



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: May 1, 2018

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

RE: Arden Courts of Allentown
5151 Hamilton Boulevard
Allentown, Pennsylvania 18106
License #: 217870

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on February 16, 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,

Anne Graziano
Anne Graziano

Human Services Licensing Supervisors

Enclosure
Licensing Inspection Summary

Violation Report: 21787 - 02/16/2018 - Novak, Ryan
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 2/7/18 an allegation of abuse was made against staff person A regarding resident #1. The allegation of abuse was not reported to the Department until 2/8/18.

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

The home will send in a copy of the sign-in sheets and an outline of the info presented @ the training to the Northeast Regional office. ☐

The Administrator will oversee all steps of this Plan of Correction in order to ensure ongoing compliance. ☐

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Melissa Miller

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


Melissa Miller

Date 4/5/18

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

The above plan of correction is approved as of 4-9-18
 (Date)

Plan of correction implementation status as of 4-9-18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

15 (b)

P2Ag 4

Employee [redacted] reported alleged incident occurring in the evening on 2/7/18 to the [redacted] Executive Director on 2/8/18. The alleged incident was reported the Department by [redacted] on 2/8/18.

[redacted] the employee who did not report the alleged incident timely was counseled verbally by [redacted] on 2/8/18 and formally but signed written documentation on 2/21/18.

Attachment- Counseling documentation YES

Staff was in-serviced by the Executive Director on 2/16, 2/21 & 3/13/18 re. regulation 15 (b), including the staff member who failed to report the incident timely. All employees shall report the allegation of abuse immediately so that the home can immediately develop a plan of supervision or suspend the staff person involved in the alleged incident.

Completed: 2/16, 2/21 & 3/13/18

Attachment - In-Service Attendance Record Include In-Service Attendance Record and copy of regulation as proof to show content reviewed. YES

Reporting procedures and supervision/suspension action, including discussion at the daily Morning Kick-Off Meeting, were reviewed during an in-service with coordinators by the Executive Director on 2/16/18. Attachment: In-Service Attendance Record Include In-service attendance record and copy of regulation to as proof to show content reviewed. The coordinators have been indicated with a star by their names. YES

Resident incidents, i.e. allegation of abuse, are discussed during the Morning Kick-Off Meeting to ensure timely reporting compliance and implementation of a plan of supervision or suspension of a staff person involved in the incident.

Date: 2/19/18 and moving forward

The Office of Aging will conduct an in-service for all staff regarding regulation 15 (b), including reporting alleged abuse immediately

Date: 2nd quarter 2018 by [redacted] from Lehigh County AAA (phone call out to formalize date)

ag
4-9-18

Melissa
puller
4/5/18

Violation Report: 21787 - 02/16/2018 - Novak, Ryan
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A hired 8/16/17 has not lived in the state of Pennsylvania for the past 2 years. The FBI background check was processed by the home on 11/13/17, however the home does not have the final results of the check.

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

The Administrator will oversee all steps of this Plan of Correction in order to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Melissa Miller

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

Melissa Miller

Date 4/5/18

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- Not Implemented

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

P3A84

Direct person A [redacted] was suspended while the FBI process check was being processed. Upon receipt of the final results, the direct person A was terminated due to the fact that she had Misdemeanor Larceny charges against her from 2009 and she signed that she did not have a criminal record.

Attachments: Proof of suspension, final FBI results, and termination. Yes

All employee files were audited by the Executive Director or designee (ASC, [redacted]) on 2/19/18 to ensure compliance with regulation 52, including staff members living in the state of Pennsylvania for the past two years.

All staff is compliant with regulation 52.

The Administrative Services Coordinator was in-serviced by the Executive Director on 2/19/18 re. regulation 52.

Attachment: In-Service Attendance Record and copy of regulation to offer proof of review. Yes

All new employees will be audited for compliance with regulation 52 by the Administrative Services Coordinator.

Date: 2/19/18 and on-going

Attachment: Employee Form

AG
4-9-18

~ Melissa Meller
4/5/18

Violation Report: 21787 - 02/16/2018 - Novak, Ryan
 PCH Name: ARDEN COURTS OF ALLENTOWN

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

Multiple staff interviews indicate that Resident #1 is combative with care. The resident will hit and kick the employees. One staff member will normally render care while the other employees hold the residents wrists, hands, or arms. Physical restraints are prohibited.

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

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

Signature of Legal Entity Representative
 (Required on EVERY Page) Melissa Miller

| | |
|---|--------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Melissa Miller</u> | Date <u>4/5/18</u> |
|---|--------------------|

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4-9-18</u> (Date) | Plan of correction implementation status as of <u>4-27-18</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</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 |

202

P4Ag 4

The physician completed an assessment of resident #1 re. combative with care, etc.
Attachment - Physician's assessments and recommendations included

Resident #1 [REDACTED] RASP was updated on 2/8/18, including safe management techniques to be administered during care. The RASP was placed in the Resident Information Binder for staff to review.

Attachment - Updated RASP

All current residents will be reviewed with the Executive Director or designee re. combative with care.

Follow up re. physician assessment and RASP updates will be completed.

These practices will continue during review of resident's care needs at the daily Morning Meeting: 2/19/18 and on-going

Area Agency on Aging completed an in-service for staff on 3/22/18 re. regulation 202 and Safe Management Techniques, including the prohibition of physical restraints.

Attachments - In-service attendance record and information reviewed.

AG
4-9-18

Melissa Muller
4/5/18