

Department of Human Services
Bureau of Human Service Licensing

August 17, 2022

[REDACTED]
ARDEN COURTS OF YARDLEY PA LLC
493 STONY HILL ROAD
YARDLEY, PA, 19067

RE: ARDEN COURTS (YARDLEY)
493 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 12997

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/07/2022, 06/27/2022, 06/28/2022, 06/30/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

06/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/16/2022*

07/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/25/2022*

08/17/2022 - Document Submission

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

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED]/22, resident #1's spouse reported an allegation of mistreatment of the resident. The home provided documentation that they filed a report with Department of Aging on [REDACTED]/22. As a result of the incident, on [REDACTED]/22 the home provided written disciplinary action to staff person A. However, the home did not develop and/or implement an approved plan of supervision for staff person A involved in the incident. The home did not suspend the staff person.

Plan of Correction

Accept

The home will immediately develop and implement a plan of supervision or suspend a staff person involved in an alleged incident of abuse/mistreatment.

ED, or designee, will complete a grievance log to ensure that the facility appropriately responds to all allegations of mistreatment by staff. (SEE ATTACHED) Log will be reviewed at the quarterly QM meeting and will be available for survey review.

Executive Director (ED) received re-education regarding this regulation requirement and expectation for compliance on 7/12/2022. (SEE ATTACHED)

All coordinators were in-serviced by the Executive Director on this regulation requirement and plan of correction on 7/12/2022.

All staff, including nurses, will be in-serviced by the Executive Director on the regulation requirement and plan of correction by 7/31/2022. The in-service attendance record will be forwarded to the Department once completed.

Completion Date: 08/01/2022

Document Submission

Implemented

The home will immediately develop and implement a plan of supervision or suspend a staff person involved in an alleged incident of abuse/mistreatment.

ED, or designee, will complete a grievance log to ensure that the facility appropriately responds to all allegations of mistreatment by staff. (SEE ATTACHED) Log will be reviewed at the quarterly QM meeting and will be available for survey review.

Executive Director (ED) received re-education regarding this regulation requirement and expectation for compliance on 7/12/2022. (SEE ATTACHED)

All coordinators were in-serviced by the Executive Director on this regulation requirement and plan of correction on 7/12/2022.

All staff, including nurses, will be in-serviced by the Executive Director on the regulation requirement and plan of correction by 7/31/2022. The in-service attendance record will be forwarded to the Department once completed.

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [REDACTED]/22, resident #1's spouse reported an allegation of mistreatment of the resident. The home provided documentation that they filed a report with Department of Aging on [REDACTED]/22. As a result of the incident, on [REDACTED]/22 the home provided written disciplinary action to staff person A. However, the home did not submit to the Department's

15c - Supervision (continued)

personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Plan of Correction**Accept**

The home will immediately submit to the Department a plan of supervision or notice of suspension of a staff person involved in an alleged incident of abuse/mistreatment.

ED, or designee, will complete a grievance log to ensure that the facility appropriately responds to all allegations of mistreatment by staff. (SEE ATTACHED) Log will be reviewed at the quarterly QM meeting and will be available for survey review.

Executive Director (ED) received re-education regarding this regulation requirement and expectation for compliance on 7/12/2022. (SEE ATTACHED)

All coordinators were in-serviced by the Executive Director on this regulation requirement and plan of correction on 7/12/2022. (SEE ATTACHED)

All staff, including nurses, will be in-serviced by the Executive Director on the regulation requirement and plan of correction by 7/31/2022. The in-service attendance record will be forwarded to the Department once completed.

Completion Date: 08/01/2022

Document Submission**Implemented**

The home will immediately submit to the Department a plan of supervision or notice of suspension of a staff person involved in an alleged incident of abuse/mistreatment.

ED, or designee, will complete a grievance log to ensure that the facility appropriately responds to all allegations of mistreatment by staff. (SEE ATTACHED) Log will be reviewed at the quarterly QM meeting and will be available for survey review.

Executive Director (ED) received re-education regarding this regulation requirement and expectation for compliance on 7/12/2022. (SEE ATTACHED)

All coordinators were in-serviced by the Executive Director on this regulation requirement and plan of correction on 7/12/2022. (SEE ATTACHED)

All staff, including nurses, will be in-serviced by the Executive Director on the regulation requirement and plan of correction by 7/31/2022. The in-service attendance record will be forwarded to the Department once completed.

16c - Written Incident Report**1. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1's spouse had a video monitoring device setup in the resident's room which the home was aware of.

On [REDACTED] 22, resident #1's spouse reported an allegation of mistreatment of the resident to the home and forwarded a copy of the video to the home. The home provided documentation that they filed a report with Department of Aging. However, the home did not report this incident to the Department.

Plan of Correction**Accept**

Any incidents involving an allegation of mistreatment of a resident by a staff member will be reported to the Department, per regulation requirements.

16c - Written Incident Report (continued)

The Reportable Incident Form for the incident occurring on [REDACTED]/22 was completed and submitted to the Department on 7/5/2022. (SEE ATTACHED)

Submission of the Reportable Incident to the Department will be noted on the Grievance Log (SEE ATTACHED) Log will be reviewed at the quarterly QM meeting and will be available for survey review.

Executive Director received re-education regarding this regulation requirement and expectation for compliance on 7/12/2022. (SEE ATTACHED)

All coordinators were in-serviced by the Executive Director on this regulation requirement and plan of correction on 7/12/2022. (SEE ATTACHED)

All staff, including nurses, will be in-serviced by the Executive Director on the regulation requirement and plan of correction by 7/31/2022. The in-service attendance record will be forwarded to the Department once completed.

Completion Date: 08/01/2022

Document Submission**Implemented**

Any incidents involving an allegation of mistreatment of a resident by a staff member will be reported to the Department, per regulation requirements.

The Reportable Incident Form for the incident occurring on [REDACTED]22 was completed and submitted to the Department on 7/5/2022. (SEE ATTACHED)

Submission of the Reportable Incident to the Department will be noted on the Grievance Log (SEE ATTACHED) Log will be reviewed at the quarterly QM meeting and will be available for survey review.

Executive Director received re-education regarding this regulation requirement and expectation for compliance on 7/12/2022. (SEE ATTACHED)

All coordinators were in-serviced by the Executive Director on this regulation requirement and plan of correction on 7/12/2022. (SEE ATTACHED)

All staff, including nurses, will be in-serviced by the Executive Director on the regulation requirement and plan of correction by 7/31/2022. The in-service attendance record will be forwarded to the Department once completed.

23a - Activities of Daily Living Assistance**1. Requirements**

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [REDACTED]/22, resident #1's spouse reported mistreatment of the resident to the home's administration and forwarded a copy of the video to the home. The home failed to follow resident #1's, [REDACTED]/21 assessment and support plan which documents,

Resident #1's, [REDACTED]/21 assessment and support plan, documents [REDACTED]

[REDACTED] On [REDACTED] 22, from [REDACTED] pm [REDACTED] pm resident #1 was left alone in a wheelchair, with their bedroom door shut. The home did not provide assistance to resident #1 in accordance with the resident's assessment and support plan which documents. [REDACTED]

[REDACTED]. " Resident #1 did not receive this assistance as required.

23a - Activities of Daily Living Assistance (continued)

Plan of Correction

Accept

All current resident assessments and support plans (RASP) will be reviewed by staff. (about 8/week for 5-6 weeks) Staff will sign an in-service attendance record once they have completed their review of the RASPs for that week. The in-service attendance records will be forwarded to the Department upon completion. Any new resident will have their RASP added to the binder under section marked "NEW RESIDENTS" and a notice will be posted alerting all staff to review and sign the in-service attendance record when completed. The in-service attendance records will be forwarded to the Department upon completion. All coordinators were in-serviced by the Executive Director on this regulation requirement and plan of correction on 7/12/2022. (SEE ATTACHED) All staff, including nurses, will be in-serviced by the Executive Director on the regulation requirement and plan of correction by 7/31/2022. The in-service attendance record will be forwarded to the Department once completed.

Completion Date: 08/26/2022

Document Submission

Implemented

All current resident assessments and support plans (RASP) will be reviewed by staff. (about 8/week for 5-6 weeks) Staff will sign an in-service attendance record once they have completed their review of the RASPs for that week. The in-service attendance records will be forwarded to the Department upon completion. Any new resident will have their RASP added to the binder under section marked "NEW RESIDENTS" and a notice will be posted alerting all staff to review and sign the in-service attendance record when completed. The in-service attendance records will be forwarded to the Department upon completion. All coordinators were in-serviced by the Executive Director on this regulation requirement and plan of correction on 7/12/2022. (SEE ATTACHED) All staff, including nurses, will be in-serviced by the Executive Director on the regulation requirement and plan of correction by 7/31/2022. The in-service attendance record will be forwarded to the Department once completed.

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted]/2022 resident #1's spouse observed on camera the resident unattended and alone for a concerning amount of time. The spouse kept trying to contact the home by telephone but was unable to get a timely response.

On [redacted]/22, the home left resident #1 unattended in the bedroom with the door closed from [redacted] pm - [redacted] pm. Resident #1 requires full and extensive ADL assistance. [redacted] and based on their [redacted]/21 assessment and support plan, the home was to provide a consistent daily routine which included putting the resident to bed at a consistent time after dinner at [redacted] pm - [redacted] pm.

At [redacted] pm, resident #1's spouse emailed the home regarding the incident and their frustration with care.

Plan of Correction

Accept

An investigation of the incident occurring on [redacted] 2022 was completed by the Executive Director and Resident Services Coordinator. The hourly check sheet was reviewed and indicated that the caregivers visually located the resident each hour, as outlined in the supervision section of the resident assessment and support plan. Caregivers were interviewed and were unable to recall the reason [redacted] was up later or whether [redacted] door was left open or was

42b - Abuse (continued)

closed on that date.

The Resident Services Coordinator, or designee, will identify all residents who are a fall risk and/or in a wheelchair and/or unable to self-propel wheelchair by 7/31/2022. Residents identified will have increased supervision which will require that the resident not be left unattended and alone for a concerning amount of time.

The Executive Director, or designee, will complete random Resident Well-being Checks to ensure identified residents are not left unattended in their rooms without proper supervision each day for 1 month (8/1-8/31); 3x/week for 1 month(9/1-9/30); and 1x/week for 1 month (10/1-10/31). (SEE ATTACHED)

Results of checks will be reviewed at the quarterly QM meeting and will be available for survey review.

The Grievance Log for Report of Mistreatment/Abuse by Staff will be maintained by the Executive Director, or designee, and reviewed at the quarterly QM meeting. Log will be available for survey review.

Executive Director will re-educate all staff on definitions of abuse & neglect and on Resident Rights by 8/15/2022. A copy of the in-service attendance record will be forwarded to the Department once completed.

Executive Director and all Coordinators will complete the Department of Aging online course Protective Services Mandatory Abuse Reporting Training Course by 7/31/2022. A completed in-service attendance form will be forwarded to the Department once completed.

All staff, including supervising nurses, will completed the online course Protective Services Mandatory Abuse Reporting Training Course by 8/15/2022. A completed in-service attendance form will be forwarded to the Department once completed.

Completion Date: 10/31/2022

Document Submission**Implemented**

An investigation of the incident occurring on [REDACTED]/2022 was completed by the Executive Director and Resident Services Coordinator. The hourly check sheet was reviewed and indicated that the caregivers visually located the resident each hour, as outlined in the supervision section of the resident assessment and support plan. Caregivers were interviewed and were unable to recall the reason [REDACTED] was up later or whether [REDACTED] door was left open or was closed on that date.

The Resident Services Coordinator, or designee, will identify all residents who are a fall risk and/or in a wheelchair and/or unable to self-propel wheelchair by 7/31/2022. Residents identified will have increased supervision which will require that the resident not be left unattended and alone for a concerning amount of time.

The Executive Director, or designee, will complete random Resident Well-being Checks to ensure identified residents are not left unattended in their rooms without proper supervision each day for 1 month (8/1-8/31); 3x/week for 1 month(9/1-9/30); and 1x/week for 1 month (10/1-10/31). (SEE ATTACHED)

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The Grievance Log for Report of Mistreatment/Abuse by Staff will be maintained by the Executive Director, or designee, and reviewed at the quarterly QM meeting. Log will be available for survey review.

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Executive Director and all Coordinators will complete the Department of Aging online course Protective Services Mandatory Abuse Reporting Training Course by 7/31/2022. A completed in-service attendance form will be forwarded to the Department once completed.

All staff, including supervising nurses, will completed the online course Protective Services Mandatory Abuse Reporting Training Course by 8/15/2022. A completed in-service attendance form will be forwarded to the Department once completed.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] /22 at [redacted] am the units [redacted] and [redacted] had a strong urine smell throughout the units.

Plan of Correction

Accept

The Executive Director and Resident Services Coordinator will identify all residents who may urinate inappropriately. All residents identified will be placed on an hourly toileting schedule by 7/31/2022. Environmental Rounds will be completed by the Executive Director and the Building Services Coordinator (BSC) to ensure all resident rooms and common areas are clean and sanitary (free from urine odors) by 7/31/2022. Daily Environmental Rounds will be completed by the BSC, or designee, to ensure environment remains sanitary and free from urine odors from 8/1/2022 until 10/31/2022. The Environmental Rounds Worksheet will be completed and available for survey review. Executive Director will inservice BSC and housekeeping staff on this regulation requirement and plan of correction by 7/31/2022. All staff, including supervising nurses, will be inserviced on this regulation requirement and plan of correction by 7/31/2022. A copy of the signed inservice attendance record will be forwarded to the Department once completed. All coordinators were inserviced on this regulation requirement and plan of correction on 7/12/2022. (SEE ATTACHED) All staff will be inserviced on the proper response to cleaning and sanitizing areas when a resident urinates inappropriately by 7/31/2022. A copy of the signed inservice form will be forwarded to the Department once completed.

Completion Date: 11/01/2022

Document Submission

Implemented

The Executive Director and Resident Services Coordinator will identify all residents who may urinate inappropriately. All residents identified will be placed on an hourly toileting schedule by 7/31/2022. Environmental Rounds will be completed by the Executive Director and the Building Services Coordinator (BSC) to ensure all resident rooms and common areas are clean and sanitary (free from urine odors) by 7/31/2022. Daily Environmental Rounds will be completed by the BSC, or designee, to ensure environment remains sanitary and free from urine odors from 8/1/2022 until 10/31/2022. The Environmental Rounds Worksheet will be completed and available for survey review. Executive Director will inservice BSC and housekeeping staff on this regulation requirement and plan of correction by 7/31/2022. All staff, including supervising nurses, will be inserviced on this regulation requirement and plan of correction by 7/31/2022. A copy of the signed inservice attendance record will be forwarded to the Department once completed. All coordinators were inserviced on this regulation requirement and plan of correction on 7/12/2022. (SEE ATTACHED) All staff will be inserviced on the proper response to cleaning and sanitizing areas when a resident urinates inappropriately by 7/31/2022. A copy of the signed inservice form will be forwarded to the Department once completed.