



**Sent via e-mail nicole.groff@hcr-manorcare.com
March 11, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 27, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Claire Mendez". The signature is written in a cursive, flowing style.

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: 100

Waking Staff: 75

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

01/27/2020 - On-Site: Youn Hie Chung, Alex Goldstein, Christina Eberhart

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64

Residents Served: 50

Secured Dementia Care Unit

In Home: Yes

Area: entire home

Capacity: 64

Residents Served: 50

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 50

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 50

Have Physical Disability: 7

ARDEN COURTS OF KING OF PRUSSIA

12995

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation:

On 01/19/2020, at around 01:00 AM, staff member A and B allegedly witnessed staff member C physically abusing resident #1. The home did not report this incident to the department until 01/21/2020.

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.)

16(c)

On 1/21/2020 The Executive Director and Resident Services Coordinator received information from Staff member A and B. The staff members verbalized they allegedly witnessed staff member C physically abuse resident #1 on 1/19/2020, at around 01:00 AM. Witness statements (Staff members A and B) attached.

The Executive Director reported the incident on 1/21/2020 to DHS via the Hot Line and a written report. Written report attached.

The Executive Director reported the incident on 1/21/2020 to Protective Services via Hot Line and a written report. Written report attached.

Reportable Incidents will be reviewed in Morning Meeting by the Executive Director or designee to ensure reporting compliance. Immediate and on-going. Morning Meeting minutes attached.

The coordinators were in-serviced on this review procedure by the Executive Director on 1/23/2020. In-service record attached.

All staff will be In-serviced on Regulation 16(c) re. reporting an incident to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department & OAPSA, as Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law.), was completed by the Executive Director on 1/23/2020. Additional in-services will be completed to capture remaining staff by 2/21/2020. In-service record attached.

Legal Entity Representative

Nicole C Groff
Signature

Nicole C Groff, Executive Director 2/12/20
Printed Name and Title Date 2020

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The above plan of correction is approved as of 3/11/2020 (Date) Plan of correction implementation status as of 3/11/2020 (Date)

Implemented
 Not Implemented

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

190c - Record of Training

Regulations

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person C does not include whether her re-certification was successful or not.

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(c)

Staff person C's recertification was successful, with documentation signed appropriately, verifying she did complete the training required.

Signed document attached.

The Executive Director will audit the re-certification requirements annually to ensure compliance with Regulation 190 (c). The audit will be available in community for review by Department Representative(s).

Immediate and on-going

The Executive Director or designee will audit employee's medication administration training records for required signatures and ensure compliance with regulation 190 (c) by 2/14/2020.

The audit will be available in community for review by Department Representative(s).

The Resident Services Coordinator, Practicum Observer, was in-serviced on 1/28/2020 by Executive Director on Regulation 190 (c).

In-service record attached.

Legal Entity Representative

Nicole C. Hoff
Signature

Nicole C. Hoff, Executive Director
Printed Name and Title

2/12/2020
Date

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(Date)

Plan of correction implementation status as of 3/11/2020
(Date)

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(Initials)

Implemented
 Not Implemented

ARDEN COURTS OF KING OF PRUSSIA

12995

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 10/01/2018. However, the resident's written cognitive pre-admission screening was completed on 09/27/2018.

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.)

231(c)

The Executive Director will audit all current resident's preadmission screenings for compliance by 2/28/2020.

The audit will be available in community for review by Department Representative(s).

Immediate and on-going

Resident written cognitive preadmission screenings will be reviewed by ED, RSC, Memory Care Advisor and / or ED appointed designee, during morning meeting to ensure compliance with 231(c).

Morning Meeting minutes attached.

Regulation 231(c) and procedures were reviewed during an in-service with the Coordinators by the Executive Director on 2/10/2020.

In-service record attached.

Legal Entity Representative

Nicole C. Groff
Signature

Nicole C. Groff Executive Director
Printed Name and Title

Date

2/12/2020

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(Date)

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(Date)

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(Initials)