

Department of Human Services
Bureau of Human Service Licensing

May 20, 2022

[REDACTED]
ARDEN COURTS WARMINSTER OF HATBORO PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (WARMINSTER)
779 WEST COUNTY LINE ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12996

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/11/2022 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
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *ARDEN COURTS (WARMINSTER)* License #: *12996* License Expiration: *06/14/2023*
Address: *779 WEST COUNTY LINE ROAD, HATBORO, PA 19040*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2159575182* Email: [REDACTED]

Legal Entity

Name: *ARDEN COURTS WARMINSTER OF HATBORO PA LLC*
Address: *333 NORTH SUMMIT ST, 16TH FLOOR, TOLEDO, OH, 43604*
Phone: *2159575182* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/05/1998* Issued By: *COPA L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/11/2022*

Inspection Dates and Department Representative

04/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *24*

Secured Dementia Care Unit

In Home: *Yes* Area: *Whole Home* Capacity: *60* Residents Served: *24*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

04/11/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/22/2022*

05/17/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/20/2022*

05/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's assessment, dated [REDACTED], does not include Resident # 1 is verbally aggressive when someone sits in the chair Resident # 1 likes and will use swear words at that person until they get out of that chair.

Resident # 2's assessment, dated [REDACTED] does not include Resident # 2 has agitation and aggression needs. Resident # 2 has been physically aggressive towards staff.

Plan of Correction

Accept

225.a.

1) The Resident Assessment Support Plans (RASP) for Residents #1 and #2 were revised to reflect current status, including behaviors, and the incident via. Resident Assessment Support Plan addendums by the Executive Director on [REDACTED]

See attachments – RASP addendums for Resident#1 and Resident #2

Resident #1 moved out on [REDACTED] to home (respite stay).

See attachment – Move-Out Summary

2) The Executive Director was in-serviced by the Manager of Dementia Services regarding regulation 225.a. and the RASP Update Log on 4/12/22. See attachments – In-service documentation and collateral

3) The Executive Director or designee will complete the resident assessment to reflect the status of each resident, including behaviors, in accordance with regulation 225a.

4) Documentation of assessment will be completed on the RASP Update Log. The RASP Update Log will be the responsibility of the Executive Director to ensure on-going compliance with regulation 225.a.

See attachment – RASP Update Log (current)

Completion Date: 05/16/2022

Document Submission

Implemented

225 a, see attached documentation

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # 1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident # 2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept

227.g.

1) The Support Plans for Residents #1 and #2 – attempted signatures. Documentation re. refusal to sign. See

227g -Support Plan Signatures (continued)

attachment – Support Plans (signature section) for Resident #1 and #2.

2) The Executive Director was in-serviced by the Manager of Dementia Services regarding regulation 227.g. on 4/12/22. See attachments – In-service documentation and collateral

3) The Executive Director audited all current resident Support Plans (5/16/22) for compliance with regulation of 227.g. Follow-up action was implemented as needed. See attachment-Resident roster with documented proof of audit re. initials and date

4) The Executive Director will be responsible for on-going compliance with regulation 227.g. re. auditing Support Plans for resident signature.

Completion Date: 05/16/2022

Document Submission

Implemented

227 g, see attached documentation