



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail



Mailing Date: July 23, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
July 23, 2018

Mr. Martin D. Allen, Director
Arden Courts of King of Prussia PA, LLC
333 North Summit Street
Toledo, OH 43604

RE: Arden Courts of King of Prussia
620 West Valley Forge Road
King of Prussia, PA 19406
License #: 129950

Dear Mr. Allen:

As a result of the Department's Bureau of Human Services Licensing inspection on March 28, 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,

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Page 1 of 12

PGH Name: ARDEN COURTS OF KING OF PRUSSIA		License Number: 12995
Address: 820 WEST VALLEY FORGE ROAD KING OF PRUSSIA PA 19406		County: Montgomery
Administrator: Ms. 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 C-2 LP 05/10/1995 Commonwealth of PA, L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 100	Waking Staff: 75
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
03/28/2018: Woolers, Sandra; Carrion, David		
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 who:	
Number of Residents Served: 50	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 80 Years of Age or Older: 48	
Area: Entire Building	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable: 64	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 50	Have a Mobility Need: 50	
Number of Current Hospice Residents: 11	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home's emergency medical plan for resident # 1 does not include her hospital of choice.

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.

143 (a)

- 1) The emergency medical plan was updated to include hospital of choice for resident noted in the Violaiton Report on 3/29/18 by the Executive Director.
(Attachment - updated Medical Plan)
- 2) The emergency medical plans for all residents were audited and updated as needed for inclusion of required information by 4/14/18 by the Executive Director or designee.
Audits will continue on an on-going basis.
- 3) The coordinators will be in-serviced by the Executive Director by 6/18/18 regarding the information required in regulation 143 (a), including hospital of choice.
(Attachment - in-service attendance record)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole C. Hoff

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

Nicole C Hoff Executive Director

Date *6/20/18*

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

The above plan of correction is approved as of

6/29/18
(Date)

Plan of correction implementation status as of

7/23/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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

The medication administration record for the blue and plum wing residents was not updated monthly or dated. There was no master signature log for peach wing residents.

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.

187 (a)

- 1) Current medication administration records are available in all wings. Completed by the Resident Services Coordinator.
(Attachment - Medication Administration Records)
- 2) The medication administration records will be updated, reviewed, and placed in each wing on a monthly basis by the Resident Services Coordinator or designee.
Date - 6/20/18 and on-going
- 3) The nurses and medication administration techs. will be in-serviced by the Resident Services Coordinator by 6/20/18 regarding the requirements of regulation 187 (a), including monthly updates.
(Attachment - in-service attendance record)

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *6/20/18*

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

The above plan of correction is approved as of

6/20/18
(Date)

Plan of correction implementation status as of

7/23/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 2 is prescribed Levothyroxine 75 mg daily at 6:00 am. On 03/28/18, the medication wasn't administered until 9:50 am.

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.

187 (d)

- 1) The physician was consulted re. medication administration time for the resident's Levothyroxine. The time was changed to 11:00am on 3/30/2018 due to the resident refusing medications before breakfast.
(Attachment - medication order)
- 2) The Resident Services Coordinator or designee will audit Medication Administration Records weekly to ensure medications are administered per physician order.
Date - 6/17/18 and on-going
(Attachment - Medication Cart Audit)
- 3) The nurses and medication administration techs. will be in-serviced by the Resident Services Coordinator by 6/20/18 regarding the requirements of regulation 187 (d), including following the directions of the prescriber.
(Attachment - in-service attendance record)

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 *6/20/18*

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

The above plan of correction is approved as of *6/24/18*
(Date)

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

Plan of correction implementation status as of *7/23/18*
(Date)

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

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

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
 Resident # 1 is prescribed Quetiapine 50 mg PRN for "behavior", resident # 2 is prescribed Lorazepam .5mg PRN for agitation, and resident # 3 is prescribed Clonazepam .5mg for agitation.

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.

202

- 1) The diagnosis/purpose for the resident's medications noted in the Violation Report was changed from "behavior" and "agitation" per physician orders.
 (Attachments – medication orders)
- 2) The Resident Services Coordinator or designee will audit Medication Administration Records weekly and on-going to ensure medications do not include diagnosis/purpose that violates regulation 202. Appropriate physician notification will be completed.
 Date - 6/17/18 and on-going
 (Attachment – Medication Chart Audit)
- 3) The nurses and medication administration techs. will be in-serviced by the Resident Services Coordinator by 6/20/18 regarding the requirements of regulation 202, including prohibition of using drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behaviors.
 (Attachment - in-service attendance record)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Graft*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Graft Executive Director* Date *6/20/2018*

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

The above plan of correction is approved as of <u>6/24/18</u> (Date)	Plan of correction implementation status as of <u>7/23/18</u> (Date)
The above plan of correction was approved by <u><i>MG</i></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

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 56 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident # 4 was admitted to the SDCU on 07/26/17. However resident # 4's DME states they were evaluated 01/20/17.

Resident # 5 was admitted to the SDCU on 03/01/18. However resident # 5's DME states they were evaluated on 08/16/17.

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.

231 (b)

- 1) New DME's for the residents noted in the Violation Report were completed.
(Attachments – resident's DMEs)
- 2) An audit of all resident's charts was completed by the Executive Director or designee 6/1/2018 to ensure compliance with regulation 231 (b). Appropriate follow up was completed.
- 3) Resident's DMEs will be audited by the Executive Director or designee upon move-in to ensure compliance with required time frames included in regulation 231 (b).
6/18/18 and on-going
(Attachment – Resident Chart Audit)
- 4) The coordinators will be in-serviced by the Executive Director by 6/18/18 regarding regulation 231 (b), including required time frames.
(Attachment – In-Service Attendance Record)

Repeat Violation: No

Date(s) of Previous Violation(s):

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

6/26/18

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

The above plan of correction is approved as of

6/26/18
(Date)

Plan of correction implementation status as of

9/23/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600.
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was admitted to the SDCU on 7/26/17. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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.

231 (e)

- 1) Documentation that the resident noted in the Violation Report and the resident's designated person did not object to the resident's move in to the secured dementia care unit was obtained by the Executive Director.
 (Attachment - DME attachment)
- 2) An audit of all resident's charts was completed by the Executive Director or designee 6/1/2018 to ensure compliance with regulation 231 (e). Appropriate follow up was completed.
- 3) Resident's DMEs will be audited by the Executive Director or designee upon move-in to ensure compliance with required documentation included in regulation 231 (e).
 Date - 6/18/18 and on-going
 (Attachment - Resident Chart Audit)
- 4) The coordinators will be in-serviced by the Executive Director by 6/18/18 regarding regulation 231 (e), including required documentation.
 (Attachment - In-Service Attendance Record)

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) <i>Nicole C Groff, Executive Director</i>	Date <i>6/20/2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>6/20/18</i></u> (Date)	Plan of correction implementation status as of <u><i>9/23/18</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #4 does not address the home's ability to meet her irritability and agitation.

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.

234 (b)

- 1) The Support Plan for the resident noted in the Violation Report was updated on 3/29/2018 by the Executive Director to include the home's ability to meet her" irritability and agitation".
(Attachment - updated support plan)
- 2) An audit of all resident support plans was conducted by the Executive Director or Designee 6/1/2018 to ensure compliance with regulation 234 (b), including identification of the resident's physical, medical, social, cognitive, and safety needs. Appropriate follow up was completed.
- 3) Resident's conditions will be discussed daily at the morning meeting and appropriate updates to the support plan will be completed immediately to ensure compliance with regulation 234 (b).
Date - 6/18/18 and on-going
- 4) The coordinators will be in-serviced by the Executive Director by 6/18/18 regarding regulation 234 (b) including identified, required needs.
(Attachment - In-Service Attendance Record)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nicole C. Gruff

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

Nicole C. Gruff Executive Director

Date 6/26/18

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

The above plan of correction is approved as of

6/26/18
(Date)

Plan of correction implementation status as of

7/23/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.234(c) - The support plan must identify the individual responsible to address the resident's needs.

2a. DESCRIPTION OF VIOLATION
 The support plan dated 05-08-17 for resident # 6 does not identify the individual responsible for addressing the resident's needs.

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.

234 (c)

- 1) The resident noted in the Violation Report expired on 4/10/2018; therefore the support plan could not be updated.
 Attachment – Move-Out Summary
- 2) An audit of all resident support plans was conducted by the Executive Director or Designee 6/1/2018 to ensure compliance with regulation 234 (c), including identification of the individual responsible to address the resident’s needs.
- 3) On-going review of all resident support plans will be conducted by the Executive Director or Designee to ensure compliance with regulation 234 (c), including identification of the individual responsible to address the resident’s needs.
 Date – 6/18/18 and on-going
- 4) The coordinators will be in-serviced by the Executive Director by 6/18/18 regarding regulation 234 (c) including identifying the individual responsible to address the resident’s needs.
 (Attachment – In-Service Attendance Record)

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 *6/20/2018*

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

The above plan of correction is approved as of <i>6/20/18</i> (Date)	Plan of correction implementation status as of <i>7/23/18</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

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
 Resident # 6 was re-admitted to hospice on 10/12/17. The resident's support plan has not been revised to reflect this change

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.

234 (d)

- 1) The resident noted in the Violation Report expired on 4/10/2018; therefore the support plan could not be updated.
 Attachment – Move-Out Summary
- 2) An audit of all resident support plans was conducted by the Executive Director or Designee 6/1/2018 to ensure compliance with regulation 234 (d); including support plans reflect resident changes.
- 3) Resident's conditions will be discussed daily at the morning meeting and appropriate updates to the support plan will be completed immediately to ensure compliance with regulation 234 (d).
 Date - 6/18/18 and on-going
- 4) The coordinators will be in-serviced by the Executive Director by 6/18/18 regarding regulation 234 (d) including support plans reflect resident changes.
 (Attachment -- In-Service Attendance Record)

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 *6/30/2018*

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

The above plan of correction is approved as of *6/23/18*
 (Date)

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

Plan of correction implementation status as of *7/23/18*
 (Date)

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

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident # 5's support plan was revised on 3/2/18. Neither the resident nor the resident's designated person were involved in developing the revisions.

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.

234 (e)

- 1) The Support Plan for the resident noted in the Violation Report was reviewed/signed by the resident or the resident's designated person.
 (Attachment – updated support plan)
- 2) An audit of all resident support plans was conducted by the Executive Director or Designee 6/1/2018 to ensure compliance with regulation 234 (e), including involvement of the resident or resident's designated person in the development of such.
- 3) On-going review of all resident support plans will be conducted by the Executive Director or Designee 6/1/2018 and on-going to ensure compliance with regulation 234 (e), including involvement of the resident or resident's designated person in the development of such.
 Date - 6/18/18 and on-going
- 4) The coordinators will be in-serviced by the Executive Director by 6/18/18 regarding regulation 234 (e) including involvement of the resident or resident's designated person in the development and the revision of support plans.
 (Attachment – In-Service Attendance Record)

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) <i>Nicole C Groff Executive Director</i>	Date <i>6/20/2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>6/20/18</i></u> (Date)	Plan of correction implementation status as of <u><i>7/23/18</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 12995 - 03/28/2018 - Wooters, Sandra
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #6 and resident #7's records do not include a current photograph. Resident #6's photograph is dated 5/2014, and resident #7's photograph is dated 10/13.

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.

252

- 1) Current photograph was taken of the resident #7 noted in the Violation Report. Resident #6 expired on 4/10/2018, no updated photograph was obtained. (Attachments – current resident #7 photo)
- 2) An audit of all resident's photos was completed by the Executive Director or designee 4/2/2018 to ensure compliance with regulation 252. Appropriate follow up was completed.
- 3) Resident's photos will be audited by the Executive Director or designee upon move-in and annually to ensure compliance with time frame required in regulation 252. Date - 6/18/18 and on-going (Attachment – Resident Chart Audit)
- 4) The coordinators will be in-serviced by the Executive Director by 6/18/18 regarding regulation 252, including the required time frame. (Attachment – In-Service Attendance Record)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole C. Griffith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole C. Griffith, Executive Director</i>	Date <i>6/26/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/26/18*
 (Date)

Plan of correction implementation status as of *4/23/18*
 (Date)

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

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