



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 04 2018

Ms. Melissa Miller  
Executive Director  
Arden Courts of Allentown PA LLC  
333 North Summit Street, 16<sup>th</sup> Floor  
Toledo, Ohio 43604

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

Dear Ms. Miller:

As a result of the Department of Human Services' (Department) annual licensing inspection on March 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.

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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary




Violation Report: 21787 - 03/15/2018 - Novak, Ryan  
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 The freezer in the kitchen contained an opened bag of green beans that was not dated, and the walk-in freezer contained an opened bag of crinkle cut French fries that was not dated.

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 the Plan of Correction in order to ensure ongoing compliance. 

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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, Executive Director</u>	Date <u>4/6/18</u>
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**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>4-9-18</u> (Date)
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

P2A 87

103 (i)

The opened and undated food items in the walk-in freezer were discarded by [redacted] Food Services Coordinator immediately on 3.15/18.

The food service staff was in-serviced by the Executive Director re. regulation 103 (i), including outdated or spoiled food or dented cans may not be used.

Completed - 4/5/18

Attachment - In-service attendance record YES

The Resident Services Coordinator or Food Services Coordinator will complete daily rounds, including proper storage of food items, i.e. proper storage and dating.

(4/4/18 and on-going)

Attachment - RSC Daily Rounds YES

at  
4-9-18

- M. Miller  
4/6/18

Violation Report: 21787 - 03/15/2018 - Novak, Ryan  
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

The laundry room in the green community had lint, paper, and a comb behind the dryer, and the laundry room in the blue community had a blue cleaning cloth behind the dryer. These items are considered combustible and would be hazardous if ignited.

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 components of this Plan of correction in order to ensure ongoing compliance. Q.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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, Executive Director</u>	Date <u>4/6/18</u>
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125 (a)

P3A87

The items located behind the dryers in the laundry rooms in the green and blue communities were immediately removed by [REDACTED] Building Services Coordinator on 3/15/18.

The maintenance-housekeeping staff was in-serviced by the Executive Director re. regulation 125 (a), including combustible and flammable materials may not be located near heat sources, i.e. dryers or hot water heaters.

Completed – 4/4/18

Attachment – In-service Attendance Record and copy of regulation as proof of content received. YES

The Building Services Coordinator or designee will complete daily rounds, including dryer areas are free of combustible and flammable materials. (4/9/18 and on-going)

Attachment – BSC Daily Rounds YES

DA  
4/9/18

- M. Mulley  
4/6/18

Violation Report: 21787 - 03/15/2018 - Novak, Ryan  
 PCH Name: ARDEN COURTS OF ALLENTOWN

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's medical evaluation had the mobility section filled out after the doctor had signed the document.  
 Resident #2's medical evaluation had the following sections filled out after the doctor had signed the document: Section 1, 2, 3, 5, 6, 8, 9, and 10 on the first page and Sections 2,3,4, and 7 on the second page of the document.

**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. *ML*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Miller, Executive Director</i>	Date <i>4/6/18</i>
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 (Date)

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

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

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

141 (a) (1)

P4A, 7

New medical evaluations for residents #1 and #2 have been completed in entirety by the physician.

Attachments: New medical evaluations for resident #1 and #2 YES

The Resident Services Staff was in-serviced by the Executive Director re. regulation 141 (a) (1), including the medical evaluation will be completed in entirety by the physician, physician's assistant, or certified registered nurse practitioner within the mandated time frames.

Completed - 4/4/18

Attachment - In-service attendance record and copy of regulation to show content reviewed. YES

The medical evaluation will be audited by the Resident Services Coordinator or designee to ensure completion in entirety by the physician, physician's assistant, or certified registered nurse practitioner within the mandated time frames. (4/6/18 and on-going)

Attachment - Chart Audit Tool. YES

Ad  
4-9-18

- M. Miller  
4/6/18

Violation Report: 21787 - 03/15/2018 - Novak, Ryan  
 PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to Hospice on [redacted]-17. The resident had a serious decline in health that should have required a new medical evaluation due to a status change prior to going on Hospice.

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.

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 (Initials)

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141 (b) (2)

P5A g 7

A new medical evaluation was completed on Resident #1 to reflect current status.

Attachment: New medical evaluation for resident #1 [redacted] γ ε ε

The Resident Services Staff was in-serviced by the Executive Director re. regulation 141 (b) (2), including the medical evaluation will be completed if the medical condition changes prior to the annual medical evaluation.

Completed – 4/4/18

Attachment – In-service attendance record and copy of regulation as to show content reviewed. γ ε ε

The medical evaluations of all residents will be audited by the Executive Director or designee to ensure they are reflective of the resident’s current condition, i.e. hospice services.

Completed – 5/1/18 is the projected date of completion γ ε ε

Resident condition changes are discussed with the Executive Director and coordinators during the daily morning meeting. Any resident with medical condition changes will have a new medical evaluation completed timely.

Completion – 4/9/18 and going forward

ah  
4-9-18

- M. Miller  
4/6/18

Violation Report: 21787 - 03/15/2018 - Novak, Ryan  
 PCH Name: ARDEN COURTS OF ALLENTOWN

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident #3's nystatin was not initialed as administered on 3/6, 3/7, 3/8, & 3/10/18.

Resident #4's muscle rub cream was not initialed as administered from 3/6-3/9/18.

**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

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P6A 87

187 (a)

The staff member (s) responsible for administering and documenting the nystatin for resident #3 and muscle rub cream for resident #4 were counseled on 4/5/18.

Attachment: Staff counseling documentation *YLS*

The physician and POA were notified of the outcome of the investigation for resident #3. Outcome – staff member administered but did not document, therefore, no change in medication were ordered by the physician.

- Resident # 4 [redacted] has since passed away, so her POA was not notified but please see her move out summary

The Resident Services Staff was in-serviced by the Executive Director re. regulation 187 (a),

Attachment – In-service attendance record and copy of regulation to show content reviewed *YLS*

The Resident Services Coordinator or designee will audit Medication Administration Records weekly. Additionally, all staff administering medications will be required to use the shift change MOR review when coming on and going off each shift to ensure medication records are compliant per regulation 187 (a). Appropriate, immediate follow up will occur as necessary.

(3/16/18 and on-going)

Attachment: Medication Administration Record Audit and Shift Change MOR Review *YLS*

- M. Miller  
4/6/18

*OK.  
4-9-18*

Violation Report: 21787 - 03/15/2018 - Novak, Ryan  
 PCH Name: ARDEN COURTS OF ALLENTOWN

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #5 refused the prescribed 5pm and 9pm medications on 3/6/18. The prescriber was not notified within 24 hours of the refusal.

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

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P7A87

187 (c)

The staff member responsible for not notifying the physician re. resident # 5's refusal of medications on 3/6/18 at 5pm and 9 pm within 24 hours was counseled on 4/5/18.

Attachment: Staff counseling documentation

The physician and POA were notified of the outcome of the investigation on 3/16/18.

OUTCOME: Dr. [REDACTED] did assess the resident and made changes to the medication orders.

Attachment: Please see the attached Physician Orders.

The Resident Services Staff was in-serviced by the Executive Director re. regulation 187 (c), including if the resident refuses to take a prescribed medication, the refusal will be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the physician. Staff was also verbally educated on using the Medication Technician Medication Pass Tool

Attachments: In-service attendance record, copy of regulation to show content reviewed and Medication Technician Medication Administration Tool

The Resident Services Coordinator or designee will audit Medication Administration Records weekly to ensure medication records are compliant per regulation 187 (c). Appropriate, immediate follow up will occur as necessary. (3/16/18 and on-going)

(Attachment – Medication Administration Record Audit)

- M. Miller

4/6/18

cc  
4-9-18