

Department of Human Services
Bureau of Human Service Licensing

July 16, 2021

[REDACTED], PRESIDENT OF SENIOR LIVING
CA SENIOR VALLEY FORGE OPERATOR LLC
130 E RANDOLPH ST, SUITE 2100
CHICAGO, IL 60601

RE: ANTHOLOGY OF KING OF PRUSSIA
350 GUTHRIE ROAD
KING OF PRUSSIA, PA, 19406
LICENSE/COC#: 14788

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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: ANTHOLOGY OF KING OF PRUSSIA **License #:** 14788 **License Expiration Date:** 03/23/2022
Address: 350 GUTHRIE ROAD, KING OF PRUSSIA, PA 19406
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 484-956-7300 **Email:** [REDACTED]

Legal Entity

Name: CA SENIOR VALLEY FORGE OPERATOR LLC
Address: 130 E RANDOLPH ST, SUITE 2100, CHICAGO, IL, 60601
Phone: 484-956-7300 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 28 **Working Staff:** 21

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 06/30/2021

Inspection Dates and Department Representative

06/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128 **Residents Served:** 21

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 28 **Residents Served:** 6

Hospice

Current Resident: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 21
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 7 **Have Physical Disability:** 0

Inspections / Reviews

06/30/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *07/12/2021*

7/13/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/19/2021*

7/16/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction**Accept**

Orientation covering the required topics will be held a minimum of monthly, or more often if necessary, to ensure all new staff members participate on or before their first work day. This will be documented on our Orientation Onboarding Schedule (Attachment A) for each individual. This is in effect immediately.

Staff Person A will participate in this orientation on July 12, 2021; this shall be documented. (Attachment B). This training is integrated into our new hire process and will be scheduled and monitored by Business Office Director for each new hire and monthly by the Executive Director.

Completion Date: 07/12/2021

Completion Date: 07/12/2021

Document Submission**Implemented**

Onboarding Schedule (Attachment A) for each individual. This is in effect immediately.

Staff Person A will participate in this orientation on July 12, 2021; this shall be documented. (Attachment B)

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
 2. Emergency medical plan.
 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102).

65b - Rights/Abuse 40 Hours (*continued*)

4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Plan of Correction**Accept**

Orientation covering the required topics will be held a minimum of monthly, or more often if necessary to ensure all new staff members participate within the first 40 hours of work. This will be documented on our Orientation Onboarding Schedule (Attachment A) for each individual. This is in effect immediately.

Staff Person A will participate in this orientation on July 12, 2021; this shall be documented. (Attachment B)

This training is integrated into our new hire process and will be scheduled and monitored by Business Office Director for each new hire and monthly by the Executive Director.

Completion Date: 07/12/2021

Completion Date: 07/12/2021

Document Submission**Implemented**

Staff Person A will participate in this orientation on July 12, 2021; this shall be documented. (Attachment B)

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 6/30/21 there was an unsealed bag of spaghetti noodles stored in the dry storage area.

On 6/30/21 there was an unsealed bag of rice stored in the dry storage area.

On 6/30/21 there was an uncovered box of raisins stored in the dry storage area.

On 6/30/21 there was an unsealed bag of pecans stored in the dry storage area.

103c - Food Protected (continued)

Plan of Correction**Accept**

All items in the dry storage area were sealed and labeled at the time of inspection.

All kitchen and dining staff will be inserviced on the requirements of proper food storage and their participation documented (Attachment C) on or before July 12, 2021.

All new dining and kitchen staff will be inserviced on the requirements within the first 40 hours of work in the dining department. The Director of Culinary Services or designee will schedule and conduct the training. The Business Office Director will monitor compliance with this training requirement a minimum of monthly and maintain training records. The Business Office Director will review compliance with the Executive Director on an on going basis and at a minimum of monthly. The Executive Director will visually inspect the dry storage area on a random basis and at a minimum of monthly to monitor compliance.

Completion Date: 07/12/2021

Completion Date 07/12/2021

Document Submission**Implemented**

All items in the dry storage area were sealed and labeled at the time of inspection.

All kitchen and dining staff will be inserviced on the requirements of proper food storage and their participation documented (Attachment C) on or before July 12, 2021.

103e - Left Overs

1. Requirements

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

There were two bowls of fruit salad that were unlabeled and undated in the refrigerator in the memory care kitchenette.

There was a slice of cake that was unlabeled and undated in the refrigerator in the memory care kitchenette.

There were 4 slabs of cold cuts that were undated in the refrigerator in the main kitchen.

There was a loaf of American cheese that was undated in the refrigerator in the main kitchen.

There were 3 bags of shredded cheese that were undated in the refrigerator in the main kitchen.

There was a bag of penne undated in the dry storage area in the main kitchen.

There was a bag of spaghetti undated in the dry storage area in the main kitchen.

There was a tub of sugar undated in the dry storage area in the main kitchen.

There was a tub of rice undated in the dry storage area in the main kitchen.

There was a large box of raisins undated in the dry storage area in the main kitchen.

There was a bag of pecans undated in the dry storage area in the main kitchen.

103e - Left Overs (continued)

Plan of Correction**Accept**

All items in the dry storage area and refrigerators in the kitchen and Memory Care refrigerators were labeled and dated at the time of inspection.

All kitchen and dining staff will be inserviced on the requirements of proper food dating and labeling and their participation documented (Attachment D) on or before July 12, 2021.

All new dining and kitchen staff will be inserviced on the requirements within the first 40 hours of work in the dining department. The Director of Culinary Services or designee will schedule and conduct the training. The Business Office Director will monitor compliance with this training requirement a minimum of monthly and maintain training records. The Business Office Director will review compliance with the Executive Director on an on going basis and at a minimum of monthly. The Executive Director will visually inspect the dry storage area on a random basis and at a minimum of monthly to monitor compliance.

The Culinary Services Director will monitor the refrigerators in the kitchen and in Memory Care on a random basis and at a minimum of weekly to monitor compliance.

The Memory Care Director will monitor the refrigerator in Memory Care on a random basis and at a minimum of weekly to monitor compliance.

Completion Date: 07/12/2021

Completion Date: 07/12/2021

Document Submission**Implemented**

All items in the dry storage area and refrigerators in the kitchen and Memory Care refrigerators were labeled and dated at the time of inspection.

All kitchen and dining staff will be inserviced on the requirements of proper food dating and labeling and their participation documented (Attachment D) on or before July 12, 2021.

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

There were two bowls of fruit salad that were uncovered in the refrigerator in the memory care kitchenette.

There was an opened and unsealed bag of spaghetti noodles stored in the dry storage area.

There was an opened and unsealed bag of rice stored in the dry storage area.

There was an opened and unsealed box of raisins stored in the dry storage area.

There was an opened and unsealed bag of pecans stored in the dry storage area.

Plan of Correction**Accept**

All food was sealed in the dry storage area area in the kitchen and uncovered items removed from the Memory Care refrigerator at the time of inspection. The Executive Director will visually inspect the dry storage area on a random basis and at a minimum of monthly to monitor compliance.

The Culinary Services Director will monitor the refrigerators in the kitchen and in Memory Care on a random basis and at a minimum of weekly to monitor compliance.

The Memory Care Director will monitor the refrigerator in Memory Care on a random basis and at a minimum of weekly to monitor compliance.

Completion Date: 07/12/2021

Completion Date: 07/12/2021

103g - Storing Food *(continued)***Document Submission****Implemented**

All food was sealed in the dry storage area area in the kitchen and uncovered items removed from the Memory Care

190a - Completion Medication Course

1. Requirements

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B has not successfully completed the Department-approved medications administration course since 1/16/19.

Plan of Correction**Accept**

Staff person B has passed the medication test (Attachment E).

The Director of Health and Wellness will review the completion of the required Department approved medication administration course and ensure passing of the competency test for all Medication Managers currently on staff. Any medication manager who has not met this requirement will be required to do so before passing medications to residents. The Director of Health and Wellness will review the requisite documentation for new medication managers on an ongoing basis. The Executive Director will review with the Director of Health and Wellness before a new medication manager is hired and before a current staff member takes on the role of medication manager. The Business Office Director will review compliance with this regulation upon each new hire of a medication manager or a current staff member transitions into the position.

Completion Date: 07/12/2021

Completion Date: 07/12/2021

Document Submission**Implemented**

Staff person B has passed the medication test (Attachment E)

191 - Resident Right to Refuse

1. Requirements

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 [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (*continued*)**Plan of Correction****Accept**

A Medication Refusal Addendum will be added to all new Residency Agreements moving forward. (Attachment G). The aforementioned addendum will be presented to residents 1 and 2 and/or their POAs and reviewed with them by the Executive Director or her designee. It will be added to their residency agreements.

All current residents will be presented with the addendum and be informed of his or her right to refuse medication if he or she believes there may be a medication error. It will be added to each resident's residency agreement.

Completion Date: 08/12/2021

Completion Date: 08/12/2021

Document Submission**Implemented**

A Medication Refusal Addendum will be added to all new Residency Agreements moving forward. (Attachment G).

231c - Preadmission Screening

1. Requirements

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 #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening completed on 5/18/21 does not have a determination indicating the resident needs to be in the SDCU.

Plan of Correction**Accept**

Resident number 2's paperwork has been properly completed (Attachment F) after confirming with the resident's physician and POA.

The Director of Health and Wellness will review all cognitive preadmission screenings prior to admission to our secured dementia unit. The Memory Care Director will independently monitor that they have been completed on an ongoing basis prior to admission to the secured dementia unit.

Completion Date: 07/08/2021

Completion Date: 07/08/2021

Document Submission**Implemented**

Resident number 2's paperwork has been properly completed (Attachment F) after confirming with the resident's physician and POA.