



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 19 2018

Mr. Gary Achilles  
Executive Director  
Arden Courts Warminster of Hatboro PA, LLC  
333 North Summit Street, 16th Floor  
Toledo, Ohio 43604

RE: Arden Courts of Warminster  
779 West County Line Road  
Hatboro, Pennsylvania 19040  
License #: 129960

Dear Mr. Achilles:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 20, 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,

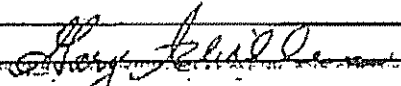
A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: ARDEN COURTS OF WARMINSTER		License Number: 12908
Address: 779 WEST COUNTY LINE ROAD, HATBORO, PA 19040		County: Bucks
Administrator: Gary Achilles		Region: SOUTHEAST
Legal Entity Name: ARDEN COURTS WARMINSTER OF HATBORO PA LLC		
Legal Entity Address: 333 NORTH SUMMIT ST 16TH FLOOR, TOLEDO, OH 43804		
Certificate(s) of Occupancy C-2 LP 03/29/2000 L&L		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>OCT 03 2018</p> <p>By _____</p> </div>
Staffing Hours Resident Support: 0 Total Daily Staff: 84 Working Staff: 63		
Type of Inspection: Full		BHA Docket Number: _____ Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/20/2016: Gray, Dean; Thomas, Tahesia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: _____ Random Indicators: _____		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60 Number of Residents Served: 42 Secured Dementia Care Unit In Home: Yes Area: Entire home Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served In Secured Dementia Care Unit, if applicable: 42 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 42 Have a Physical Disability: 0	

 Executive Director 9-28-2018  
 GARY ACHILLES

Violation Report: 12996 - 09/20/2018 - Gray, Dean  
PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 56 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident #1 last medical evaluation was completed on 08/28/2017.  
Resident #2 last medical evaluation was completed on 08/14/2017.

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.

141 (b) (1)

1) A Documentation of Medical Evaluation (DME) was completed for Resident # 1 and Resident #2 on September 26, 2018.  
(Attachment - DME - Resident #1 and Resident #2)

2) The DME for all residents was audited by the Resident Services Coordinator on September 24-25, 2018 to ensure compliance with regulatory time standards.

3) The resident's DME will be audited by the Executive Director or designee upon move-in and annually to ensure compliance with regulatory time standards.  
September 24, 2018 and on-going

4) The nurses were in-serviced on September 21, 2018 and September 24, 2018 regarding regulation 141(b) (1) re. regulatory time frames for DMEs by the Executive Director.  
(Attachment—Staff Development Program Attendance Record)

*Submitted documentation reviewed 12/11/18*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Gary Achilles*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *GARY ACHILLES EXECUTIVE DIRECTOR*      Date *9-28-2018*

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

The above plan of correction is approved as of *12/11/18*  
(Date)

Plan of correction implementation status as of *12/11/18*  
(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: 12098 - 09/20/2018 - Gray, Dean  
 PCH Name: ARDEN COURTS OF WARMINSTER

1. REGULATION 85 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 #1's support plan has not been revised since 08/29/2017.  
 Resident #2's support plan has not been revised since 08/26/2017.

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.

**227 (c)**

1) A Resident Assessment Support Plan (RASP) was completed for Resident #1 and Resident #2 by the Executive Director and Resident Services Coordinator on September 26, 2018.  
 (Attachment – RASP – Resident #1 and Resident #2)

2) The RASP for all residents was audited by the Resident Services Coordinator on September 24-25, 2018 to ensure compliance with regulatory time standards.

3) The resident's RASP will be audited by the Executive Director or designee upon move-in and annually to ensure compliance with regulatory time standards.  
 September 24, 2018 and on-going

4) The coordinators and nurses were in-serviced on September 24-25, 2018 regarding regulation 227 (c) re. required time frames for RASPs by the Executive Director.  
 (Attachment—Staff Development Program Attendance Record)

*Submitted documentation reviewed 12/11/18 AD*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gary Achilles*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **GARY ACHILLES EXECUTIVE DIRECTOR**      Date **9/28/2018**

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The above plan of correction is approved as of 12/11/18 (Date)      Plan of correction implementation status as of 12/11/18 (Date)

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

The above plan of correction was approved by *AD* (Initials)