

Department of Human Services
Bureau of Human Service Licensing

May 3, 2022

[REDACTED]
ARCADIA AT LIMERICK POINTE LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2022 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: *ARCADIA AT LIMERICK POINTE* License #: *14795* License Expiration: *05/18/2023*
Address: *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: *610-321-1977* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/08/2022*

Inspection Dates and Department Representative

04/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *50*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *48* Residents Served: *18*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

04/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2022*

04/25/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/02/2022*

05/03/2022 - Document Submission

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

- 1.) Director of Nursing / designee will obtain a schedule from the PDA's home office as to who is assigned to provide care to ensure that all staff assigned is properly in-service. Schedule will be posted at a minimum of 2 weeks at a time. Request was completed immediately on 4/8/22.
- 2.) Director of Nursing/ designee will complete a full audit of the Private Duty Care Aides hired by resident's family to insure they have been in-service on the requirements of the first day of orientation and proper documentation is on file. Audit completed 4/11/22
- 3.) The DON/ designee supervisors will monitor the schedule and ensure that only fully trained staff is assigned. If a PDA is new, the DON/ designee supervisor will complete training at the start of the shift, prior to giving care. Full compliance for month of April to be verified and completed by 4/30/22 and ongoing.
- 3.) Director of Nursing /designee will audit compliance and report findings at Quality Assurance Meetings. On-going.

Completion Date: 04/30/2022

Document Submission

Implemented

Attached is the training of the DON and the ADON on this policy.

The second attachment is the PDA schedule for the Resident and verification that 65a training was completed for all staff providing direct care

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:

65b - Rights/Abuse 40 Hours (continued)

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.

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**

- 1.) Director of Nursing / designee will obtain a schedule from the PDA's home office as to who is assigned to provide care to ensure that all staff assigned is properly in-service. Schedule will be posted at a minimum of 2weeks at a time. Request was completed immediately on 4/8/22.
- 2.) Director of Nursing/ designee will complete a full audit of the Private Duty Care Aides hired by resident's family to insure they have been in-service on the requirements of Resident Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Neglect under the OAPSA and reportable incidents and conditions and that proper documentation is on file. Audit completed 4/11/22
- 3.) The DON/ designee supervisors will monitor the schedule and ensure that only fully trained staff is assigned. If a PDA is new, the DON/ designee supervisor will complete training at the start of the shift, prior to giving care. Full compliance for month of April to be verified and completed by 4/30/22 and ongoing.
- 3.) Director of Nursing /designee will audit compliance and report findings at Quality Assurance Meetings. On-going.

Completion Date: 04/30/2022

Document Submission**Implemented**

Attached is the training of the DON and the ADON on this policy.

The second attachment is the PDA schedule for the Resident and verification that 65b training was completed for all staff providing direct care