



Sent via e-mail [Lauren.Roland@hcr-manorcare.com]

MAILING DATE: May 20, 2020

Ms. Lauren Roland  
Executive Director  
Arden Courts Susquehanna of Harrisburg PA, LLC  
333 North Summit Street, 16<sup>th</sup> Floor  
Toledo, Ohio 43604

RE: Arden Courts of Susquehanna  
2625 Ailanthus Lane  
Harrisburg, Pennsylvania 17110  
Certificate #: 324310

Dear Ms. Roland:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on February 18 and 19, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Gloria Emick*

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: ARDEN COURTS OF SUSQUEHANNA

License Number: 32431

Address: 2625 AILANTHUS LANE,, HARRISBURG, PA 17110

County: DAUPHIN

Region: CENTRAL

## Administrator

Name: Lauren Roland

Phone: 7175407018

Email: Lauren.Roland@HCR-MANORCARE.COM

## Legal Entity

Name: ARDEN COURTS SUSQUEHANNA OF HARRISBURG PA LLC

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

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 01/28/2000

Issued By: Labor and Industry

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 120

Waking Staff: 90

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal,Incident

## Inspection Dates and Department Representative

02/18/2020 - On-Site: Hope O'Pake, Jason McCloskey

02/19/2020 - On-Site: Hope O'Pake, Jason McCloskey

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 64

Residents Served: 60

### Secured Dementia Care Unit

In Home: Yes

Area: Entire Building

Capacity: 64

Residents Served: 60

### Hospice

Current Residents: 12

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 59

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 60

Have Physical Disability: 1

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have a copy of the influenza awareness poster displayed nor a copy of the influenza awareness kit present.

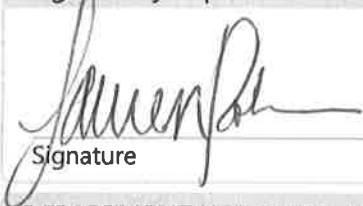
Plan of Correction (POC)

(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.)

See attached.

Page 2A of 11

Legal Entity Representative

  
Signature

Lauren Roland, Exec. Dir. 03/23/20  
Printed Name and Title Date

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The above plan of correction is approved as of 5/20/20 (Date)

Plan of correction implementation status as of 5/20/20 (Date)

Implemented

Not Implemented

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

- The influenza awareness poster and the influenza awareness kit were displayed immediately in the lobby by the Executive Director on February 19, 2020.  
Please see attached photos.
- The Executive Director and coordinators were in-serviced by the Manager of Dementia Services on March 23, 2020, concerning regulation 18 re. display of the influenza awareness poster and display kit.  
Please see attached Staff Development Program Attendance Record.
- The Executive Director or designee will ensure the influenza awareness poster and kit are displayed in the lobby during daily rounds.  
March 23, 2020 and on-going.
- **In addition to the preceding actions taken, a systematic approach to documenting compliance with display of the influenza awareness poster and kit was implemented on May 12, 2020, and on-going. The Executive Director and/or designee will document compliance of display of the influenza poster and kit on the attached Stand Up Minutes.**  
Please see attached.

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract was not signed by Resident #1.

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.)

See attached.

Page 3A of 11

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(Date)

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(Initials)

25.b.

- The Executive Director attempted to have Resident #1 sign the contract on February 20, 2020. Resident #1 was unable to sign, and notation completed.  
Please see attached.
- The Executive Director and coordinators were in-serviced by the Manager of Dementia Services on March 23, 2020, concerning regulation 25. b. re. the contract shall be signed by the administrator or a designee, the resident, and the payer, and cosigned by the resident's designated person.  
Please see attached Staff Development Program Attendance Record.
- The current resident contracts were audited by the Executive Director or designee to ensure compliance with regulation 25.b. on March 23-25, 2020. Follow-up activity occurred, as warranted.  
Please see attached audit.
- The Executive Director or designee will review the contract of new residents upon move-in to ensure compliance with regulation 25.b.  
Date: March 25, 2020 and on-going.
- **In addition to the preceding actions taken, a systematic approach to monitoring and tracking compliance of new resident' signature on the contract will be instituted. Going forward, semi-annual audits of contracts of new residents within that time period will be conducted and documented by the Executive Director or designee in the second and fourth quarters of the calendar year. Initiated second quarter, 2020**

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home serves 60 residents, requiring 180 gallons of emergency drinking water. However, the home had only 135 gallons. The home has a water contract through Sysco, However, it does not guarantee delivery of emergency water in the event of a regional emergency, nor does it specify the amount of water to be delivered.

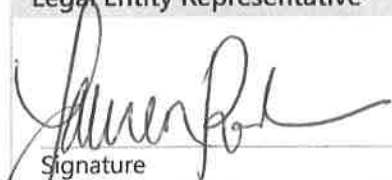
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Page 4A of 11

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GE  
(Initials)

107.c.

- **To supplement the Sysco letter re. providing emergency supply of drinking water, the community Food Services Coordinator ordered the required on-site emergency supply of drinking water (180 gallons). Delivery of water occurred on 2/20, 2/24, 2/27, 3/2, 3/5, 3/9, 3/12, and 3/29 (3 cases of 6 gallons per delivery).**

At the time of survey, there were 135 gallons of water. With the delivery of 144 gallons of water, the community now exceeds the required 180 gallons of water.

Please see attached.

- The Executive Director and coordinators were in-serviced by the Manager of Dementia Services on March 23, 2020, concerning regulation 107.c. maintaining at least a 3-day supply of nonperishable food and drinking water for residents.

Please see attached Staff Development Program Attendance Record.

- The Executive Director of designee will complete monthly rounds to ensure compliance with regulation 107.c. Documentation of rounds will be included in Quality Management Meeting minutes.

Date: April 30, 2020 and on-going.

126a - Furnace Inspection

Regulations

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on January 30, 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.)

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Page 5A of 11

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Implemented  
 Not Implemented

**126.a.**

- The furnace was inspected by a professional furnace cleaning company, Commercial Refrigeration of Harrisburg, on 2/26/2020.  
Please see attached documents.
- The Executive Director and Building Services Coordinator were in-serviced by the Manager of Dementia Services on March 23, 2020, concerning regulation 126.a. re. furnace inspection compliance.  
Please see attached Staff Development Program Attendance Record.
- **In addition to the preceding actions taken**, the Executive Director noted on the community 2021 Outlook calendar that the professional furnace cleaning company will be contacted on 1/1/21/ to complete inspection in a timely manner.  
**See attached 2021 Outlook calendar.**

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Two containers of Refresh Optive Lubricant Eye Drops, labeled for Resident #4, were found on the medication cart, but the medication was not on the Medication Administration Record as a current prescription.

Plan of Correction (POC)

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See attached.

Page 6A of 11

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*Lauren Roland*  
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Lauren Roland, Exec. Dir.  
Printed Name and Title

03.23.20  
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**183.d.**

- The Over the Counter medication (Refresh Optive Lubricant Eye Drops) for Resident #4 was immediately removed from the medication cart and disposed appropriately by the nurse at the time of the survey.
- The Resident Services Coordinator (RSC) and nurses were in-serviced by the Manager of Dementia Services on March 23 – 25, 2020, concerning regulation 183d. re. only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. Please see attached Staff Development Program Attendance Record.
- **In addition to the above immediate actions taken, a systematic approach to monitoring Medication Administration Records for accuracy was instituted on March 9, 2020, and on-going. A nurse completes the weekly Medication Cart Audit attesting to each of the following: the Medication Observation Record was reviewed for completeness; Expired or discontinued medications were removed and reordered if needed (routine and PRN), medications are available as ordered/labeled correctly (routine, PRN and OTC); including diagnosis/purpose, and infection control has been conducted (bottles are clean, meds are kept in labeled baggies and separated accordingly).**
- **The Resident Services Coordinator or designee will attest to the accuracy of the Medication Cart Audit by completing random audits of the carts and signing the audit tool as well. Instituted March 9. 2020, and on-going. Please see attached audits.**

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 has a prescription for Acetaminophen, "Take 2 tablets by mouth every 6 hours as needed for pain." It was not available on the medication cart.

Resident #5 has a prescription for Senexon, "Take 1 tablet by mouth once daily as needed for constipation." It was not available on the medication cart, having been removed at the end of January due to the expiration date, but it was not replaced.

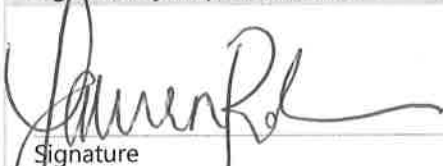
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Page 7A of 11

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**185.a.**

- The medication for Resident #2 (Acetaminophen) was ordered and received on 2/20/20 by Resident Services Supervisor.  
Please see attached.
- The medication for Resident #5 (Senexon) was discontinued on 2/19/20 by the resident's physician.  
Please see attached.
- The Resident Services Coordinator (RSC) and nurses were in-serviced by the Manager of Dementia Services on March 23 – 25, 2020, concerning regulation 185.a. re. safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.  
Please see attached Staff Development Program Attendance Record.
- **In addition to the above immediate actions taken, a systematic approach to monitoring Medication Administration Records for accuracy was instituted on March 9, 2020 and on-going. A nurse completes the weekly Medication Cart Audit attesting to each of the following: the Medication Observation Record was reviewed for completeness; Expired or discontinued medications were removed and reordered if needed (routine and PRN), medications are available as ordered/labeled correctly (routine, PRN and OTC); including diagnosis/purpose, and infection control has been conducted (bottles are clean, meds are kept in labeled baggies and separated accordingly).**
- **The Resident Services Coordinator or designee will attest to the accuracy of the Medication Cart Audit by completing random audits of the carts and signing the audit tool as well. Instituted March 9, 2020, and on-going.**  
Please see attached audits.

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed Finasteride, Losartan, and Oyster Shell Tabs. However, the medication administration record does not indicate the diagnoses or purposes of 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.)

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Page 8A of 11

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**187.a.**

- The diagnoses or purposes for Resident #1's prescribed Finasteride, Losartan, and Oyster Shell Tabs were added to the medication administration record by the Resident Services Supervisor. Please see attached.
- The Resident Services Coordinator (RSC) and nurses were in-serviced by the Manager of Dementia Services on March 23 – 25, 2020, concerning regulation 187.a. re. the medication record shall be kept to include the following for each resident for whom the medications are administered: Diagnosis or purpose for the medication, including PRN. Please see attached Staff Development Program Attendance Record.
- **In addition to the above immediate actions taken, a systematic approach to monitoring Medication Administration Records for accuracy was instituted on March 9, 2020 and on-going. A nurse completes the weekly Medication Cart Audit attesting to each of the following: the Medication Observation Record was reviewed for completeness; Expired or discontinued medications were removed and reordered if needed (routine and PRN), medications are available as ordered/labeled correctly (routine, PRN and OTC); including diagnosis/purpose, and infection control has been conducted (bottles are clean, meds are kept in labeled baggies and separated accordingly).**
- **The Resident Services Coordinator or designee will attest to the accuracy of the Medication Cart Audit by completing random audits of the carts and signing the audit tool as well. Instituted March 9, 2020, and on-going. Please see attached audits.**

187d - Follow Prescriber's Orders

Regulations

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Quetiapine, 50mg Tablets, based on the Medication Administration Record, which includes instructions to "Take 2 tablets by mouth twice daily." The label on the medication blister card notes the tablets are 25mg, and the instructions are to "Take 1 tablet by mouth twice daily." There is one pill in each blister. It is unclear if staff administer 1, 2, 3, or 4 pills at each time of administration or 25mg, 50mg, 75mg or 100mg at each dose.

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.)

See attached. Page 9A of 11

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Signature

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(Date) (Date)  
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(Initials)  Not Implemented

187.d.

- The directions of the prescriber were clarified for Resident #1 by the Resident Services Supervisor on 2/26/20.  
Please see attached.
- The Resident Services Coordinator (RSC) and nurses were in-serviced by the Manager of Dementia Services on March 23 – 25, 2020, concerning regulation 187.d. re. following the directions of the prescriber.  
Please see attached Staff Development Program Attendance Record.
- **In addition to the above immediate actions taken, a systematic approach to monitoring Medication Administration Records for accuracy was instituted on March 9, 2020 and on-going. A nurse completes the weekly Medication Cart Audit attesting to each of the following: the Medication Observation Record was reviewed for completeness; Expired or discontinued medications were removed and reordered if needed (routine and PRN), medications are available as ordered/labeled correctly (routine, PRN and OTC); including diagnosis/purpose, and infection control has been conducted (bottles are clean, meds are kept in labeled baggies and separated accordingly).**
- **The Resident Services Coordinator or designee will attest to the accuracy of the Medication Cart Audit by completing random audits of the carts and signing the audit tool as well. Instituted March 9, 2020, and on-going.**  
Please see attached audits.

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

Resident #2 has Support Plans dated 3-29-19 and 4-29-19. They are neither signed by the resident, nor is it documented that the resident refused to sign or was unable to do so.

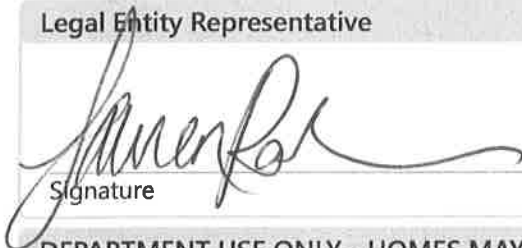
Resident #3 has Support Plans dated 6-9-19 and 12-9-19. They are neither signed by the resident, nor is it documented that the resident refused to sign or was unable to do so.

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.)

See attached. Page 10 A of 11

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(Initials)

227.h.

- Resident #2's most recent support plan (9/29/19) includes documentation that the resident is "unable to sign due to cognitive impairment".  
Please see attached.
- Resident #3's most recent support plan (12/9/19) includes documentation that the resident is "unable to sign due to cognitive impairment".  
Please see attached.
- The Executive Director and coordinators were in-serviced by the Manager of Dementia Services on March 23, 2020, concerning regulation 227.h. re the 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.  
Please see attached Staff Development Program Attendance Record.
- The current resident support plans were audited by the Executive Director or designee to ensure compliance with regulation 227.h. on March 23-25, 2020. Follow-up activity occurred, as warranted.  
Please see attached audit.
- The Executive Director will review the support plan of new residents upon move-in and revisions to ensure compliance with regulation 227.h.  
Date: March 25, 2020 and on-going.
- **In addition to the preceding actions taken, a systematic approach to monitoring and tracking compliance of resident' signature on new and updated service plans will be instituted. Going forward, semi-annual audits of resident's signatures on new and updated service plans within that time period will be conducted and documented by the Executive Director or designee in the second and fourth quarters of the calendar year. Initiated second quarter, 2020.**

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

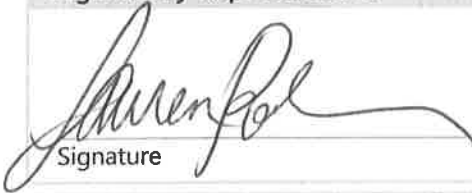
The home has no documentation that Resident #2 and Resident #4 and the residents' designated persons have not objected to the admission.

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**231.e.**

- The Executive Director and coordinators were in-serviced by the Manager of Dementia Services on March 23, 2020, concerning regulation 231.e. re. the resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.  
Please see attached Staff Development Program Attendance Record.
- The current residents' documentation that the resident and resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit were audited by the Executive Director or designee to ensure compliance with regulation 231.e. on March 23-25, 2020. Follow-up activity occurred, as warranted.  
Please see attached audit.
- The Executive Director will review documentation of the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit of new residents upon move-in to ensure compliance with regulation 231.e.  
Date: March 25, 2020 and on-going.
- **In addition to the preceding actions taken, a systematic approach to monitoring and tracking compliance of documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit will be instituted. Going forward, semi-annual audits of documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit of new residents within that time period will be conducted and documented by the Executive Director or designee in the second and fourth quarters of the calendar year. Initiated second quarter, 2020.**