



July 11, 2019

Ms. Melissa Miller
Executive Director
Arden Courts of Allentown PA LLC
333 North Summit Street, 16th 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's Bureau of Human Services Licensing annual inspection on February 27, 2019 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.

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,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 21787 - 02/27/2019 - Harvey, Jason
PCH Name: ARDEN COURTS OF ALLENTOWN

1. REGULATION 55 Pa. Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions for operating the home's locking mechanism are not posted near the exit door and kitchen exit door of the blue wing. The directions for operating the home's locking mechanism was not posted near the exit door of the peach wing.

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 the attached
 a. In Service sheet (2334)
 b. photos of the codes posted at the above mentioned exits (exit door + Kitchen exit - Blue House)
 c. Audit tool
 - Door Inspection Log

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, Executive Director* Date *5/17/19*

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

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|---|---|
| The above plan of correction is approved as of <u>6-6-19</u> (Date) The above plan of correction was approved by <u><i>ag</i></u> (Initials) | Plan of correction implementation status as of <u>6-6-19</u> (Date) <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 |
|---|---|

233 (c)

- 1) The codes for the blue exit door and the blue kitchen exit were posted while the survey was still being conducted on 2/27/19
- 2) Beginning on May 16, 2019, the Building Services Coordinator (BSC) will perform dally audits to ensure regulation 233 (c) is being upheld. In the BSC's absence, the housekeeper will perform this same audit. Additionally, the Executive Director will also perform this same audit on a weekly basis.
- 3) On May 16, 2019, the Executive Director, Melissa Miller completed education with the housekeeper and the Building Services Coordinator to ensure their understanding of the regulation and their responsibilities moving forward

AG 6-6-19

- Melissa Miller, Executive Director 5/17/19