



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
LEGAL ENTITY

To operate ARDEN COURTS OF OLD ORCHARD
NAME OF FACILITY OR AGENCY

Located at 4098 FREEMANSBURG AVENUE, EASTON, PA 18045
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 64
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 64

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 17, 2019 until January 17, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226040**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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JAN 17 2019

Ms. Arlene Henry
Executive 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 Ms. Henry:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 4, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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.

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
Violation Report

Violation Report: 22604 - 12/04/2018 - Dumas, Gerald
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The enabler bar attached to the bed in room 19 is approximately 1 1/2 feet long and was not covered. This poses an entrapment risk to the resident.

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.

Enabler bar was removed on date of inspection. Enabler was placed by daughter, and not as a result of direct resident need. Resident was placed on 15 minute checks for three days following removal, and transferred independently without difficulty. Entrapment risk and substitute devices were discussed with daughter, and she was receptive. Resident began physical therapy for further observation (Please see attached order and RASP update sheet), and staff to monitor transfers and assist as needed. Resident has had no incidents following removal, and was discharged from physical therapy on 1/2/19. In-service provided to Coordinator team in regards to regulation 2600.81b by Executive Director. Executive Director to monitor for continued compliance.

The Administrator will conduct periodic walk throughs of the home at a minimum of once monthly. The purpose of these walk-throughs is to ensure that no other hazards exist that pose a potential risk to the resident. This walk through will not be limited to the use of enabler bars, but will include observations throughout the home for the use of other devices or equipment in use by residents or used by staff as "House equipment" if that is the case. Corrective or preventative steps will be taken immediately in the event issues are found with equipment or devices used by or on behalf of the residents in the home. 1-14-19 *AG*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Adene Henry, Executive Director</i>	Date <i>1/10/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-14-19
 (Date)

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

Plan of correction implementation status as of 1-14-19
 (Date)

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

Violation Report: 22604 - 12/04/2018 - Dumas, Gerald
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

Two ice cream cups and a square frozen food package were found on the floor in the home's walk in freezer.

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.

The two ice cream cups and frozen food package were returned to shelves at time of inspection. An in-service was conducted with dietary team, reviewing regulation 2600.103d. (See attachment). Food Service Director & Cook to make daily rounds to ensure that all food storage is in place daily. Executive Director to monitor for continued compliance.

Going forward, the Food Service Director and the Administrator will evaluate the situation and items involved and decide whether to toss or restock the food items in question. The Administrator will perform periodic observations and walk throughs of the Kitchen Area to ensure ongoing compliance. 1-14-19 *AG*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arlene Henry, Executive Director</i>	Date <i>1/10/19</i>
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Violation Report: 22604 - 12/04/2018 - Dumas, Gerald
 PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home's fire drill log documented that the last overnight fire drill was conducted on 6/23/18 at 5:14 a.m. The previous overnight drill was conducted on 11/22/17 at 3:26 a.m. An overnight drill was not conducted within 6 months from the most recent overnight drill on 6/23/18.

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.

In-service on regulation 2600.132(e) was reviewed with Building Services Coordinator, and he was receptive to plan (See Attachment). An overnight fire drill was conducted again on 12/6/18, immediately following inspection (See Fire Drill log attachment), and tickler system initiated by Building Services Coordinator to ensure that future overnight drills are completed within timeframe allotted by regulation. Executive Director to monitor for continued compliance.

The Administrator will review the home's Monthly Fire Frill Logs in order to ensure ongoing compliance. 1-14-19

AG

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) <i>Arden Henry, Executive Director</i>	Date <i>1/10/19</i>
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