

Department of Human Services
Bureau of Human Service Licensing

August 11, 2021

[REDACTED]
ARDEN COURTS OF YARDLEY PA LLC
333 NORTH SUMMIT ST, 16TH FLOOR
TOLEDO, OH 43604

RE: ARDEN COURTS OF YARDLEY
493 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 12997

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 YARDLEY* License #: *12997* License Expiration Date: *04/30/2022*
Address: *493 STONY HILL ROAD, YARDLEY, PA 19067*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2153216166* Email: [REDACTED]

Legal Entity

Name: *ARDEN COURTS OF YARDLEY PA LLC*
Address: *333 NORTH SUMMIT ST, 16TH FLOOR, TOLEDO, OH, 43604*
Phone: *2153216166* Email: *LICENSURE-SUPPORT@HCR-MANORCARE.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/25/1995* Issued By: *COPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/07/2021*

Inspection Dates and Department Representative

07/07/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *38*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *66* Residents Served: *38*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

07/07/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/31/2021*

8/10/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/16/2021*

8/11/2021 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/21, Resident #1 fell in their room, sustaining an injury to their hip. The home did not report this incident to the department until [redacted]/21.

On [redacted]/21 at [redacted] am, Resident #2 was found bleeding their room from the side of their head, resident was sent to the ER. The home did not report the incident until [redacted]/21 at [redacted] am.

On [redacted]/21, Resident #3, sustained a fall with injury to their wrist, resident was sent to the ER. The home did not report the incident until [redacted]/21.

Plan of Correction

Accept

Any incident occurring in the facility will immediately be reported to the Resident Services Coordinator or Executive Director for guidance on whether a Reportable Incident form needs to be completed and sent. A Reportable Incident and Condition Trending Log will be completed to document the incident was reported. (see attached blank Reportable Incident and Condition Trending form) The Reportable Incident and Condition Trending log will be available for survey review.

All nursing staff will be in-service by the Executive Director on this requirement and form. In-service Attendance record will be forwarded to the Department once completed.

All nursing staff and all coordinators will be in-serviced by the Executive Director on this regulation requirement regarding reporting the incident or condition...within 24 hours, on how to complete the form and where to send the form once completed.

In-service Attendance record will be forwarded to the Department once completed.

Completion Date: 08/31/2021

Document Submission

Implemented

documents attached

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Influenza Awareness Act of 5/17/16 requires that Personal Care Homes and Assisted Living Facilities post the Influenza Awareness poster in a public location in the home. On 7/7/21, the Influenza Awareness poster is not posted in a conspicuous or public location anywhere in the home.

18 - Compliance With Laws *(continued)***Plan of Correction****Accept**

The Influenza Awareness poster was posted on the bulletin board in the lobby on the day of survey (7/7/2021). (see attached photo)

Executive Director will in-service administrative staff and all coordinators on this regulation requirement regarding complying with applicable health and safety laws.

In-service Attendance record will be forwarded to the Department once completed.

Completion Date: 08/31/2021

Document Submission**Implemented**

documents attached

41c - Rights Poster

1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

On 7/7/21 the Department's resident's rights poster is not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

The Resident Rights poster was posted in the care area of the facility outside of the Community Center on the day of survey (7/7/2021). (see attached photos)

The Executive Director will in-service all staff and all coordinators on this regulation requirement regarding the Department's poster of the list of resident's rights being posted in a conspicuous and public place in the home. In-service Attendance record will be forwarded to the Department once completed.

Completion Date: 08/31/2021

Document Submission**Implemented**

documents attached

44g - Telephone Number

1. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

On 7/7/21, the telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the home.

44g - Telephone Number *(continued)***Plan of Correction****Accept**

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective service unit in the area agency on aging, PA Protection & Advocacy, Inc. the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline poster was posted in the core area of the facility outside of the Community Center on the day of survey (7/7/2021). (see attached photos)

The Executive Director will in-service all staff and all coordinators on this regulation requirement regarding the poster of the required telephone numbers being posted in a conspicuous and public place in the home.

In-service Attendance record will be forwarded to the Department once completed.

Completion Date: 08/31/2021

Document Submission**Implemented**

documents attached

82c - Locking Poisonous Materials

1. Requirements

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 7/7/21 a a tube of Nutrasheild cream, a tube of roll on antiperspirant and a tube of Skin Repair Cream, all with the same manufacture's warning label indicating "If swallowed, get medical help or contact poison control center right away", was unlocked, unattended, and accessible to residents in resident #3's bedroom/bathroom. Not all the residents of the home, including resident #3, have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept

The Nutrashield cream, tube of roll-on antiperspirant and tube of Skin Repair Cream were immediately removed from resident #3's bedroom/bathroom on the day of survey (7/7/2021).

A search was completed on 7/8/2021 of all resident rooms 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.

the Executive Director or designee will complete weekly rounds to ensure resident rooms are free of any items deemed poisonous materials, from 7/26/2021 to 10/31/2021.

*Environmental Rounds Checklist will be available for survey review.
(see attached blank Environmental Rounds Checklist form)*

this regulation and the need for daily checks and removal of items which are "poisonous materials" will be reviewed by Executive Director during August and September staff meetings.

In-Service Attendance records will be forwarded to the Department once completed.

The Executive Director will in-service coordinators on this regulation regarding the need for "poisonous materials" to be kept locked and inaccessible to residents.

In-service Attendance record will be forwarded to the Department once completed.

Completion Date: 10/31/2021

Document Submission

Implemented

documents attached

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 7/7/21, The electrical junction box for the Dockside courtyard magnetic lock gate is open and wires are exposed. Additionally, there is a small wasp's nest with approximately 8 wasps flying around under the box.

100a - Exterior - Free of Hazards (continued)

Plan of Correction

Accept

The electrical junction box for the Dockside courtyard magnetic lock gate was closed and secured using a zip tie and wires were no longer exposed to residents. Additionally, the small wasp's nest was sprayed by the Building Services Coordinator on the day of survey (7/7/2021); the courtyard was locked until the nest was removed on 7/8/2021. (see attached photos)

The Building Services Coordinator, or designee, will complete weekly rounds to include the exterior of the building and courtyard to ensure they are in good repair and free from hazards from 7/26/2021 to 10/31/2021. The Environmental Rounds Checklist will be available for survey review. (see attached blank Environmental Rounds Checklist)

The Building Services Coordinator will be in-serviced on this regulation in regards to need to ensure the exterior of the building and the building grounds or yard are in good repair and free from hazards and completion of weekly rounds. In-service Attendance record will be forwarded to the Department once completed.

This regulation and the need to ensure the exterior of the building and the building grounds or yard are in good repair and free from hazards will be reviewed by the Executive Director during August and September staff meetings. In-service Attendance records will be forwarded to the Department once completed.

The Executive Director will in-service coordinators on this regulation regarding the need to ensure the exterior of the building and the building grounds or yard are in good repair and free from hazards. In-service Attendance Record will be forwarded to the Department once completed.

Completion Date: 10/31/2021

Document Submission

Implemented

documents attached

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/7/21 at 1:20pm the temperature in the refrigerator in the Berry Ridge Unit was 46 degrees Fahrenheit and the temperature in the freezer was 12 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept

Temperature on the refrigerator/freezer in Berry Ridge unit was lowered and temperature rechecked on day of survey (7/7/2021). temperature had not improved; so the thermometer was considered to be faulty and was replaced at that time. Temperatures are reading within required range(s). (see attached temperature logs)

Temperature checks for all refrigerators in all units are completed by the Food Services Coordinator or designee and documented on the Temperature Log for that house/unit. (see attached temperature logs)

The Food Services Coordinator was in-serviced on this regulation in regards to need to ensure a thermometer is in the refrigerator and freezer for each house/unit; thermometer is in working order; and that refrigerator temperatures are at or below 40°F and freezer temperatures are at or below 0°F on 7/7/2021. (see attached In-Service Attendance Record)

This regulation and the need to ensure a thermometer is in working order; and that refrigerator temperatures are at or below 40°F and freezer temperatures are at or below 0°F will be reviewed by the Executive Director during August and September staff meetings.

In-service Attendance Record will be forwarded to the Department once completed.

The Executive Director will in-service coordinators on this regulation regarding the need to ensure a thermometer is in refrigerator and freezer in each house; the thermometer is in working order; and that refrigerator temperatures are at or below 40°F and freezer temperatures are at or below 0°F.

In-Service Attendance Record will be forwarded to the Department once completed.

Completion Date: 09/30/2021

Document Submission

Implemented

documents attached

185a - Implement Storage Procedures

1. Requirements

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 #5 has two orders for Acetaminophen 650mg- Suppositories- Insert one suppository rectally every 4 hours as needed for fever, and Insert one suppository rectally every 4 hours as needed for pain. This medication is not present on the medication cart on 7/7/21.

Resident 6 has an order for Tussin Adult Liq CGH/Cong- take 1 teaspoonful (5ml) by mouth every 4 hours as needed for cough. This medication is not present on the medication cart on 7/7/21.

185a - Implement Storage Procedures (continued)**Plan of Correction****Accept**

The Acetaminophen 650mg - Suppositories for resident #5 was ordered on day of survey (7/7/2021), delivered by the pharmacy and placed in the medication cart. The Tussin Adult Liquid CGH/Cong for resident #6 was ordered on day of survey (7/7/2021), delivered by the pharmacy and placed in the medication cart. (see attached proof of order/delivery)

A medication cart audit was conducted by the Resident Services Coordinator on all med carts on 7/12/2021 to ensure all residents have access and use of medications as ordered. (see attached completed Med Cart Audit form)

Medication cart audits will be conducted by the Resident Services Supervisors or designee on a weekly basis to ensure compliance with this regulation from 8/1/2021 to 10/31/2021 and will be available for survey review. (see attached blank med Cart Audit form)

The Executive Director and/or the Resident Services Coordinator will in-service all Resident Services Supervisors and Med Techs on the regulation requirement regarding procedures for the safe storage, access, security, distribution and use of medications and medical equipment.

In-service Attendance Records will be forwarded to the Department once completed.

Completion Date: 10/31/2021

Document Submission**Implemented**

documents attached