

Department of Human Services
Bureau of Human Service Licensing

August 5, 2022

[REDACTED]
CA SENIOR VALLEY FORGE OPERATOR LLC
[REDACTED]
[REDACTED]

RE: ANTHOLOGY OF KING OF PRUSSIA
350 GUTHRIE ROAD
KING OF PRUSSIA, PA, 19406
LICENSE/COC#: 14788

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2022, 06/01/2022, 06/03/2022, 06/13/2022, 06/14/2022, 06/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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: ANTHOLOGY OF KING OF PRUSSIA License #: 14788 License Expiration: 03/23/2023
Address: 350 GUTHRIE ROAD, KING OF PRUSSIA, PA 19406
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 484-956-7300 Email: [REDACTED]

Legal Entity

Name: CA SENIOR VALLEY FORGE OPERATOR LLC
Address: 2401 E 2ND AVENUE, SUITE 500, DENVER, CO, 80206
Phone: 4849567300 Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1	Date: 12/08/2020	Issued By: Upper Merion Township
Type: I-2	Date: 12/08/2020	Issued By: Upper Merion Township
Type: Other	Date: 12/08/2020	Issued By: Upper Merion Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 84 Waking Staff: 63

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 06/16/2022

Inspection Dates and Department Representative

05/18/2022 - Off-Site: [REDACTED]
06/01/2022 - Off-Site: [REDACTED]
06/03/2022 - Off-Site: [REDACTED]
06/13/2022 - Off-Site: [REDACTED]
06/14/2022 - Off-Site: [REDACTED]
06/16/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128

Residents Served: 47

Secured Dementia Care Unit

In Home: Yes

Area: *Virtue*

Capacity: 28

Residents Served: 22

Hospice

Current Residents: *na*

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 46

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 37

Have Physical Disability: 0

Inspections / Reviews

05/18/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/02/2022*

07/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/16/2022*

08/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 04/15/22.

Plan of Correction**Accept**

Direct care staff person A had training verified and placed in the file to demonstrate training. An Audit of employee files is being completed to verify appropriate training for all employees. A new business office director has been hired and will verify the appropriate training is in place. The business office director will work in conjunction with the director of health and wellness to ensure appropriate training is completed prior to working shifts on the floor. The business office director will audit the new hires weekly to verify appropriate training with the director of health and wellness and/or executive director completing random audits to monitor for ongoing compliance.

Completion Date: 07/15/2022

Document Submission**Implemented**

Direct care staff person A had training verified and placed in the file to demonstrate training. An Audit of employee files is being completed to verify appropriate training for all employees. A new business office director has been hired and will verify the appropriate training is in place. The business office director will work in conjunction with the director of health and wellness to ensure appropriate training is completed prior to working shifts on the floor. The business office director will audit the new hires weekly to verify appropriate training with the director of health and wellness and/or executive director completing random audits to monitor for ongoing compliance.

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 Lispro Insulin via a Junior KwikPen Subcutaneous Pen Injector; 8 units sub-q three times daily before meals. Hold if not eating or BG less than 100. Take unit Sub-Q, Use as directed, sliding scale based on blood glucose readings; 200-250 take 2 units, 251-300 take 4 units, 301-350 take 6 units, 351-400 take 8 units. Call MD for less than 60 or greater than 400 BG. However, this medication was not administered to resident #1 on 04/25/22, 04/26/22 and 04/27/22 because the medication was not available in the home.

Repeat Violation: 03/30/22

Plan of Correction**Accept**

Medication orders are being reviewed to ensure that all medication are available to residents. An audit of medication carts has been conducted to ensure that all physician orders for medications match that of the electronic mars and medications are available to residents. The director of health and wellness and/or designee will audit the medications no less than 1 time every 2 weeks to ensure that all medications are available to residents. The director of health and wellness and/or designee will be notified of any medication not currently available and speak to pharmacy representative to ensure medication is delivered. Medication errors will be reported to DHS appropriately. The director of health and wellness will audit availability of medications daily/weekly as needed with the executive director or designee conducting random audits for ongoing compliance.

Completion Date: 07/15/2022**Document Submission****Implemented**

Medication orders are being reviewed to ensure that all medication are available to residents. An audit of medication carts has been conducted to ensure that all physician orders for medications match that of the electronic mars and medications are available to residents. The director of health and wellness and/or designee will audit the medications no less than 1 time every 2 weeks to ensure that all medications are available to residents. The director of health and wellness and/or designee will be notified of any medication not currently available and speak to pharmacy representative to ensure medication is delivered. Medication errors will be reported to DHS appropriately. The director of health and wellness will audit availability of medications daily/weekly as needed with the executive director or designee conducting random audits for ongoing compliance.

2. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed blood glucose testing three times a day scheduled for 8 am, 12 pm and 5 pm. There were no glucose levels documented on the following dates and times; 04/17/22 at 5:00 PM, 04/18/22 at 5:00 PM, 04/19/22 at 5:00 PM, 04/20/22 at 5:00 PM, 04/23/22 at 5:00 PM, 04/25/22 at 8:00 AM, 12:00 PM and 5:00 PM, 04/26/22 at 5:00 PM and 04/27/22 at 5:00 PM.

Repeat Violation: 03/30/22

Plan of Correction**Accept**

Medication orders are being reviewed to ensure that all medication are available to residents and in accordance with instructions. An audit of medication carts has been conducted to ensure that all physician orders for medications match that of the electronic mars and medications are available to residents. The director of health and wellness and/or designee will audit the medication records weekly to verify orders are being followed. The director of health

187d - Follow Prescriber's Orders (continued)

and wellness and/or designee will be notified of any medication not currently available or outside written orders. Medication errors will be reported to DHS appropriately. The director of health and wellness will audit medications daily/weekly as needed with the executive director or designee conducting random audits for ongoing compliance.

Completion Date: 07/15/2022

Document Submission**Implemented**

Medication orders are being reviewed to ensure that all medication are available to residents and in accordance with instructions. An audit of medication carts has been conducted to ensure that all physician orders for medications match that of the electronic mars and medications are available to residents. The director of health and wellness and/or designee will audit the medication records weekly to verify orders are being followed. The director of health and wellness and/or designee will be notified of any medication not currently available or outside written orders. Medication errors will be reported to DHS appropriately. The director of health and wellness will audit medications daily/weekly as needed with the executive director or designee conducting random audits for ongoing compliance.

231b - Medical Evaluation**1. Requirements**

2600.

- 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident's medical evaluation, completed on [REDACTED], does not indicate the need for Secured Dementia Care.

Plan of Correction**Accept**

Resident #1 had physician communication to verify appropriate setting was a secure dementia unit. An audit of all residents within the secured dementia area was completed to verify correct documentation. The director of health and wellness and/or director of memory care will verify the appropriate documentation is obtained prior to move to secure area. The director of health and wellness will monitor for correct documentation at least twice annually. The executive director will complete random audits to ensure compliance.

Completion Date: 07/15/2022

Document Submission**Implemented**

Resident #1 had physician communication to verify appropriate setting was a secure dementia unit. An audit of all residents within the secured dementia area was completed to verify correct documentation. The director of health and wellness and/or director of memory care will verify the appropriate documentation is obtained prior to move to secure area. The director of health and wellness will monitor for correct documentation at least twice annually. The executive director will complete random audits to ensure compliance.

251c - Standardized Forms**1. Requirements**

2600.

- 251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #1's Service Plan, dated [REDACTED] was not completed on the Department's current standardized form. This document, created by the home, does not include all of the necessary information in a standardized RASP including: the resident's date of birth, Informal supports or Designated Person(s). In addition, the frequency with which the levels of assistance will be provided is incomplete.

251c - Standardized Forms (*continued*)**Plan of Correction****Accept**

The community will immediately start using the approved Pennsylvania RASP form. An audit is being completed to verify other residents not reflected on the correct form. The community will utilize the approved RASP 2600 for the appropriate assessment tool. The director of health and wellness will monitor that appropriate forms are used at time of assessment (change of condition or bi-annually). The executive director will monitor randomly for ongoing compliance.

Completion Date: 07/22/2022

Document Submission**Implemented**

The community will immediately start using the approved Pennsylvania RASP form. An audit is being completed to verify other residents not reflected on the correct form. The community will utilize the approved RASP 2600 for the appropriate assessment tool. The director of health and wellness will monitor that appropriate forms are used at time of assessment (change of condition or bi-annually). The executive director will monitor randomly for ongoing compliance.