

Department of Human Services
Bureau of Human Service Licensing

April 21, 2021

██████████ EXECUTIVE DIRECTOR
ARDEN COURTS OF ALLENTOWN PA LLC
333 NORTH SUMMIT ST, 16TH FLOOR
TOLEDO, OH 43604

RE: ARDEN COURTS OF ALLENTOWN
5151 HAMILTON BOULEVARD
ALLENTOWN, PA, 18106
LICENSE/COC#: 21787

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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 ALLENTOWN **Licen e #:** 21787 **Licen e Expiration Date:** 06/16/2021
Adde : 5151 HAMILTON BOULEVARD, ALLENTOWN, PA 18106
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6103669010 **Email:**
[REDACTED]

Legal Entity

Name: ARDEN COURTS OF ALLENTOWN PA LLC
Address: 333 NORTH SUMMIT ST, 16TH FLOOR, TOLEDO, OH, 43604
Phone: 6103669010 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/07/1995 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 70 **Waking Staff:** 53

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 03/23/2021

Inspection Dates and Department Representative

03/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 **Residents Served:** 35

Secured Dementia Care Unit

In Home: Yes **Area:** N/A **Capacity:** 56 **Residents Served:** 35

Hospice

Current Re ident : 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 35
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 35 **Have Physical Disability:** 2

Inspections / Reviews

03/23/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *04/12/2021*

4/8/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/19/2021*

4/21/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

The dryer located in the peach house had a handful of lint and paper located in the lint trap, posing a possible fire hazard. The dryer was empty and cool to touch.

Plan of Correction

Accept

105 (g)

The items located in the peach house dryers’ lint were immediately removed after our survey on 3/23/21 by [REDACTED], Building Services Coordinator.

The staff was in-serviced by the Executive Director re. regulation 105 (g), to reduce the risk of fires hazards, lint shall be removed from the lint trap and drum of clothes dryer after each use. Lint shall be cleaned from the vent duct and internal ductwork of clothes dryers according to the manufacturer’s instructions

Completed – 3/24/21

Attachment – In-service Attendance Record and copy of regulation as proof of content reviewed.

The Building Services Coordinator or designee will complete daily rounds, including dryer areas are free of combustible and flammable materials. (4/1/21 and on-going)

Attachment – BSC Daily Rounds

Completion Date: 04/08/2021

Update - 04/08/2021

Upon Resubmission of the Plan of Correction the Home will submit a copy of the form used to document removal of lint that is actually IN USE to demonstrate compliance. the document will be submitted via the Portal.

AG, 4-8-21

Document Submission

Implemented

Daily Rounds Sheet attached

Update - 04/21/2021

verifications sent

4-16-21

AG, 4-21-21

144b - Policy on Smoking

1. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

144b - Policy on Smoking (continued)

Description of Violation

The homes smoking policy notes that employees are to smoke in their cars. An internal document notes that employees can smoke in the designated smoking area but the area is not listed. Interviews with staff indicate that the designated smoking area is located in the rear of the building and in the front of the building near the fire hydrant. The smoking area in the back of the building is not currently being used due to construction. The smoking area in the front of the building near the fire hydrant does not have any safe guards such as a place to dispose of used cigarette butts. The policy needs to be updated to reflect the current smoking policies.

Plan of Correction

Accept

144 (b)

1) Arden Court of Allentown's policy has been changed to reflect the following changes. Smoking will be allowed on the property and in employees cars. The only designated smoking area on the premise is in the back of the property behind green house.

2) Construction has ceased and all employees have been educated on the proper smoking location and protocols.

3) On April 1, 2021, the Executive Director, [REDACTED] completed education with the staff to ensure their understanding of the regulation and their responsibilities moving forward

Attachments: Staff Education and Updated Smoking Policy

Completion Date: 04/08/2021

Document Submission

Implemented

POC completed 4/8/21

Update - 04/21/2021

completed on 4-8-21

AG, 4-21-21

233c - Key-Locking Devices

1. Requirements

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 following exits when coming back into the building from the courtyard have keypads but do not have codes to operate the keypad: peach house, blue house and east exit door.

233c - Key-Locking Devices (continued)

Plan of Correction

Accept

233 (c)

1) The codes for the following exits (when coming back into the building from the courtyard) have been posted for peach house door, blue house door and east exit doors. These codes were posted immediately after the survey on 3/23/21

2) Beginning on April 15, 2021, the Building Services Coordinator (BSC) will perform daily audits to ensure regulation 233 (c) is being upheld. In the BSC's absence, the housekeeper will perform this same audit. Additionally, the Executive Director will also perform this same audit on a weekly basis.

3) On March 24,2021 the Executive Director, [REDACTED] completed education with the staff to ensure their understanding of the regulation and their responsibilities moving forward

Attachments:

- Staff Education
- Corridor Door Inspection Log (to be used for audits)
- Pictures of the codes posted at the appropriate exits (Peach, blue and east exits)

Completion Date: 04/08/2021

Update - 04/08/2021

Upon Resubmission of the Plan of Correction, the home will include copies of the Weekly Audit document that is actually IN USE in order to demonstrate compliance.

AG, 4-8-21

Document Submission

Implemented

Corridor Door Inspection Log attached (audits began yesterday 4/15/21)

Update - 04/21/2021

verifications sent 4-16-21

AG, 4-21-21