

Department of Human Services
Bureau of Human Service Licensing

September 10, 2021

██████████ PRESIDENT
ARCADIA AT LIMERICK POINTE LLC
411 EAGLEVIEW BOULEVARD,STE 114
Suite 114
EXTON, PA 19341

RE: ARCADIA AT LIMERICK POINTE
51 WEST ARCADIA DRIVE
LIMERICK, PA, 19468
LICENSE/COCC#: 14795

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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

September 8, 2021

██████████ PRESIDENT
ARCADIA AT LIMERICK POINTE LLC
411 EAGLEVIEW BOULEVARD,STE 114
Suite 114
EXTON, PA 19341

RE: ARCADIA AT LIMERICK POINTE
51 WEST ARCADIA DRIVE
LIMERICK, PA, 19468
LICENSE/CO# #: 14795

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/10/2021 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: *ARCADIA AT LIMERICK POINTE* **Licen e #:** *14795* **Licen e Expiration Date:** *05/18/2022*
Addr e : *51 WEST ARCADIA DRIVE, LIMERICK, PA 19468*
County: *MONTGOMERY* **Region:** *SOUTHEAST*

Administrator

Name: [REDACTED] **Phone:** *610-981-1904* **Email:** [REDACTED]

Legal Entity

Name: *ARCADIA AT LIMERICK POINTE LLC*
Address: *411 EAGLEVIEW BOULEVARD, STE 114, Suite 114, EXTON, PA, 19341*
Phone: *6109811904* **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* **Date:** *04/12/2021* **Issued By:** *Limerick Township*

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff:** *28* **Waking Staff:** *21*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Monitoring* **Exit Conference Date:** *08/10/2021*

Inspection Dates and Department Representative

08/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* **Residents Served:** *21*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *1st and 2nd floor* **Capacity:** *48* **Residents Served:** *7*

Hospice

Current Residents: *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

08/10/2021 **Full**

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/04/2021*

Inspections / Reviews *(continued)*

9/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *09/10/2021*

9/10/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/10/10, at 10:00 A.M., Resident Records were unlocked, unattended, and accessible in the first floor secured dementia care unit nursing office.

Plan of Correction

Accept

- 1) All Direct Care Staff was in-serviced on Regulation 2600.17 regarding Resident Record Confidentiality. The Community's Policy on Records Confidentially was reviewed. In-service sheet signed and remains on file. (Completed 8/12/21. See Attachments)
- 2) Door signage was placed on the secured dementia unit's med room door as a visual reminder of this policy. (completed 8/12/21)
- 3.) Director of Nursing will routinely check for compliance at various times and report finding at Quality Assurance meeting. Since inspection this door has been checked and records remain secured when unattended as of 8/31/21

Completion Date: 08/31/2021

Document Submission

Implemented

- 1.) In service of staff completed on 8/12/21 signed in service sheet, regulation 2600.17 and community policy attached
- 2 & 3.) Signage up on 8/12/21 and verified by rounds on 8/31/21