

Department of Human Services
Bureau of Human Service Licensing

April 5, 2022

[REDACTED]
OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS OF OLD ORCHARD
4098 FREEMANSBURG AVENUE
EASTON, PA, 18045
LICENSE/COC#: 22604

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

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 OLD ORCHARD* License #: *22604* License Expiration: *01/17/2022*
Address: *4098 FREEMANSBURG AVENUE, EASTON, PA 18045*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *4843735135* Email: [REDACTED]

Legal Entity

Name: *OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC*
Address: *333 NORTH SUMMIT STREET, TOLEDO, OH, 43604*
Phone: *4843735135* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *10/07/2015* Issued By: *City of Bethlehem*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/12/2021*

Inspection Dates and Department Representative

08/12/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *35*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire home* Capacity: *64* Residents Served: *35*

Hospice

Current Residents: *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: *1*

Inspections / Reviews

08/12/2021 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/03/2021*

Inspections / Reviews *(continued)*

02/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *02/08/2022*

04/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident 2 has an order from their Physician to have their blood sugar taken daily. On 7/12/2021, Resident 2 refused to have their blood sugar taken. The home made no notification to the Physician regarding the refusal.

Plan of Correction

Accept

For our secured memory care community, the Medical Director requires immediate notification of continued medication refusals after 3 consecutive days. Please see attachment #4 for written verification of refusal protocol per our Medical Director. Team members will continue to follow protocol regarding medication refusals. Nursing Director and ED to ensure continued compliance.

Completion Date: 12/03/2021

Document Submission

Implemented

As per Michelle no documentation was required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

During an audit of glucometers by the home, it was determined that Staff Person A used the glucometer of Resident 1 to take the blood sugar level of Resident 2 on 7/6/2021. Repeat Violation from 5/19/2021.

Plan of Correction

Accept

During a self-audit by our nursing team, this issue was found and reported to the state. This error was made by a staffing agency team member, who was placed on a do not return advisory. No communicable diseases of residents involved identified by our Medical Director (please see attachment #1). Glucometer machines were immediately replaced with new devices at the expense of the home. The home nursing team was inserviced by corporate Quality Assurance compliance nurse on 7/8/21, and were continually receptive to glucometer protocol (please see attachment #3). Nursing team to attend glucometer review inservices once monthly x 3 months to ensure continued compliance. Nursing Director or designee to observe devices three times weekly x 30 days. Nursing Director and/or ED to ensure continued compliance.

Completion Date: 12/03/2021

Update: 02/01/2022

Please send/Attach proof of staff training. 2-1-2022 MM

Document Submission

Implemented

Training will be completed