



Sent via e-mail 354ed@hcr-manorcare.com
April 3, 2020

Ms. Sherri Hoffman
Executive Director
Arden Courts of Yardley PA, LLC
333 North Summit Street, 16th Floor
Toledo, Ohio 43604

RE: Arden Courts of Yardley
493 Stony Hill Road
Yardley, Pennsylvania 19067
License #: 129970

Dear Ms. Hoffman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 24, 25, and 27, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ARDEN COURTS OF YARDLEY
 Address: 493 STONY HILL ROAD,, YARDLEY, PA 19067
 County: BUCKS Region: SOUTHEAST

License Number: 12997

Administrator

Name: Sherry Hoffman Phone: 2153216166 Email: 354ed@HCR-MANORCARE.COM

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/24/1995 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 124 Waking Staff: 93

Inspection

Type: Full Reason: Renewal, Complaint BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

02/24/2020 - On-Site: Youn Hie Chung, Christina Eberhart
 02/25/2020 - On-Site: Youn Hie Chung, Christina Eberhart
 02/27/2020 - Off-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 Residents Served: 62

Secured Dementia Care Unit

In Home: Yes Area: entire home Capacity: 66 Residents Served: 62

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 62 Have Physical Disability: 20

ARDEN COURTS OF YARDLEY

12997

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, dated 08/14/2018 , for resident #1 was not signed by the resident.

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.)

All resident records will be audited by the Executive Director or designee to ensure resident, payer (if different) and/or his/her designated person have each signed the contract, or there is a notation regarding an attempt to obtain the signature/mark and reason signature was not obtained. Follow up for needed signatures will be completed.

Target Date: 4/30/2020

Executive Director or designee will audit all new residents' move-in paperwork within the first week to ensure all required signatures were obtained, or a notation regarding attempts made if a signature/mark cannot be obtained and reason signature/mark was not obtained.

Executive Director will in-service the administrative staff and Memory Care Advisor on this regulation requirement regarding obtaining resident signature/mark acknowledging review of the contract, or noting attempts made if signature cannot be obtained and reason signature/mark was not obtained.

In-Service Attendance record will be forwarded.

Target Date: 3/31/2020

PLEASE NOTE: An attempt to obtain the signatures from resident #1 was not completed as the resident has a legal guardianship in place; therefore, we are not able to legally have her sign any documents.

Legal Entity Representative


Signature

STEVEN P. HOFFMAN
Printed Name and Title

3/15/2020
Date

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The above plan of correction is approved as of 3/27/2020
(Date)

Plan of correction implementation status as of 4/2/2020
(Date)

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

Implemented
 Not Implemented

ARDEN COURTS OF YARDLEY

12997

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.)

All resident records will be audited by Executive Director or designee to ensure these forms have signatures, or a notation of attempts made where a signature/mark could not be obtained and reason signature/mark was not obtained.

Target Date: 4/30/2020


All new resident move-in paperwork will be audited by Executive Director or designee within the first week to ensure these forms have a signature or a notation of attempts made where a signature/mark could not be obtained and reason signature/mark was not obtained

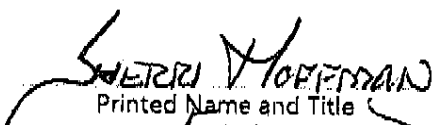

Executive Director will inservice administrative staff on this regulation requirement regarding obtaining resident signature acknowledging receipt of a copy of the Resident Rights and Complaint Procedure.

In-Service Attendance record will be forwarded.

Target Date: 3/31/2020

Legal Entity Representative


Signature


Printed Name and Title
EXECUTIVE DIRECTOR

Date

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.

Description of Violation

Direct care staff person A and B did not receive training in medication self-administration during training year 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.)

Direct Care Staff Person A and B received training in medication self-administration on 3/11/2020 by Resident Services Coordinator.
(see attached In-service Attendance Record)

An audit of all employee training records will be completed by the Executive Director to ensure all staff members received annual training on all required topics, including medication self-administration.

Audit form will be forwarded.


Target Date: 3/31/2020


The Executive Director will inservice coordinators on this regulation regarding need for completion of required annual training topics.

In-Service Attendance record will be forwarded.

Target Date: 3/31/2020

Legal Entity Representative


Signature



Printed Name and Title
EXECUTIVE DIRECTOR

3/15/2020
Date

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- Implemented
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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

On 02/24/2020 at 10:50 AM, in an unlocked kitchen cabinet in the Cloverdale Hall section, a can of Bahama Breeze Dry Air Freshener with a manufacture's label indicating "consult doctor", was unlocked, unattended, and accessible to residents. Not all of the residents of the home have been assessed capable of recognizing and using poisons safely.

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

Legal Entity Representative

[Signature]
Signature

SHERRI HOFFMAN
Printed Name and Title
EXECUTIVE DIRECTOR

3/15/2020
Date

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Implemented
 Not Implemented

82(c)

The can of Bahama Breeze Dry Air Freshener was immediately removed from the unlocked kitchen cabinet in CloverDale on day of survey, 2/24/2020.

A search was completed on 2/24/2020 of all unlocked cabinets in the kitchen areas to ensure any items, with a manufacturer's label indicating the item would be considered a poisonous material, were removed and placed in a locked room which is inaccessible to the residents.

All unlocked cabinets will be searched for poisonous materials daily by direct care staff or a designee and any items found with a manufacturer's label indicating the item would be considered a poisonous material will be removed immediately.

Executive Director or designee will complete weekly rounds to ensure unlocked cabinets are free of any items deemed poisonous materials.

Start date: 8/9/2020 End Date: 6/15/2020

Environmental Rounds Worksheet will be available for survey review.

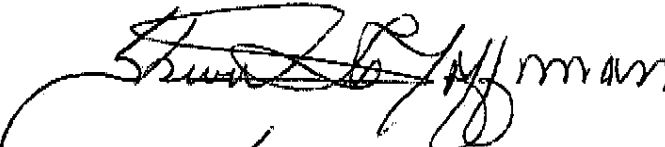
Attachment - Chapter 2600 Environmental Rounds Worksheet

This regulation and the need for daily checks and removal of items which are "poisonous materials" has been/will be reviewed by Executive Director during staff meetings on 2/25/2020; 3/18 & 3/19/2020.

The Executive Director will in-service coordinators on this regulation regarding the need for "poisonous materials" to be kept locked and inaccessible to residents. See attached minutes of staff meeting including review pertaining to this regulation and inservice sign in sheet. Please note March notes will be forwarded upon completion.

See attached minutes of coordinator meeting and inservice sign in sheet completed on 8/12/2020.

Target Date: 3/31/2020


 SHERRI HOFFMAN
 EXECUTIVE DIRECTOR
 3/15/2020

ARDEN COURTS OF YARDLEY

12997

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/24/2020 at 11:00 AM, there was no paper towel or other means of hand-drying in the home's Cloverdale Hall bath.

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.)

Paper towels were installed in the paper towel dispenser in the hall bath in Cloverdale at the time of survey on 2/24/2020.

Daily rounds will be completed by the Building Services Coordinator or designee to ensure all paper towel dispensers have paper towels.

Executive Director or designee will complete weekly rounds to ensure paper towel dispensers have paper towels.

Start date: 3/9/2020 End Date: 6/15/2020

Environmental Rounds Worksheet will be available for survey review.

Attachment - Chapter 2600 Environmental Rounds Worksheet

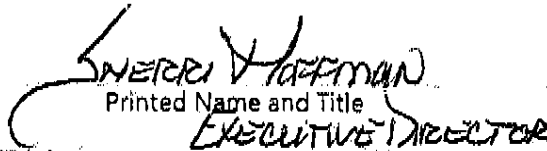
The Executive Director will inservice coordinators and staff regarding the regulation with regards to maintaining a sanitary environment, via having a means for hand-drying available at all sinks.

In-Service Attendance Record will be forwarded

Target Date: 3/31/2020

Legal Entity Representative


Signature


Printed Name and Title
EXECUTIVE DIRECTOR

3/15/2020
Date

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89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 02/25/2020 at 09:50 AM, the hot water temperature at the sink in the home's Harvest Glen Hall bath measured 124.7 degrees Fahrenheit and 123 degrees Fahrenheit in resident room #40.

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.)

Temperature was adjusted on the hot water heater at time of survey on 2/24/2020. The temperatures for all resident rooms and common areas in Harvest Glen were taken and found not to exceed 120°F. (see attached)

Rounds will be completed by the Building Services Coordinator or designee and temperatures in 2 rooms and 1 common area will be tested in each house and documented on the temperature control log. (see attached) Temperature control log will be available for review.

Executive Director will review temperature logs on a weekly basis.

Start date: 8/9/2020 End Date: 6/15/2020

Environmental Rounds Worksheet will be available for survey review.

Attachment -- Chapter 2600 Environmental Rounds Worksheet

The Executive Director will inservice coordinators on the regulation requirement regarding hot water temperatures.

Target date: 8/16/2020 In-Service Attendance Record attached

Legal Entity Representative

[Handwritten Signature]
Signature

SHERRI HOFFITAN
Printed Name and Title
EXECUTIVE DIRECTOR

3/15/2020
Date

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ARDEN COURTS OF YARDLEY

12997

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

On 02/24/2020 at 10:49 AM, in the refrigerator located in the Dockside kitchenette contained a pitcher of apple juice and a pitcher of orange juice that were open and not labelled.

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.)

The pitcher of apple juice and pitcher of orange juice were removed from the refrigerator and discarded at time of survey on 2/24/2020. All refrigerators were checked for any additional food items that were opened and not labelled. Any opened items not labeled were removed/discarded.

All refrigerators will be checked by Food Service staff or designee 4 times a week for any open food items without a label and any open food times without a label will be removed and discarded.

Start date: 8/9/2020 End Date: 6/15/2020

Executive Director or designee will complete weekly rounds to ensure refrigerators are free of any open food items without a label.

Start date: 8/9/2020 End Date: 6/15/2020

Environmental Rounds Worksheet will be available for survey review.

Attachment - Chapter 2600 Environmental Rounds Worksheet

The Executive Director will inservice food services staff, coordinators and staff on the regulation requirement regarding open food items requiring a label.

Target date: 8/31/2020 In-Service Attendance Record will be forwarded

Legal Entity Representative

[Handwritten Signature]
Signature

SHERRI HOFFMAN
Printed Name and Title
EXECUTIVE DIRECTOR
3/15/2020
Date

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Implemented
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103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was a package of Pop Tarts torn open but unsealed in one of the cupboards of Cloverdale Hall kitchenette.

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.)

The package of open Pop Tarts was removed and discarded from the cabinet of Cloverdale kitchenette at time of survey on 2/24/2020. All kitchen cabinets were checked for any additional food items that were opened but unsealed. Any opened items that were not sealed were removed and discarded.

Airtight food storage containers were purchased on 3/12/2020. (see attached)

All kitchen cabinets will be checked by Food Service staff or designee 4 times a week for any open food items without a label and any open food times without a label will be removed.

Start date: 3/9/2020 End Date: 6/15/2020

Executive Director or designee will complete weekly rounds to ensure refrigerators are free of any open food items without a label.

Start date: 3/9/2020 End Date: 6/15/2020

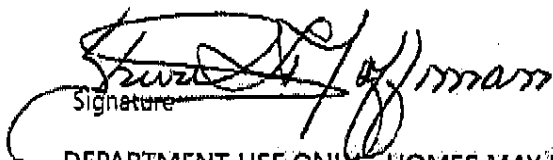
Environmental Rounds Worksheet will be available for survey review.

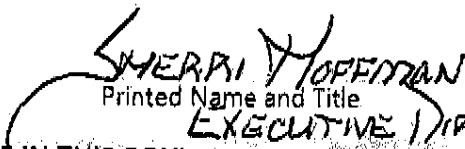
Attachment – Chapter 2600 Environmental Rounds Worksheet

The Executive Director will inservice coordinators and all staff on the regulation requirement regarding food items left opened and not sealed.

Target date: 3/31/2020 In-Service Attendance Record will be forwarded

Legal Entity Representative


Signature

 SHERRI HOFFMAN
Printed Name and Title
EXECUTIVE DIRECTOR
3/15/2020
Date

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ARDEN COURTS OF YARDLEY

12997

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

On 02/25/2020, Vitamin D 3 1000 units prescribed for resident #2 was in the home's medication cart; however, the medication was discontinued on 02/20/2020.

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.)

The Vitamin D 3 1000 units that was found in the medication cart but was discontinued on 2/20/2020 was removed and disposed at time of survey by Resident Services Coordinator on 2/25/2020.

A medication cart audit was conducted by the Resident Services Coordinator on all med carts on 2/26/2020 to ensure only current prescription, OTC, sample and CAM for individuals living in the home are being kept in the home. (see attached)

Medication cart audits will be conducted by the Resident Services Supervisors or a designee on a weekly basis to ensure compliance with this regulation. (see attached)

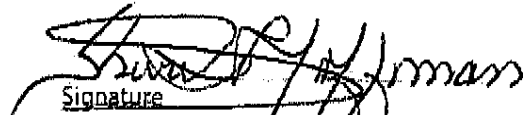
Start Date: 3/9/2020 End Date: 6/15/2020

Medication Cart audits will be available for review

The Resident Services Coordinator will inservice all Resident Services Supervisors and Med Techs on the regulation requirement regarding having only current prescribed, OTC, sample and CAM medications in the home.

Target Date: 3/31/2020 In-Service Attendance Record will be forwarded

Legal Entity Representative


Signature

SHERRY HOFFMAN
Printed Name and Title
EXECUTIVE DIRECTOR

3/15/2020
Date

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Implemented
 Not Implemented

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ARDEN COURTS OF YARDLEY

12997

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 is prescribed Naproxen 500 mg as needed. On 02/25/2020, this medication was not available in 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.)

The family for Resident #2 was responsible for obtaining the medications from pharmacy. Family was contacted at time of survey on 2/25/2020 and informed of need for the as needed medication. Family brought in medication on 2/25/2020.

A medication cart audit was conducted by the Resident Services Coordinator on all med carts on 2/26/2020 to ensure all residents have access and use of medications. (see attached)

Medication cart audits will be conducted by the Resident Services Supervisors or a designee on a weekly basis to ensure compliance with this regulation. (see attached)

Start Date: 3/9/2020 End Date: 6/15/2020

Medication Cart audits will be available for review

The Resident Services Coordinator will inservice all Resident Services Supervisors and Med Techs on the regulation requirement regarding procedures for the safe storage, access, security distribution and use of medications.

Target Date: 8/31/2020 In-Service Attendance Record will be forwarded

Legal Entity Representative


Signature



Printed Name and Title


Date

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Implemented
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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted on 09/07/2018, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.)

The facility's Resident Rights form includes the right to refuse medication if the resident believes that there may be a medication error.
(see attachments)

All resident files will be audited and attempts made to obtain resident signature/mark by Executive Director or designee. A notation will be made on this form in cases where a resident's signature could not be obtained.

Target date: 4/30/2020

The Executive Director will inservice coordinators and administrative staff on the regulation requirement regarding the proper documentation of educating the resident's rights and the right to refuse medication.

In-Service Attendance Record will be forwarded.

Target date: 3/31/2020

Legal Entity Representative


Signature


Printed Name and Title
SHERRY HOFFMAN
EXECUTIVE DIRECTOR

3/15/2020
Date

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Implemented
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02/24/2020

ARDEN COURTS OF YARDLEY

12997

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 #3 was admitted to the Secure Dementia Care Unit (SDCU) on 01/19/2017. However, the resident's written cognitive pre-admission screening (DME attachment) was missing the date and signature of the person completing the screening.

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.)

Resident #3, physician who completed cognitive screen, was notified on date of survey and made aware of need for a signature from the person who completed the assessment on the written cognitive pre-admission screening (DME attachment). Signature was obtained from physician. (See attached)

All resident records will be audited by the Executive Director or designee to ensure the written cognitive pre-admission screening has all required information, signatures and dates.

Target Date: 4/30/2020

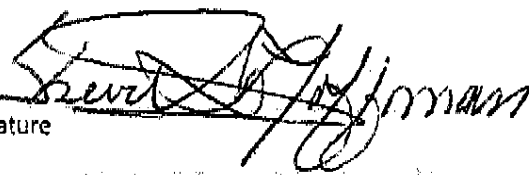
Executive Director or designee will audit all new residents' move-in paperwork prior to move-in to ensure the written cognitive pre-admission screening has all required information, signature and date.

The Executive Director will inservice administrative staff and coordinators on this regulation regarding the need for a written cognitive preadmission screening being completed and signature of the person completing the screening for each resident within 72 hours prior to admission to a dementia care unit.

In-Service Attendance Record will be forwarded.

Target Date: 8/31/2020

Legal Entity Representative

Signature 

Printed Name and Title
 STEVEN A. HOFFMAN
 EXECUTIVE DIRECTOR

Date
 3/15/2020

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ARDEN COURTS OF YARDLEY

12997

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

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 09/07/2018. The home has no documentation that the resident has not objected to the admission. No objection statement on file dated 09/13/2018 was signed by her legal guardian, whose guardianship was not granted until 10/08/2018.

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on 01/19/2017 but the resident's legal guardian signed the no objection statement on 01/23/2017.

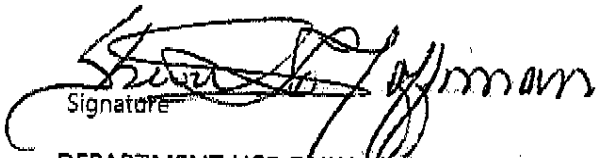
Plan of Correction (POC)

(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.)

All resident records will be audited by the Executive Director or designee to ensure each record has documentation that the resident and the residents designated person have not objected to the resident's admission or transfer to the secured dementia care unit.
Target Date: 4/30/2020

The Executive Director will inservice administrative staff and coordinators on this regulation regarding the need for documentation of no objection to admission or transfer to a secured dementia care unit.
Target Date: ~~3/16/2020~~ 3/31/2020 In-Service Attendance Record attached

Legal Entity Representative


Signature


Printed Name and Title
EXECUTIVE DIRECTOR
3/15/2020
Date

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02/24/2020

ARDEN COURTS OF YARDLEY

12997

233c - Key-Locking Devices

Regulations:

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the 2 exit doors from the activity room of the Secure Dementia Care Unit (SDCU).

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.)

The directions for operating the home's locking mechanism was posted near each of the doors from the activity room on the day of survey, 2/24/2020. Photos attached

Daily rounds will be completed by the Building Services Coordinator or designee to ensure the directions for operating the locking mechanism is posted near all exits.

Executive Director or designee will complete weekly rounds to ensure the directions for operating the locking mechanism is posted near all exits.

Start date: 3/9/2020 End Date: 6/15/2020

Environmental Rounds Worksheet will be available for survey review.

Attachment - Chapter 2600 Environmental Rounds Worksheet

The Executive Director will inservice coordinators on this regulation regarding the need to have directions for operating the home's locking mechanism posted near all exit doors.

Target Date: 3/31/2020 In-Service Attendance Record will be forwarded.

Legal Entity Representative



Signature

 **SHERRI HOFFMAN** **3/15/2020**
Printed Name and Title Date
EXECUTIVE DIRECTOR

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The above plan of correction is approved as of 3/27/2020
(Date)

Plan of correction implementation status as of 4/2/2020
(Date)

The above plan of correction was approved by 
(Initials)

Implemented
 Not Implemented