



pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 8, 2019

Ms. Nicole Groff
Executive Director
Arden Courts of King of Prussia PA, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of King of Prussia
620 West Valley Forge Road
King of Prussia, Pennsylvania 19406
License #: 129950

Dear Ms. Groff:

As a result of the Department's Bureau of Human Services Licensing inspection on July 24, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report

Facility Information

Name: ARDEN COURTS OF KING OF PRUSSIA

License Number: 12995

Address: 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Nicole Groff

Phone: 6103371214

Email: Nicole.groff@HCR MANORCARE COM

Legal Entity

Name: ARDEN COURTS OF KING OF PRUSSIA PA LLC

Address: 333 NORTH SUMMIT STREET, TOLEDO, OH, 43604

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff:

Total Daily Staff: 86

Waking Staff: 65

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

07/24/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64

Residents Served: 43

Secured Dementia Care Unit

In Home: Yes

Area: Entire home

Capacity: 64

Residents Served: 43

Hospice

Current Residents: x

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: 7

Nicole C Groff, Executive Director

9/6/19

ARDEN COURTS OF KING OF PRUSSIA

12995

63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 07/15/2019 from 7:00 PM until 7:00 AM next morning, 43 residents were present in the home. During this time there was no staff person present in the home who was certified in First Aid/CPR.

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.)

63.a

The Executive Director or designee will review the staff schedule daily. Staff certified in First Aid/CPR (noted on the schedule) and resident census will be compared to ensure compliance with regulation 63.a.

(Initiate 9/9/2019)

First Aid/CPR certification class is scheduled for 9/30/2019 at 1pm and 10/21/2019 at 8am, to ensure the required number of staff are certified.

Coordinators were in-serviced by the Executive Director on 9/4/2019 regarding regulation 63.a to ensure compliance.

(Attachment - In-Service Attendance Record and Regulation)

Legal Entity Representative

Nicole C. Graff
Signature

Nicole C. Graff, Executive Director
Printed Name and Title

9/5/19
Date

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

The above plan of correction is approved as of 9/30/19
(Date)

Plan of correction implementation status as of 9/30/19
(Date)

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

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

ARDEN COURTS OF KING OF PRUSSIA

12995

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 07/24/2019 at 9:25 AM, the common hall shower in the home's Blue Hall had an unpleasant stench. At the back end of the shower room were several chairs, one of which was white plastic with a yellowish/brown stain which appeared to be feces.

A wash cloth with no label was hanging in the shower in the Peach Hall shower room. Around 02:50 PM when asked about storage of residents' personal toiletry items, a staff member opened the locked cupboards in the Blue Hall's locked laundry room. There were body lotions, shampoo, mouth wash, toothpastes, deodorants all mixed up without any labels showing the owner of the items. In one unlabeled plastic bag were multiple toothbrushes along with other items. The staff identified the plastic bag as belonging to a specific resident, but she identified one of the toothbrushes (purple) as belonging to another resident.

Plan of Correction (POC)

The common hall shower in Blue Hall was thoroughly cleaned by housekeeping on 7/26/2019. The chair with the stain was discarded by the Executive Director on 7/26/2019. The common hall showers will be cleaned daily by housekeeping or designee. (Attachments - Resident Room Deep Cleaning Checklist and picture of hall shower)

The wash cloth with no label in Peach Hall shower room was immediately removed by RSC. A new storage system has been initiated that provides individualized, labelled bins for each resident's possessions. The Executive Director or Designee will tour the laundry rooms daily to ensure compliance (Attachment - picture of storage system)

Staff was in-serviced by the Executive Director regarding regulation 85.a re. sanitary conditions, including cleaning of the shower room, not leaving wash cloths, etc. in the shower room, and the individualized storage system for resident's items. (Attachment - In-Service Attendance Record and Regulation)

Legal Entity Representative

Nicole C Groff
Signature

Nicole C Groff, Executive Director 9/5/19
Printed Name and Title Date

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12995

101i - Access to Bedroom

Regulations

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 07/24/2019, multiple resident bedrooms were locked. The home said that some of the residents have keys to their room but some don't, preventing them from accessing their rooms at all times.

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.)

101.i

An inventory of locked resident rooms was completed by the Executive Director. Each resident with a locked room was given a key on 9/5/2019.

The Service Plan for each resident with a locked door was updated by the Executive Director to include the resident has a locked door and key on 9/5/2019. The Executive Director or designee will update the service plan for future residents who have a locked door/key.
(Attachment-sample Service Plan)

Staff was in-serviced by the Executive Director regarding regulation 101.i to ensure compliance.
(Attachment - In-Service Attendance Record and Regulation)

Legal Entity Representative

Nicole C. Groff
Signature

Nicole C. Groff, Executive Director
Printed Name and Title

Date *9/5/19*

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102h - Toilet Paper

Regulations

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 07/24/2019 at 9:30 AM, there was no toilet paper for the toilet in the Blue Hall common shower room.

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

The toilet paper in the Blue Hall common shower room was replaced immediately by the Executive Director. An added hook was installed for an extra roll of toilet in the shower room by the Executive Director on 7/26/2019.

(Attachment - picture of hook with toilet paper)

Toilet paper will be re-stocked daily by the housekeepers.

(Attachment- Resident Room Deep Cleaning Checklist)

Staff was in-serviced by the Executive Director regarding regulation 102.h to ensure compliance.

(Attachment - In-Service Attendance Record and Regulation)

Legal Entity Representative

Nicole C. Graff
Signature

Nicole C. Graff Executive Director
Printed Name and Title

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103c - Food Protected

Regulations

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 07/24/2019 at 9:40 AM, there was an uncovered plate of scrambled eggs and waffles stored in the cold oven in Peach Hall. There was a whole cheesecake, which was not covered, in the refrigerator.

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.)

103.c

The PSC immediately discarded the plate with food and cheesecake in Peach Hall.

The Resident Services Supervisor or designee will complete rounds daily; including checking food is stored properly.

(Attachment – Resident Services Supervisor House Rounds Checklist)

Staff was in-serviced by the Executive Director regarding regulation 103.c to ensure compliance.

(Attachment – In-Service Attendance Record and Regulation)

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Nicole C. Groff
Signature

Nicole C. Groff Executive Director 9/15/19
Printed Name and Title Date

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103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were multiple opened but unlabeled, undated orange juice bottles and milk bottles in the home's refrigerator in Blue, Peach, and Plum Hall.

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.)

103. e

The opened, unlabeled, undated bottles of orange juice and milk were immediately discarded by the Executive Director.

The Resident Services Supervisor or designee will complete rounds daily, including checking that opened food is stored properly.

(Attachment – Resident Services Supervisor House Rounds Checklist)

Staff was in-serviced by the Executive Director regarding regulation 103.e to ensure compliance.

(Attachment – In-Service Attendance Record and Regulation)

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Signature

Nicole C Groff Executive Director
Printed Name and Title

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 07/24/2019 at 9:50 AM, the temperature in the freezer in Peach Hall was 20 degrees Fahrenheit.

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.)

103.f

The faulty thermometer in Peach Hall was replaced with a functional one by the Executive Director on 7/24/2019. (Attachment – picture of replaced thermometer)

The thermometer log indicates compliance with temperatures required in regulation 103.f. (Attachment – temperature log)

The Building Services Coordinator will monitor temperature logs daily (including refrigerators/freezers). (Attachment – Monthly Daily Rounds)

Staff was in-serviced by the Executive Director regarding regulation 103.f to ensure compliance. (Attachment – In-Service Attendance Record and Regulation)

Legal Entity Representative

Nicole C. Groff
Signature

Nicole C. Groff, Executive Director 9/3/19
Printed Name and Title Date

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103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were unlabeled, undated packages of frozen waffles, pancakes, and French toasts in the home's Peach and Plum Hall freezers.

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.)

103.i

The unlabeled, undated packages of frozen waffles, pancakes, and French toast were immediately discarded by the Executive Director.

The Resident Services Supervisor or designee will complete rounds daily, including checking that food is stored properly.

(Attachment – Resident Services Supervisor House Rounds Checklist)

Staff was in-serviced by the Executive Director regarding regulation 103.i to ensure compliance.

(Attachment – In-Service Attendance Record and Regulation)

Legal Entity Representative

Nicole C Groff

Signature

Nicole C Groff, Executive Director

Printed Name and Title

9/6/19

Date

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227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan for resident #1, dated 06/19/2019, has no notation about the resident's inability to participate or sign.

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.)

227.h

The support plan for resident #1 now includes (notation/mark) completed on 7/24/2019.
(Attachment - Support Plan - Signature Page - Resident One)

An audit of all support plans was completed by the Executive Director or designee to ensure compliance with regulation 227.h on 7/26/2019 and on-going.

Coordinators were in-serviced by the Executive Director regarding regulation 227.h to ensure compliance.

(Attachment - In-Service Attendance Record and Regulation)

Legal Entity Representative

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Signature

Nicole C Groff, Executive Director 9/5/19
Printed Name and Title Date

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