



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: arlene.henry@hcr-manorcare.com
Mailing Date: October 31, 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 inspection on June 13, 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ARDEN COURTS OF OLD ORCHARD* License Number: *22604*
 Address: *4098 FREEMANSBURG AVENUE, EASTON, PA 18045*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: *226041* Phone: *4843735135* Email: *LICENSE SUPPORT@HCR MANORCARE COM*

Legal Entity

Name: *OLD ORCHARD HEALTH CARE CENTER EASTON PA LLC*
 Address: *333 NORTH SUMMIT STREET, TOLEDO, OH, 43604*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

Inspection

Type: *Partial* BHA Docket #: *034-12-0012* Notice: *Unannounced*
 Reason: *Incident,Settlement*

Inspection Dates and Department Representative

06/13/2019 - On-Site: Ann O'Haire, Amy DeLuca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *26*

Secured Dementia Care Unit

In Home: *Yes* Area: *The entire building* Capacity: *64* Residents Served: *26*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *26* Have Physical Disability: *0*

ARDEN COURTS OF OLD ORCHARD

22604

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/3/2019 the glucometer for resident # 1 was mistakenly used to check the blood glucose of resident # 2.

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.)

Following incident, nursing team was in-serviced on sanitary conditions, specific to use of glucometers (See attachment #1). As a precaution, bloodwork was drawn on resident #2 with negative results (See Attachment #2). Nurse involved received counseling as a result of incident. Resident Services Coordinator or designee will continue weekly glucometer checks to ensure labels are in place on storage bag and glucometer device x1 year. Glucometer check added to daily nursing check off list to ensure accuracy and daily monitoring x 1 year (See Attachment #3). ED to monitor for continued compliance.

Legal Entity Representative


Signature

Arlene Henry, Executive Director 8/15/19
Printed Name and Title Date

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The above plan of correction is approved as of 9-16-19
(Date)

Plan of correction implementation status as of 9-16-19
(Date)

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

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

ARDEN COURTS OF OLD ORCHARD

22604

182c - Medication Administration

Regulations

2600.

182.c.5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.

Description of Violation

On 5/18/2019 at approximately 8:00am, resident # 3 was administered medications by staff person A. The medications were later found hidden in the drawer of the resident's bedside table. Staff person A did not properly monitor resident # 3 to ensure the resident ingested the medications.

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 completed with nursing team in regards to proper and complete medication administration process (See Attachment #4). Service plan addendum added to resident #3 on hiding behaviors. (See Attachment #5) In order to prevent possible future incidents, any hiding behavior exhibited by a resident will be added to MAR/TAR, face sheet, and service plan so nursing team members are informed of the previously demonstrated behavior when administering the residents medication. Nurse involved was counseled on incident and reportable sent to state per regulation. RSC and ED to monitor for continued compliance.

Legal Entity Representative


Signature

Arlene Henry, Executive Director 8/15/19
Printed Name and Title Date

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ARDEN COURTS OF OLD ORCHARD

22604

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident # 2 receives weekly blood glucose monitoring. On 6/7/2019 the resident had a reading of 98 at 8:27pm. The reading was documented as 79 on the blood glucose monitoring sheet.

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 completed with nursing team on proper documentation (See Attachment #1). Nursing Team will keep glucometer flow sheet with morning report so oncoming nurse can validate and sign off for documentation accuracy x 1 year (See Attachment #3). Counseling given to nurse involved in incident. In addition, weekly glucometer checks will be completed by Resident Services Coordinator or designee x1 year. ED to monitor for continued compliance.

Legal Entity Representative


Signature

Arlene Henry
Printed Name and Title

8/15/19
Date

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