



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail licensure-support@ hcr-manorcare.com
Sent via e-mail nicole.groff@hcr-manorcare.com
July 27, 2020

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

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

Dear Ms. Groff:

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

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ARDEN COURTS OF KING OF PRUSSIA

License Number: 12995

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

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Nicole Groff

Phone: 6103371214

Email:

LICENSURE-SUPPORT@HCR-MANORCARE.COM

Legal Entity

Name: ARDEN COURTS OF KING OF PRUSSIA PA LLC

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: 114

Waking Staff: 86

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Incident

Inspection Dates and Department Representative

03/24/2020 - Off-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64

Residents Served: 57

Secured Dementia Care Unit:

In Home: Yes

Area:

Capacity: 64

Residents Served: 57

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 57

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 57

Have Physical Disability: 7

Nicole C. Groff, Nicole C. Groff, Executive Director

3/24/2020

03/24/2020

63a - First Aid/CPR Training

Regulations

2600.

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

Description of Violation

On 2/28/20, from 7:11 pm until 8:30 pm staff person A, was the only staff person in the building & is not First Aid or CPR certified. There were 51 residents in the home. During this time there were no staff persons trained in First Aid or CPR working in the home. Staff members B, C, and D didn't arrive until later in the evening.

Plan of Correction (POC)

63.a

On 2/28/2020 an unexpected schedule change occurred when the LPN Supervisor was faced with a family emergency.

Staff members B, C and D reported late and received appropriate disciplinary action.

The Executive Director or designee will review the staff schedule daily. Staff certified in First Aid/CPR (noted on the schedule) and resident census will be compared to ensure compliance with regulation 63.a. In addition, the shift supervisor or designee will review staff on-site and CPR/First Aid certification at the end/beginning of each shift to ensure compliance. Staff schedules will be maintained in the community and will be available for surveyor review. (Attachment- Sample schedule with CPR staff noted)

First Aid/CPR certification class is scheduled for 8/4/2020 at 9:00am and 8/6/2020 at 2:00 pm, to ensure the required number of staff are certified.

Coordinators were in-serviced by the Executive Director on 7/20/2020 regarding regulation 63.a and daily/shift review of the schedule to ensure compliance. Nurse / Supervisors in-serviced on 7/23/2020 regarding regulation 63.a and daily/shift review of the schedule to ensure compliance. (Attachment - In-Service Attendance Record and Regulation)

Legal Entity Representative

Nicole C. Graff

Signature

Nicole C. Graff, Executive Director 7/24/2020

Printed Name and Title

Date

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The above plan of correction is approved as of

07-24-2020

(Date)

Plan of correction implementation status as of

07-24-2020

(Date)

Implemented

Not Implemented

The above plan of correction was approved by

SP

(Initials)