pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail gary.achilles@hcr-manorcare.com
Sent via e-mail licensure-support@hcr-manorcare.com
June 23, 2020

Mr. Gary Achilles
Executive Director
Arden Courts Warminster of Hatboro PA, LLC
333 North Summit Street, 16th Floor
Toledo, Ohio 43604

RE: Arden Courts of Warminster
779 West County Line Road
Hatboro, Pennsylvania 19040
License #: 129960

Dear Mr. Achilles:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 30 and 31, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *ARDEN COURTS OF WARMINSTER* License Number: *12996*
Address: *779 WEST COUNTY LINE ROAD,, HATBORO, PA 19040*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: *Gary Achilles* Phone: *2159575182* Email: *GARY.ACHILLES@HCR-MANORCARE.COM*

Legal Entity

Name: *ARDEN COURTS WARMINSTER OF HATBORO PA LLC*
Address: *333 NORTH SUMMIT ST, 16TH FLOOR, TOLEDO, OH, 43604*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *94* Waking Staff: *71*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint,Incident*

Inspection Dates and Department Representative

01/30/2020 - On-Site: Tahesia Thomas, Michele Swisher

01/31/2020 - On-Site: Tahesia Thomas, Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Bldg* Capacity: *60* Residents Served: *47*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Diagnosed with Mental Illness: *0*
Have Mobility Need: *47*
Are 60 Years of Age or Older: *47*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *0*

Gary Achilles
Pauline Dunchak
3/19/2020

ARDEN COURTS OF WARMINSTER 12996

16b - Incident Policies

Regulations

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

On 01/01/20, staff member failed to report resident to resident abuse in a timely manner to the home's management team. The home's staff members failed to follow the home's written policy on reporting abuse.

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 attached

Legal Entity Representative

Gary Achilles

Signature

GARY ACHILLES EXECUTIVE DIRECTOR

Printed Name and Title

3-19-2020

Date

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The above plan of correction is approved as of 6/22/20 (Date)

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

Plan of correction implementation status as of 6/22/20 (Date)

[X] Implemented

[ ] Not Implemented

16b.

- On January 1, 2020, two caregivers witnessed resident to resident abuse. They immediately separated the residents but did not report the incident to the community's management team in a timely manner. As a result, reporting to the regulatory agencies was one day late.
- The community has a written policy and procedure in place that addresses this regulation. Please see attached.
- Starting February 7, 2020, all staff are being in-serviced via customized videos approved by Arden Courts and previously shared with the Department. These videos address what constitutes abuse and neglect, best practices for delivering excellent care to prevent the possibility or perception of such in the first place, how to address allegations and the roles and responsibilities of all staff around prevention, reporting, notification, investigation, management and timely reporting. Please see attached.
- The videos, coupled with open and honest discussion around the intent of the regulation, address what constitutes neglect, intimidation, physical or verbal abuse, mistreatment, and the reality that corporal punishment and resident discipline do not belong in the personal care setting whatsoever.

Executive Director

GARY ACHILLES

3-19-2020

ARDEN COURTS OF WARMINSTER 12996

42b - Abuse

Regulations

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On January 1, 2020, resident #1 was heard and observed physically attacking resident #2 in the common area of Dockside House. Staff member saw resident #1 scratching and pulling on resident #2. Staff members immediately separated the residents. However, resident #2 did sustain a right forehead and a left under-eye injury from this incident of resident to resident abuse.

On January 19, 2020, staff person A was eating a TastyKake and drinking a Pepsi outside of break time in the common area of Berry Ridge House. Resident #3, who has a behavior of taking drinks and hoarding them in his room, took staff person A's snack and drink when they left it unattended. When staff person A found out about resident #3 taking their items, they followed resident #3 to their room and confronted them. Staff person A approached resident #3 and asked for her items back the resident stated "no". Staff person walked back to the living room. A few minutes later resident #3 came into the living room with the nurse. The nurse stated that resident #3 said "you hit him with a broom". Staff person stated she did not hit him. Resident #3 sustained a left - hand skin tear immediately after the incident. It could not be substantiated that staff person A physically hit 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.)

Please see attached

Legal Entity Representative

Signature

GARY ACHILLES EXECUTIVE DIRECTOR 3-A-2020
Printed Name and Title Date

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The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 6/22/20 (Date)

(X) Implemented
( ) Not Implemented

42b.

- The community identified and submitted 2 reportable incidents to the Department; one involving resident to resident abuse, the other, an allegation of staff to resident abuse. Staff did not report the incidents to the community's management team in a timely manner. As a result, reporting to the regulatory agencies was one day late.
- The community has a written policy and procedure in place that addresses this regulation. Please see attached.
- Starting February 7, 2020, all staff are being in-serviced via customized videos approved by Arden Courts and previously shared with the Department. These videos address what constitutes abuse and neglect, best practices for delivering excellent care to prevent the possibility or perception of such in the first place, how to address allegations and the roles and responsibilities of all staff around prevention, reporting, notification, investigation, management and timely reporting. Please see attached.
- The videos, coupled with open and honest discussion around the intent of the regulation, address what constitutes neglect, intimidation, physical or verbal abuse, mistreatment, and the reality that corporal punishment and resident discipline do not belong in the personal care setting whatsoever.
- Following the incident between residents 1 and 2, resident 1's PCP and psychiatry consultant were contacted to address her behaviors, with staff offering redirection and reassurance if needed to promote positivity and promote engaging conversation. Please see attached. Resident 2's injuries were addressed immediately by the nursing team, with follow up by her PCP the next day. A protein supplement was ordered to address her skin integrity. Please see attached.
- Resident 3's skin tear was immediately cleansed and dressed by the care staff and nurse on duty. The following day, resident 3's skin tear was also treated with the application of a steri-strip band-aid until it was completely healed. Please see attached.
- A memorandum to all staff pertaining to meals and snacks being limited to the employee break room was circulated and hung by the time clock in the employee break room. Please see attached.

Executive Director

GARY ACHILLES

3-19-2020

ARDEN COURTS OF WARMINSTER 12996

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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 attached

Legal Entity Representative

Signature

GARY ACHILLES EXECUTIVE DIRECTOR
Printed Name and Title

3-A-2020
Date

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[X] Implemented
[ ] Not Implemented

54a.

- On January 30, 2020, Team member A was notified of her responsibility to provide proof of high school completion and the consequence for not doing so. Team member A has since followed the proper steps to obtain proof of high school completion. Please see attached.
- In-servicing around required documentation for team member files (including proof of high school completion) was provided to the Administrative Services Coordinator by the Manager of Dementia Services on February 5, 2020. Please see attached.
- The administrative files of all team members have been audited to ensure compliance with regulation 54a. Please see attached.

Executive Director

3-19-2020

CINDY ACHILLES

ARDEN COURTS OF WARMINSTER 12996

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   - i. Safe management techniques.
   - ii. ADLs and IADLs
   - iii. Personal hygiene.
   - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
   - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   - vi. Implementation of the initial assessment, annual assessment and support plan.
   - vii. Nutrition, food handling and sanitation.
   - viii. Recreation, socialization, community resources, social services and activities in the community.
   - ix. Gerontology.
   - x. Staff person supervision, if applicable.
   - xi. Care and needs of residents with special emphasis on the residents being served in the home.
   - xii. Safety management and hazard prevention.
   - xiii. Universal precautions.
   - xiv. The requirements of this chapter.
   - xv. Infection control.
   - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on 12/30/19, began providing unsupervised ADL services on 01/03/20. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 01/30/20.

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 attached

Legal Entity Representative

Gary Achilles — Gary Achilles, Executive Director, 3-19-2020

Signature | Printed Name and Title | Date

ARDEN COURTS OF WARMINSTER 12996

65d - Initial Direct Care Training *(continued)*

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(X) Implemented

( ) Not Implemented

65d.

- On January 30, 2020, Team member B successfully completed the course. A copy of her certificate was provided to the surveyors and stored in her file.
- In-servicing around required documentation for team member files (including proof that direct care staff have completed and passed the Department-approved direct care training course and competency test prior to providing unsupervised ADL services) was provided to the Administrative Services Coordinator by the Manager of Dementia Services on February 5, 2020. Please see attached.
- The files of all team members have been audited to ensure compliance with regulation 65d. Please see attached.

Executive Director

Gary Achilles

3-19-2020

ARDEN COURTS OF WARMINSTER 12996

82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

During physical inspection of the home on 1/30/20 the following items were unlocked, unattended, and accessible to residents who have been assessed incapable of recognizing and using poisons safely: room #37 Crest mouth wash; room #21 Lysol wipes; room #28 Aveeno lotion; room #17 mouthwash and Crest toothpaste; room #5 Crest toothpaste, L'Oreal shampoo and Aveeno lotion.

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 attached

Legal Entity Representative

Gary Achilles GARY ACHILLES EXECUTIVE DIRECTOR 3-19-2020

Signature Printed Name and Title Date

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Plan of correction implementation status as of 6/22/20 (Date)

[X] Implemented

[ ] Not Implemented

82c.

- All items were removed from the resident rooms in question on the date of the inspection. Additionally, all occupied resident rooms were checked for personal and oral hygiene items and removed if present. Staff were immediately notified of regulation 82c. and reminded to remain diligent on securing such items in the laundry room in the house which the resident resides.
- On February 3, 2020, a letter was sent to all family members and/or responsible party members informing them of regulation 82c. and the community's plan to maintain compliance with the regulation. Going forward, this letter is being given to family members/responsible party members upon move-in. Please see attached.
- Starting February 7, 2020, all staff are being in-serviced on regulation 82c by the Executive Director or designee. Please see attached.
- On February 11, 2020, residents were notified of regulation 82c. and the community's responsibility to maintain compliance going forward. Please see attached.
- From the period February 7, 2020 through May 31, 2020, the Executive Director or designee will make random rounds of resident rooms to ensure that poisonous materials, including items labeled "seek medical attention if swallowed" or "contact Poison Control Center if swallowed" and basic personal and oral hygiene items such as toothpaste, mouthwash, deodorant, hand sanitizer, body lotion, disinfecting wipes, shampoo are not stored in residents' bedrooms or bathrooms. All such items are being stored in the laundry room in the house which the resident lives and made available as needed.

Gary McHilles Executive Director

GARY MCHILLES 3-19-2020

ARDEN COURTS OF WARMINSTER 12996

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

During physical inspection of Dockside House, on 01/30/20, at the entrance of the house - near rooms 45 and 48, the plastic cover of the fire pull station was cover with dry, brown substance that had a strong odor of fecal matter.

During physical inspection of Harvest Glen House, on 01/30/20, room #37 had a strong odor of urine. The toilet was found to be filled with urine in the bowl. A incontinent depends products (uncertain if it was used) was found on the bed near the pillow, that was covered with reddish-brown substance smeared on it.

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 attached

Legal Entity Representative

Signature | GARY ACHILLES EXECUTIVE DIRECTOR Printed Name and Title | 3-19-2020 Date

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(X) Implemented
( ) Not Implemented

85a.

- All unsanitary conditions identified by the surveyors, in both resident rooms and common areas, were immediately addressed on the date of the inspection. Additionally, all occupied resident rooms were also checked for sanitary conditions. Staff were immediately notified of regulation 85a. and reminded to remain diligent on ensuring cleanliness of resident rooms and common areas, and to solicit the assistance of the housekeeping team as necessary.
- Starting February 7, 2020, all staff are being in-serviced on regulation 85a by the Executive Director or designee. Please see attached. In-servicing includes a general overview of what constitutes sanitary conditions and a general overview of what constitutes unsanitary conditions including feces, urine, bodily fluids such as blood, mucus, vomit or semen, rotten or spoiled foods, the presence of mold or mildew, pungent odors and generally unclean surfaces.
- From the period February 3, 2020 through May 31, 2020, The Executive Director or designee will make daily rounds of the community to ensure compliance with regulation 85a. is being maintained. Please see attached.

Executive Director

Greg Achilles

3-19-2020

101i.

ARDEN COURTS OF WARMINSTER 12996

101i - Access to Bedroom

Regulations

2600.
101.i. A resident shall have access to his bedroom at all times.

Description of Violation

During physical inspection, on 01/30/20, rooms 2, 28, 36, 37, 48 and 52 were locked and the residents were denied access to their bedrooms.

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 attached

Legal Entity Representative

Signature | GARY ACHILLES EXECUTIVE DIRECTOR (Printed Name and Title) | 3-19-2020 (Date)

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Plan of correction implementation status as of 6/22/20 (Date)

[X] Implemented
[ ] Not Implemented

101l.

- Resident room doors identified as locked on the date of inspection were unlocked. Staff was immediately notified of regulation 101l. and reminded to remain diligent on keeping doors unlocked.
- On February 3, 2020, a letter was sent to all family members and/or responsible party members informing them of regulation 101l. and the community's plan to maintain compliance with the regulation. Going forward, this letter is being given to family members/responsible party members upon move-in. Please see attached.
- On February 4, 2010, residents were assessed or reassessed by Gary Achilles, Executive Director, to determine their ability to lock and unlock their room door independently. A total of 8 residents have been determined to be able to perform this task successfully. These residents have been given a key to their room. RASP addendums have been completed and will be reviewed as needed. Please see attached.
- Starting February 7, 2020, all staff are being in-serviced on regulation 101l by the Executive Director or designee. Please see attached.
- From the period February 7, 2020 through May 31, 2020, the Executive Director or designee will make random rounds of the community to ensure compliance with regulation 101l. is being maintained. Please see attached.
- On February 11, 2020, residents were notified of regulation 101.l. and the community's responsibility to maintain compliance going forward. Please see attached.

Gary Achilles Executive Director

GARY ACHILLES 3-19-2020

ARDEN COURTS OF WARMINSTER 12996

101q - Storage Space

Regulations

2600.
101.q. Space for storage of personal property shall be provided in a dry, protected area.

Description of Violation

During physical inspection, on 01/30/20, room #48 was found to have a wheelchair stored in the bathroom. The tub room on Berry Ridge house and room #52 were found to have a walker stored in the bathroom. The home failed to provided a proper protected area for the storage of resident belongings.

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 attached

Legal Entity Representative

Signature | GARY ACHILLES EXECUTIVE DIRECTOR | 3-19-2020
Printed Name and Title | Date

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Plan of correction implementation status as of 6/22/20 (Date)

☐ Implemented
☒ Not Implemented

101q.

- **Two resident bathrooms and one common area tub room had an adaptive device found in them. These areas are designed to remain dry through built-in plumbing safeguards installed in toilets and sinks such as shut off valves and sink/tub overflow prevention systems. The same would not hold true for heating/cooling units found in resident bedrooms or common areas should the unit leak due to normal wear and tear. For these reasons, the community requests this violation be withdrawn.**

Gary Keller Executive Director

GARY ACHILLES 3-19-2020

ARDEN COURTS OF WARMINSTER 12996

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation did not include a diagnosis of anxiety.

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 attached

Legal Entity Representative

Signature: [signature] Printed Name and Title: GARY MCHILLES EXECUTIVE DIRECTOR Date: 3-19-2020

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Plan of correction implementation status as of 6/22/20 (Date)

Implemented

X Not Implemented

141a2.

- **The surveyor sited the DME for Resident 1 for not having all the required elements completed by the referring physician. The DME listed her only medical diagnosis, Dementia. However, the surveyor saw that the resident experiences anxiety at times, and therefore believed this diagnosis should also been listed. The community requests this violation be withdrawn since the referring doctor did not include this diagnosis as being warranted at the time of the resident's admission to Arden Courts of Warminster by affirming his expert evaluation of the resident and attesting to such through his signature on the DME accordingly.**

Gary Achilles Executive Director

Gary Achilles 3-19-2020

ARDEN COURTS OF WARMINSTER 12996

141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on 01/08/2019.

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 attached

Legal Entity Representative

Signature | GARY ACHILLES Printed Name and Title | EXECUTIVE DIRECTOR | 3-19-2020 Date

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Plan of correction implementation status as of 6/22/20 (Date)

(X) Implemented
( ) Not Implemented

141b1.

- The medical evaluation for Resident 4 was prepared in the proper amount of time by the nursing team and sent to the resident's outside physician for review and signature within the prescribed amount of time, with a copy of such in the resident's file. However, the DME was not returned promptly. On February 5, 2020, the DME was signed by the physician and returned to the community. Please see attached.
- To ensure this does not happen in the future, the community has developed a list of annual DMEs needed, by month, which includes the timeline for completion. This information will be shared with the nursing team and PCPs as needed. This list will be utilized by the nursing team and the Executive Director as a check and balance system and reviewed daily at morning meeting. Please see attached.

Executive Director

GREY ATHILES 3-19-2020

ARDEN COURTS OF WARMINSTER 12996

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The home does not have a prescreen for residents #1, #2 and #3 that include a determination that the needs of the resident can be met by the services provided by the home.

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 attached

Legal Entity Representative

Signature: Mary Achilles Printed Name and Title: GARY ACHILLES EXECUTIVE DIRECTOR Date: 3-19-2020

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Plan of correction implementation status as of 6/22/20 (Date)

[X] Implemented

[ ] Not Implemented

224a.

- Several resident files were missing preadmission screening forms, in accordance with regulation 224.a.
- To ensure compliance with this regulation, the Manager of Dementia Services provided in-service training to the team members responsible for this scope of work (Memory Care Advisor, Nurses, Executive Director), using the preadmission screening form, paying close attention to the timeframes listed on the form. Please see attached.
- Effective March 1, 2020 and going forward, the preadmission screening form for a pending resident will be reviewed/approved by the Executive Director or designee prior to the resident moving in.

Mary Executive Director

Grace Achilles 3-19-2020

ARDEN COURTS OF WARMINSTER 12996

234b - Support Plan Needs Elements

Regulations

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #3's support plan, dated 05/22/19, does not address their hoarding behaviors.

Resident #4's support plan, dated 04/26/19, does not address their incontinence and toileting schedule.

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 attached

Legal Entity Representative

Signature | GARY ACHILLES, EXECUTIVE DIRECTOR (Printed Name and Title) | 3-19-2020 (Date)

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Plan of correction implementation status as of 6/22/20 (Date)

(X) Implemented
(_) Not Implemented

234b.

- On January 21, 2020, resident 3's RASP was updated, via addendum, to identify hoarding behaviors and care strategies to address the resident's behaviors. Please see attached.
- Resident 4 is continent of bladder and bowel. Her care plan addresses staff to assist in continence care with prompting and cueing to the bathroom if needed. Please see attached.
- On February 10, 2020 and March 2, 2020, all Coordinators and nurses were in-serviced on regulation 2600.234b. Please see attached.
- To expedite the process, changes in a resident's condition are being discussed at morning meetings, with corresponding RASP addendums completed within five calendar days.
- The reviews and updates will be documented on the RASP update log and kept for review by the Department.

Executive Director

GARY ACHILLES

3-19-2020

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Residents #1, #2, and #3's records do not include their incidents reports

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 attached

ARDEN COURTS OF WARMINSTER 12996

252 - Record Content *(continued)*

Legal Entity Representative

Signature: Gary Achilles — Printed Name and Title: GARY ACHILLES EXECUTIVE DIRECTOR — Date: 3-19-2020

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

The above plan of correction is approved as of 6/22/20 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 6/22/20 (Date)

[X] Implemented

[ ] Not Implemented

252.

- **Reportable Incident forms for 2019 and 2020 of all current residents were copied and placed in the resident's administrative and medical files on February 3, 2020.**
- **Going forward, at the time of submission of the reportable incident to DHS, a copy will also be placed in the resident's administrative and medical files to ensure compliance.**
- **All coordinators and nurses involved in reporting reportable incidents were in-serviced by Gary Achilles, Executive Director, on February 10 and March 2, 2020, on regulation 252 regarding resident records to include incident reports. Please see attached.**

Gary Achilles Executive Director

GARY A. ACHILLES 3-19-2020