



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: melissa.miller2@hcr-manorcare.com
MAILING DATE: October 29, 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 inspection on June 10, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ARDEN COURTS OF ALLENTOWN*

License Number: *21787*

Address: *5151 HAMILTON BOULEVARD,, ALLENTOWN, PA 18106*

County: *LEHIGH*

Region: *NORTHEAST*

Administrator

Name: *Melissa Miller*

Phone: *6103669010*

Email:

LICENSURE-SUPPORT@HCR-MANORCARE.COM

Legal Entity

Name: *ARDEN COURTS OF ALLENTOWN PA LLC*

Address: *333 NORTH SUMMIT ST, 16TH FLOOR, TOLEDO, OH, 43604*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *86*

Waking Staff: *65*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

06/10/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56*

Residents Served: *43*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Entire Home*

Capacity: *56*

Residents Served: *43*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *43*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *43*

Have Physical Disability: *0*

142a - Secure Medical Care

Regulations

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #1 suffered a fall on 3/30/2019 and complained of leg pain. The resident was not sent to the hospital for treatment until 4/4/2019 when a physical therapist noticed the resident wincing in pain. The resident was diagnosed with a fractured hip.

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 attachment # 1

Legal Entity Representative

Melissa Miller
Signature

Melissa Miller, Executive Director
Printed Name and Title
Date 9/6/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-12-19
(Date)

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

Plan of correction implementation status as of 9-12-19
(Date)

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

Attachment #1

142a

The plan of correction for the violation of regulation 142a includes:

- Immediately post fall, resident will be evaluated for apparent injury and verbal/non-verbal signs and symptoms of pain.

~RSC to in-service all staff on non-verbal pain indicators (Please see the attachment Inservice A)

- If minor injury is noted, first aid will be rendered by staff member certified in first aid. If a significant injury is noted that requires further evaluation and treatment outside the scope of first aid, the resident will be transferred to a local emergency department.

- Q shift charting for 72 hours status post fall to monitor for bruising, ambulatory status changes and verbal/non-verbal s/s of pain and discomfort

9-12-19

MM

- Melissa Miller, Executive Director 9/6/19

234d - Support Plan Revision

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1 was admitted to the home on 1/31/2019. The resident suffered falls on the following dates: 2/16/2019, 3/7/19, 3/21/19, 3/26/19, 3/30/19, 5/21/19, and 5/26/19. The home did not update the support plan to address the resident's frequent falls and develop a plan to prevent future falls until 5/31/2019 after the resident returned from the hospital with rib and wrist fractures.

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 attachment #2

Legal Entity Representative

Melissa Miller
Signature

Melissa Miller, Executive Director
Printed Name and Title
Date 9/6/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-12-19
(Date)

Plan of correction implementation status as of 9-12-19
(Date)

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

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

Attachment #2

234d

The plan to correct the violation of 234d includes:

- RSC or designee to bring Incident reports that occurred within the previous 24-72 hours to morning meeting to review collectively with ED and/or coordinators to 1) log incident, 2) review incident details and identify appropriate interventions.
- After a resident falls twice in a 30 day period, resident will be assigned to the falls committee meeting, which is held weekly. The falls committee will reevaluate current interventions and identify trends in attempt to implement appropriate individualized interventions and update RASP accordingly.
RN/PT/OT screen as ordered by physician secondary to frequent falls.

9-12-19

MM

- Melissa Miller, Executive Director 9/6/19