



June 20, 2019

Ms. Angelica Losch
Executive Director
Arden Courts Susquehanna of Harrisburg PA, LLC
333 North Summit Street, 16th Floor
Toledo, Ohio 43604

RE: Arden Courts of Susquehanna
2625 Ailanthus Lane
Harrisburg, Pennsylvania 17110
Certificate #: 324310

Dear Ms. Losch:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 13, 2019 and May 9, 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 stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 32431 - 03/13/2019 - Cargile, Kellie
PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 3/11/19 at 5:12 am, Resident #1's glucometer was used to test the blood sugar of Resident #2.
 On 2/17/19 at 9:49 am, Resident #1's glucometer was used to test the blood sugar of Resident #2.

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.

See attached.

Page 2A & 2B of 6 - GE, 4/25/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Angelica E. Losch*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Angelica E. Losch, Executive Dir</i>	Date <i>4/11/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/25/19</u> (Date)	Plan of correction implementation status as of <u>5/9/19</u> (Date)
The above plan of correction was approved by <u>GE</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: 324310 3/13/19 (Cargile, Kellie; Palermo, Michael)

PCH Name: Arden Courts of Susquehanna

Attachment for page 1 of 6

3. PLAN OF CORRECTION (POC):

Violation correction: All nurses will receive training related to 2600.85(a) and 2600.185(a). This regulation states the following:

2600.85(a) Sanitary conditions shall be maintained.

2600.185(a) The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

To prevent a similar violation from occurring again in the future, the Resident Services Coordinator (RSC) and Executive Director/Administrator have completed the following:

All designated persons of residents who receive blood glucose testing will be notified by letter by April 12, 2019 of the possibility of shared glucometer use in the facility and the possibility of blood borne disease. A sample copy of one of the letters that has been distributed is attached as "Exhibit A-1" and will be maintained by the home for Department review.

Each resident's physician (for those that receive blood glucose testing) has been notified of the possibility of a shared glucometer use and all recommendations made by the physician have been followed. Documentation of the notification to the physician, the recommendations of the physician and the home's follow-up based on the recommendations are being maintained by the home for Department review. A copy of the letter that has been distributed is attached as "Exhibit A-2".

All staff responsible for blood glucose testing are receiving re-training from the RSC by April 11, 2019. See "Exhibit B" for attached documentation and initial sign in sheets for training that was completed.

The Executive Director or Resident Services Coordinator shall audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis on all of the residents (3) who receive blood glucose testing. These weekly audits shall occur for a period of three months. These findings will be included as part of the quarterly Quality Management Plan.

The Resident Services Coordinator or designee shall observe each staff responsible for diabetic care performs blood glucose checks. Each staff will be observed once per week for a period of three months. After which, each staff will be observed once per month for a period of three months. Documentation of the observations will be maintained for Department review and included as part of the quarterly Quality Management Plan.

Signature of Legal Entity Representative: 

Printed Name and Title of Legal Entity Representative: Angelica E. Losch

Date: 4/11/19

Violation Report: 324310 3/13/19 (Cargile, Kellie; Palermo, Michael)

PCH Name: Arden Courts of Susquehanna

Attachment for page 2 of 6

All glucometers that were being used in personal care during the annual survey on March 13, 2019 will be replaced as of April 12, 2019 at the expense of Arden Courts of Susquehanna.

Policies related to 2600.185(a) have been reviewed specifically addressing the safe storage, access, distribution and use of glucometers and testing equipment. Additionally, PRN orders for blood glucose testing have been obtained for all residents receiving blood glucose tests. This change will allow staff to document all blood sugar checks that are completed to ensure consistency with documentation.

A copy of the policy and practice is attached and will be provided to and reviewed with all nurses by April 11, 2019. Documentation of all the training and education will be maintained for Department review and included as part of the Quality Management Plan. See "Exhibit B" for attached documentation and initial sign in sheets for training that was completed.

Signature of Legal Entity Representative: Angelica E. Losch
Printed Name and Title of Legal Entity Representative: Angelica E. Losch
Date: 4/11/19

Violation Report: 32431 - 03/13/2019 - Cargile, Kellie
PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

A bottle of Nature Made Vitamin D3-2000 Units, which was not currently prescribed to Resident #3 was found on the medication cart. This medication expired 3/2016.

Tylenol 500 mg, prescribed to Resident #5 was found on the medication cart. This medication expired 9/2018.

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.

See attached.

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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Angelica E. Rosch*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Angelica E. Rosch, Executive Dir* **Date** *4/11/19*

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PCH Name: Arden Courts of Susquehanna

Attachment for page 3 of 6

3. PLAN OF CORRECTION (POC):

Violation correction: All nurses will receive training related to 2600.183(f). This regulation states the following:

f) Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

To prevent a similar violation from occurring again in the future, the Resident Services Coordinator (RSC) and Administrator have completed the following:

All medications have been audited to ensure compliance with regulation 183(f) including expired medication procedures.

All nurses have already received training regarding the expired medication procedures, including but not limited to the disposal of them and the reordering process. Additionally, all medication technicians will also receive training on April 22, 2019 from 1:30 to 2:30 pm. Documentation of the training and education will be maintained for Department review and included as part of the quarterly Quality Management Plan. See "Exhibit C" for attached documentation and initial sign in sheets for audits and training that have already been completed.

The Executive Director, Resident Services Coordinator or designee will be auditing one medication cart each week for a period of three months to ensure that all medications have current dates and are not expired.

Signature of Legal Entity Representative: Angelica E. Losch

Printed Name and Title of Legal Entity Representative: Angelica E. Losch

Date: 4/11/19

Violation Report: 32431 - 03/13/2019 - Cargile, Kellie
PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Blood sugar readings in Resident #2's glucometer do not match the readings documented on the resident's Medication Administration Record (MAR):

-On 3/7/19 at 8 am, a blood sugar reading of 202 was recorded on the MAR. This reading was not on the resident's glucometer.

-On 3/10/19 at 6:28 am, a reading of 93 was on the resident's glucometer. This reading was not on the resident's MAR.

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

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See attached.

Page 2A & 2B of 6 - GE, 4/25/19

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Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Angelia Strawn</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Angelia E. Losch, Executive Dir</i>			<i>4/11/19</i>
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Violation Report: 32431 - 03/13/2019 - Cargile, Kellie
PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 3/12/19 at 9 pm, Resident #4's Escitalopram, 10 mg, was administered. The medication technician initialed the administration on the Medication Administration Record under 3/13/19.

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.

See attached.

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The documentation error was actually made by a nurse and was an isolated incident.

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Angelica E. Losch, Executive Dir			4/11/19
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		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
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Violation Report: 324310 3/13/19 (Cargile, Kellie; Palermo, Michael)

PCH Name: Arden Courts of Susquehanna

Attachment for page 4 of 6

3. PLAN OF CORRECTION (POC):

Violation correction: All nurses will receive training related to 2600.187(b) This regulation states the following:

b) The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

To prevent this violation from occurring again in the future, the following will be completed:

All resident MARs have been audited to ensure compliance with regulation 187(b).

Weekly medication cart audits will continue to be completed by Resident Services Coordinator to ensure compliance with regulation 187(b).

All nurses will review and be retrained on the policy regarding proper documentation of medication administration by April 11, 2019. Additionally, all medication technicians will also receive training on April 22, 2019 from 1:30 to 2:30 pm. Documentation of the training and education will be maintained for Department review and included as part of the quarterly Quality Management Plan. See "Exhibit D" for attached documentation and initial sign in sheets for training that was completed.

The Executive Director or Resident Services Coordinator shall audit the physician orders for residents as compared to the documented readings on the resident's Medication Administration Record for a 10% sample of residents. This shall be done on a weekly basis for a period of three months. These findings will be included as part of the quarterly Quality Management Plan.

Signature of Legal Entity Representative: Angelica E. Losch

Printed Name and Title of Legal Entity Representative: Angelica E. Losch

Date: 4/11/19

Violation Report: 32431 - 03/13/2019 - Cargile, Kellie
PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 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 #2, admitted to the Secure Dementia Care Unit on 1/27/19, had a medical evaluation completed on 10/25/18.

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.

See attached.

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Signature of Legal Entity Representative
(Required on EVERY Page) *Angelica E. Losch*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Angelica E. Losch, Executive Dir* **Date** *4/11/19*

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Violation Report: 324310 3/13/19 (Cargile, Kellie; Palermo, Michael)

PCH Name: Arden Courts of Susquehanna

Attachment for page 6 of 6

3. PLAN OF CORRECTION (POC):

Violation correction: All staff responsible to ensure the proper completion of medical evaluation (Executive Director, Marketing Director and Resident Services Coordinator) will receive training related to 2600.231(b). This regulation states the following:

(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.

To prevent this violation from occurring again in the future, the following will be completed:

All staff persons accepting the completed Documentation of Medical Evaluation (DME) form will be retrained on the proper timeframes and completion of the form and the corresponding regulation (2600.231) by 4/11/19. Documentation of the training and education will be maintained for Department review and included as part of the quarterly Quality Management Plan. See "Exhibit F" for attached documentation and initial sign in sheets for training that will be completed.

All DME forms for all new residents being admitted on April 8, 2019 and thereafter will be reviewed and initialed by the Executive Director, Marketing Director or designee to ensure the document is completed within 60 days prior to admission.

Signature of Legal Entity Representative: Angelica E. Losch
Printed Name and Title of Legal Entity Representative: Angelica E. Losch
Date: 4/11/19