



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 09 2019

Ms. Nicole Groff
Executive 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 Ms. Groff:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 14, 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 (relating to Personal Care Homes) 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.

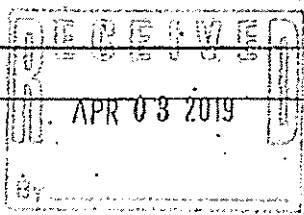
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: ARDEN COURTS OF KING OF PRUSSIA		License Number: 12996
Address: 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406		County: Montgomery
Administrator: 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 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 00	Working Staff: 00
Type of Inspection: Full	By/A Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/14/2019; Chung, Youn Hie; Swisher, Michale		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Trigger:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64	Number of Residents who:	
Number of Residents Served: 45	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 80 Years of Age or Older: 43	
Area: Entire home	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 64	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 43	Have a Mobility Need: 45	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: X		

Violation Report: 12995 - 03/14/2019 - Chung, Youn Hio
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2800
 2600.10 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 Personal care and assisted living homes must post the required Influenza information in a public place in the home year-round. According to the Influenza Awareness Act (HB 1785). The home did not have an Influenza poster anywhere.

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.

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1) The poster with the required influenza information was re-posted in the lobby on 3/19/19 by the Executive Director.
 Attachment: Picture of influenza poster in lobby

2) The coordinators were in-serviced on 4/1/19 by the Executive Director regarding regulation 18 re. Personal care and assisted living homes must post the required influenza information in a public place in the home year-round. Daily rounds will include checking the influenza poster remains in lobby (public location).
 Attachment: In-Service Attendance Record

3) The Executive Director or designee will check daily during rounds that the influenza poster remains in the lobby (public location).
 3/19/19 and on-going

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 *4/2/19*

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

The above plan of correction is approved as of <u>04-24-19</u> (Date)	Plan of correction implementation status as of <u>04-24-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 12805 - 03/14/2019 - Chung, Youn Hle
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2800
 2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The telephone in the kitchen area of Peach Hall does not have emergency service numbers posted nearby.

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.

91

4) The telephone in the kitchen area of Peach Hall has the emergency service numbers... posted where. This was completed by the Executive Director on 3/28/19.
 Attachment: Picture of posted emergency service numbers

5) The coordinators were in-serviced on 4/1/19 by the Executive Director regarding regulation 91 re. telephone numbers for the nearest police departments, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.
 Attachment: In-Service Attendance Record

6) The Executive Director or designee will check daily during rounds that the telephone numbers remain posted on or by each telephone with an outside line.
 3/28/19 and on-going

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 *4/2/19*

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The above plan of correction is approved as of 04-24-19
 (Date)

Plan of correction implementation status as of 04-24-19
 (Date)

The above plan of correction was approved by SP
 (Initials)

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

Violation Report: 12895 - 03/14/2019 - Chung, Youn Hie
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 85 Pa. Code §2600
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 On 03/14/2019, at 02:00 PM, there was no toilet paper for the toilets in 2 of the home's 4 hallway bathrooms.

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.

102 (h)

- 1) Toilet paper was placed in the 2 hallway bathrooms noted during rounds (without toilet paper) by BSC on 3/14/19.
- 2) The staff in-serviced on 3/28/19 by the Executive Director regarding regulation 102 (h) re. toilet paper shall be provided for every toilet.
 Attachment: In-Service Attendance Record
- 3) The Deep Cleaning Checklist completed by the housekeepers will be utilized to ensure restocking of supplies, including toilet paper.
 Attachment: Deep Cleaning Checklist (re-stocking supplies*)

Checklist and In-service to be kept by home for Department review. Houskeeping will ensure all bathrooms have toilet paper at all times. SP 04-24-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Smith, Executive Director* Date *4/2/19*

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Violation Report: 12995 - 03/14/2019 - Chung, Youn Hio
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 65 Pa.Code §2600
 2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #1, dated 11/6/2018, does not include special health or dietary needs, the ability to self-administer medications, or body positioning and movement for 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.

141 (a) (2)

- 1) A new medical evaluation for resident #1 has been completed.
Attachment: Medical evaluation for resident #1
- 2) The nurses were in-service on 3/28/19 by the Executive Director or designee regarding regulation 141(a) (2) including information required on the DME
Attachment - In-service Attendance Record
- 3) The DME for each individual resident will be audited by the Executive Director or designee to ensure required information is completed upon move-in and updates.
Immediate and on-going

Administrator or designee will ensure all Documented Medical Evaluations are completed timely and completely. Staff in-service to be kept by home and made available for Department review.
 SP 04-24-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole C. Geroff Executive Director* Date *4/2/19*

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Violation Report: 12885 - 03/14/2019 - Chung, Youn Jia
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA.

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
 Resident # 2 is prescribed Seroquel 60 mg on as-needed-basis. The home did not have the medication available on 03/14/19.

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.

185 (a)

- 1) The Seroquel for Resident #2 order was discontinued 3/27/19.
 Attachment: Proof of medication or discontinued order
- 2) The nurses and med. techs were in-serviced on 3/28/19 by the Executive Director regarding regulation 185 (a) re. the safe storage, access, security, distribution and use of medications and medical equipment, i.e. medications available.
 Attachment - In-service Attendance Record
- 3) An audit of all resident medications was conducted by the Executive Director or designee on (date) to ensure compliance with regulation 185 (a).
 Attachment: Medication Administration Record Audit
- 4) Medication Administration Record Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure compliance with regulation 185 (a). The Executive Director will review the audits weekly to ensure compliance and follow up, as needed.
 3/28/19 and on-going

Repeat Violation No	Date(s) of Previous Violation(s)		
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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 *4/2/19*

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Violation Report: 12995 - 03/14/2019 - Chung, Youn Hie
 POH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff member A is the home's practicum observer for medication administration training. Staff member A's most recent re-certification is dated 12/30/2014.

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.

190 (a)

- 1) Staff member A will be re-certified re. practicum observer for medication administration training by Randal Evans on 4/12/19.
- 2) The re-certification will be forwarded to the Department upon completion.
- 3) The Executive Director will review the re-certification requirements annually to ensure compliance with regulation 190 (a).
 Immediate and on-going

Administrator or designee will ensure all direct care staff who administer medication are meeting the requirements of 2600.190 (a).

SP 04-24-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole C. Groat Executive Director* Date *4/2/19*

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