #2 has received an updated Support Plan from the time of DHS visit (Please see attachment #4). Administrator and designees will ensure continued compliance with timely resident care plan updates.

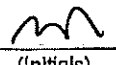
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