

Department of Human Services  
Bureau of Human Service Licensing

May 9, 2022

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/19/2022 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: *6103211977* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *04/19/2022*

**Inspection Dates and Department Representative**

04/19/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *110* Residents Served: *52*

**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: *52*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *18* Have Physical Disability: *0*

**Inspections / Reviews**

**04/19/2022 - Partial**

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

**05/06/2022 - POC Submission**

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/09/2022*

05/09/2022 - Document Submission

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

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident 1 is prescribed Lorazepam .5MG tablet, take 1 tablet by mouth 3 times a day, after breakfast, lunch, and bedtime. However, On 4/14/22 at lunch, resident 1 was not administered this medication.*

**Plan of Correction****Accept**

- 1) The staff member was identified and educated by ED and DON on following prescribers orders and proper documentation on resident's record on 042022. See attached in-service sheet, regulation and community policy.*
- 2) Nurses and med-techs will be in-service on regulations 2600.187 (d) by 042922*
- 2) DON notified the E-MAR administrators to obtain access to a daily audit report of missing or omitted medications. DON/ADON will be responsible for monitoring compliance routinely.*
- 3) Compliance of missing or omitted medications will be reviewed at Quality Assurance Meetings starting May 2022.*

**Completion Date:** 04/29/2022**Document Submission****Implemented**

*In-service documents submitted for retraining of nurses and med-techs. Med audits on going.*