

Department of Human Services  
Bureau of Human Service Licensing

August 19, 2020

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/COC#: 12995

Dear Ms. Groff,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/02/2020, 07/06/2020, 07/07/2020, 07/08/2020, 07/10/2020, 07/14/2020, 07/16/2020, 07/21/2020, 07/23/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *ARDEN COURTS OF KING OF PRUSSIA* License #: *12995* License Expiration Date: *12/29/2020*  
 Address: *620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *Nicole Groff* Phone: *6103371214* Email: *nicole.groff@hcr-manorcare.com*

**Legal Entity**

Name: *ARDEN COURTS OF KING OF PRUSSIA PA LLC*  
 Address: *333 NORTH SUMMIT STREET, TOLEDO, OH, 43604*  
 Phone: *6103371214* Email: *LICENSURE-SUPPORT@HCR-MANORCARE.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/10/1995* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *82* Waking Staff: *62*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *07/23/2020*

**Inspection Dates and Department Representative**

*07/02/2020 - Off-Site: Denise Gillespie*  
*07/06/2020 - Off-Site: Denise Gillespie*  
*07/07/2020 - Off-Site: Denise Gillespie*  
*07/08/2020 - Off-Site: Denise Gillespie*  
*07/10/2020 - Off-Site: Denise Gillespie*  
*07/14/2020 - Off-Site: Denise Gillespie*  
*07/16/2020 - Off-Site: Denise Gillespie*  
*07/21/2020 - Off-Site: Denise Gillespie*  
*07/23/2020 - Off-Site: Denise Gillespie*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *64* Residents Served: *41*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Whole Home* Capacity: *64* Residents Served: *41*

**Resident Demographic Data as of Inspection Dates (*continued*)****Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 41

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 41

Have Physical Disability: 1

**Inspections / Reviews****07/02/2020 - Partial**Lead Inspector: *Denise Gillespie*Follow-Up Type: *POC Submission*Follow-Up Date: *08/20/2020***8/19/2020 - POC Submission**Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *08/21/2020*

**42c - Treatment of Residents****1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*On 6/25/2020 Staff Member A recorded a video of Resident # 1 using a shoe as a telephone. While recording, the staff member encouraged the resident to continue the behavior, and was heard laughing at the resident on the recording. Resident # 1 has a diagnosis of dementia.*

**Plan of Correction****Accept**

*Staff Member A and two additional staff members were suspended on 6/26/2020. Based on subsequent investigation, Staff Member A and the other two suspended staff members were terminated from employment on 6/30/2020.*

*Resident #1 was assessed by the LCSW on 6/30/2020 as a follow up to the incident on 6/25/2020.*

*All staff was in-serviced on 6/29-6/30/2020 by the Executive Director*

**Completion Date:** 08/18/2020

**42s - Privacy****1. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*On 6/25/2020 Staff Member A recorded a video of Resident # 1 in the home using a shoe as a telephone. In the video recording, Staff Member A addresses Resident # 1 by their name and encourages the behavior while laughing at the resident. The Staff Member then shared this recording on a social media platform. The Staff Member did not obtain permission from the resident nor the resident's Power of Attorney to record or post this video to social media (Instagram).*

## 42s - Privacy (continued)

**Plan of Correction****Accept**

*Staff Member A and two additional staff members were suspended on 6/26/2020.*

*Based on subsequent investigation, Staff Member A and two other suspended staff members were terminated from employment on 6/30/2020.*

*Resident #1 was assessed by the LCSW on 6/30/2020 as a follow up to the incident. Resident #1's Power of Attorney was contacted on 6/26/2020 by the Executive Director, and spoke to him on 6/27/2020 regarding the incident.*

*All staff was in-serviced on 6/29-6/30/2020 by the Executive Director on Regulation 42s, Resident's Rights, HIPPA and Corporate Compliance.*

*Regulation 42s will be reviewed at monthly staff meetings by the Executive Director or designee, September - December 2020.*

*Staff meeting attendance records will be maintained in the community and available for surveyor review.*

*Incident reported on 6/26/2020 to DHS, AAA/Protective Services with ACT 13 report completed, and Upper Merion Police.*

*Video was no longer present on Instagram as of 6/26/2020.*

*Attachments: Letters of Termination (3), LCSW Visit Documentation, Documentation of POA notification, In-Service Records (4) and Incident Reports (4).*

**Completion Date:** 08/18/2020

## 54a - Direct Care Staff

**1. Requirements**

2600.

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

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

**Description of Violation**

*Direct Care Staff Person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

*Direct Care Staff Person B does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

## 54a - Direct Care Staff (continued)

**Plan of Correction****Accept**

*Direct Care Staff Persons A&B were terminated for employment on 6/30/2020.*

*In-servicing concerning Direct Care Staff Person's requirements and documentation (including proof of High School Diploma, GED, or active registry status on the Pennsylvania nurse aide registry) was provided to the Executive Director (ED) and Administrative Services Coordinator (ASC) on 8/12/2020 by the Director of Dementia Services. The administrative files of all staff members were audited by the ASC on 8/13-8/14/2020 to ensure compliance with Regulation 54a.*

*A random audit of administrative files of staff members was conducted by the Executive Director on 8/15/2020 to attest the accuracy of compliance with Regulation 54a.*

*The Executive Director will review the qualifications of each Direct Care Staff Person prior to hire to ensure compliance with Regulation 54a.*

*Signature / date of review will be maintained in the employee's file and available for surveyor review.. Reviews will be completed 8/18/2020-2/18/2021.*

*Attachments: Letters of Termination (2), In=Service Record, ASC & Ed Audit.*

**Completion Date:** 08/18/2020

## 65d - Initial Direct Care Training

**1. Requirements**

2600.

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

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

**Description of Violation**

*Direct Care Staff Person A, hired on 3/23/2020, began providing unsupervised ADL services on 6/25/2020. However, the staff person did not complete and pass the Department-approved direct care training course.*

65d - Initial Direct Care Training (*continued*)**Plan of Correction****Accept**

*Direct Care Staff PersonA was terminated from employment on 6/30/2020.*

*In-servicing concerning Direct Care Staff Person's requirements and documentation (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 Executive Director (ED) and Administrative Services Coordinator (ASC) on 8/12/2020 by the Director of Dementia Services.*

*The administrative files of all staff members were audited by the ASC on 8/13-8/14/2020 to ensure compliance with Regulation 65d.*

*A random audit of administrative files of staff members was conducted by the Executive Director on 8/15/2020 to attest the accuracy of compliance with Regulation 65d.*

*The Executive Director will review the qualifications of each Direct Care Staff Person prior to hire to ensure compliance with Regulation 54a.*

*Signature / date of review will be maintained in the employee's file and available for surveyor review.. Reviews will be completed 8/18/2020-2/18/2021.*

*Attachments: Letter of Termination, In-Service Record, ASC Audit & Ed Audit.*

**Completion Date:** 08/18/2020