

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

February 28, 2023

[REDACTED], ADMINISTRATOR
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 08/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ARDEN COURTS (YARDLEY) **License #:** 12997 **License Expiration:** 04/30/2023
Address: 493 STONY HILL ROAD, YARDLEY, PA 19067
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2153216166 **Email:** 354ed@HCR-MANORCARE.COM

Legal Entity

Name: ARDEN COURTS OF YARDLEY PA LLC
Address: 493 STONY HILL ROAD, YARDLEY, PA, 19067
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/24/1995 **Issued By:** Department of L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 80 **Waking Staff:** 60

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/11/2022

Inspection Dates and Department Representative

08/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 40

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Building **Capacity:** 66 **Residents Served:** 40

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 38
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 40 **Have Physical Disability:** 11

Inspections / Reviews

08/11/2022 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/05/2022

09/06/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/30/2022
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/11/2022

Inspections / Reviews *(continued)*

09/12/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2022

02/28/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

52 - Hiring Staff

1. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Staff A had not held permanent residency in Pennsylvania for the two consecutive years prior to beginning employment on [REDACTED]. However, the home did not run FBI check for staff A.

POC Submission

Accept [REDACTED] - 09/12/2022)

Staff A provided a letter dated 5/6/2022 from Dept of Aging noting [REDACTED] eligibility to work. (see attached)

An audit was completed on all employee files by Administrative Services Coordinator (ASC) and Executive Director (ED) from 8/12 to 8/16/2022 to ensure any employee who had not held permanent residency in PA for two consecutive years prior to beginning employment has an FBI check completed and in his/her file. Audits will be reviewed at the quarterly QM meeting to ensure ongoing compliance and will be available for the Department to review.

An audit will be completed by the ED, or designee, on any newly hired staff, within the first 48hrs after hire, to ensure compliance with this regulation. Audits for all new staff will be reviewed at quarterly QM meeting to ensure ongoing compliance and made available to the Department for review.

ED re-educated the ASC on this regulation on 8/12/2022. (see attached)

All coordinators (i.e. managers) were in-serviced by the ED on this regulation, the violation and plan for compliance on 8/30/2022. (see attached)

All staff will be in-serviced by the ED on this regulation, the violation and plan for compliance by 9/30/2022. The signed in-service attendance record will be forwarded to the Department once completed.

Licensee's Plan Completion Date: 10/01/2022

Implemented [REDACTED] - 11/30/2022)

101i - Access to Bedroom

2. Requirements

2600.

- 101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 08/11/22 at 3pm, resident #1 had a banner across the bedroom door with the word "Stop". Staff member A stated the sign was at the request of the resident because resident#1 does not like no one to enter the room. The facility is a secure dementia unit and residents enter each other rooms. Per staff interviews the facility locks the bedroom doors while residents are participating in activities to avoid other residents going to the rooms and urinate.

POC Submission

Accept [REDACTED] - 09/12/2022)

Attempts continue to be made to remove the banner across the bedroom door with the word "Stop" for the resident. ED spoke with DHS supervisor and discussed alternatives that could be implemented to reach compliance; these alternatives will be implemented and attempted. Arden Courts staff continue to work with the resident's physician and psychiatry team to develop alternative approaches and interventions. ED will also be applying for a waiver for exception in this particular instance regarding resident #1 and will be submitted by 9/9/2022. Waiver, if approved, will be made available for survey.

101i Access to Bedroom (continued)

All resident room doors were unlocked on 8/11/2022 to allow residents to have access to his/her room at all times. ED, or designee, will complete random environmental rounds will be made to ensure resident room doors are kept unlocked daily from 9/1 9/30/2022; 3 times a week 10/1 10/31/2022; and weekly 11/1 11/30/2022. Rounds will be reviewed at quarterly QM meeting to ensure ongoing compliance and will be available for the Department to review.

All coordinators (i.e. managers) were in serviced by the ED on this regulation, the violation and plan for compliance on 8/30/2022. (see attached)

All staff will be in serviced by the ED on this regulation, the violation and plan for compliance by 9/30/2022. The signed in service attendance record will be forwarded to the Department once completed.

Licensee's Plan Completion Date: 11/30/2022

Implemented () - 02/28/2023)

187a - Medication Record**3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed (). However, resident's #1 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

POC Submission

Accept () - 09/12/2022)

On 8/11/2022, Resident Services Coordinator (RSC) added the diagnosis for resident#1's (). (see attached)

A MAR review was completed by Resident Services Supervisors (RSS), from 8/15 8/21/2022, to ensure all medication records include a diagnosis or purpose for the medication, including PRNs. (see attached)

A weekly audit will be completed by the RSC, or designee, to ensure a diagnosis or purpose is included for all newly ordered medications from 9/1 11/30/2022. Audits will be reviewed at the quarterly QM meeting to ensure ongoing compliance and will be available for the Department to review

All nurses and medtechs will be re educated by the RSC on this regulation, the violation and plan for compliance by 9/30/2022. The signed in service attendance record will be forwarded to the Department once completed.

All coordinators (i.e. managers) were in serviced by the ED on this regulation, the violation and plan for compliance on 8/30/2022. (see attached)

All staff will be in serviced by the ED on this regulation, the violation and plan for compliance by 9/30/2022. The signed in service attendance record will be forwarded to the Department once completed.

Licensee's Plan Completion Date: 11/30/2022

Implemented () - 02/28/2023)

187b - Date/Time of Medication Admin.**4. Requirements**

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed [REDACTED], take 1 tablet by mouth every 4 hours as needed for anxiety. Resident #1's August 2022 medication administration record does not include the initials of the staff person who administered [REDACTED] on 08/10/22 at 8pm, 08/10/22 at 8am, 08/09/22 at 8am and 08/08/22 at 8 pm. The narcotics sheet indicates that for those days mentioned that the medication was signed out as given.

POC Submission

Accept [REDACTED] - 09/12/2022)

A MAR and narcotic sheets audit was completed by the RSSs, from 8/15-8/21/2022, to ensure the MAR included the initials of the staff person who administered any narcotic. (see attached)
A weekly audit will be completed by the RSC, or designee, to ensure the MAR and narcotic sheet are initialed/signed for any narcotic administered; weekly audits will be completed from 9/1-11/30/2022. Audits will be reviewed at the quarterly QM meeting to ensure ongoing compliance and will be available for the Department to review.
The RSC will complete an observation during medication pass with each med tech and nurse to ensure proper procedures are being followed and the MAR is initialed and narcotic sheet signed when a narcotic is being administered once a month from 9/1 - 11/30/2022. Completed observations will be reviewed at quarterly QM meetings to ensure compliance and will be made available for the Department to review.
All nurses and med techs will be re-educated by the RSC on this regulation, the violation and plan for compliance by 9/30/2022. The signed in-service attendance record will be forwarded to the Department once completed.
All coordinators (i.e. managers) were in-serviced by the ED on this regulation, the violation and plan for compliance on 8/30/2022. (see attached)
All staff will be in-serviced by the ED on this regulation, the violation and plan for compliance by 9/30/2022. The signed in-service attendance record will be forwarded to the Department once completed.

Licensee's Plan Completion Date: 11/30/2022

Implemented ([REDACTED] - 02/28/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED] takes 1 tab by mouth once daily for UTI. However, resident #2 was administered [REDACTED] 1 tab by mouth once daily for [REDACTED] on 07/03/22 through 07/10/22 at 12pm. Per Staff member B error was noticed by resident#2 son as medication statement did not show a reorder for an UTI medication.

POC Submission

Accept ([REDACTED] - 09/12/2022)

Facility previously self-reported this medication error on 7/12/2022.
A MAR review and med cart audit was completed by Resident Services Supervisors (RSS) at that time, 7/13 to 7/22/2022, to ensure all medications ordered by the prescriber are on the MAR and available in the med cart. (see attached)
A weekly audit will be completed by the RSC, or designee, to ensure all medications ordered by the prescriber are included on the MAR and available on the med cart; weekly audits will be completed from 9/1-11/30/2022. Audits will be reviewed at the quarterly QM meeting to ensure ongoing compliance and will be available for the

187d Follow Prescriber's Orders (continued)

Department to review.

At the time of the incident, facility added a step to their medication pass procedures to include dating the back of the blister pack when med is removed.

(Med cart audits now include auditing for these dates.)

The RSC completed an observation of each nurse and med tech from 8/1 8/31/2022 to ensure proper procedures were followed, including the new procedure of dating the back of the blister pack at the time the med was administered. Audits will be available for the Department to review.

The RSC will complete an observation during medication pass with each med tech and nurse to ensure proper procedures are being followed, including the new procedure of dating the back of the blister pack at the time the med is removed, once a month from 9/1 11/30/2022. Completed observations will be reviewed at quarterly QM meetings to ensure compliance and will be made available for the Department to review.

All nurses and med techs were in serviced by the RSC on the new step to the med passing procedures from 7/13 to 7/31/2022. (see attached)

All nurses and med techs will be re educated by the RSC on this regulation, the violation and plan for compliance by 9/30/2022. The signed in service attendance record will be forwarded to the Department once completed.

All coordinators (i.e. managers) were in serviced by the ED on this regulation, the violation and plan for compliance on 8/30/2022. (see attached)

All staff will be in serviced by the ED on this regulation, the violation and plan for compliance by 9/30/2022. The signed in service attendance record will be forwarded to the Department once completed.

Licensee's Plan Completion Date: 11/30/2022

Implemented [REDACTED] - 02/28/2023)

231c - Preadmission Screening**6. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident #3's written cognitive preadmission screening was not completed.

POC Submission

Accept [REDACTED] - 09/12/2022)

A written cognitive preadmission screening for resident #3 was completed on 8/15/2022. (see attached)

An audit was completed on all resident files by the ASC and ED from 8/12 to 8/30/2022 to ensure all residents have a completed cognitive preadmission screening. Audits will be reviewed at the quarterly QM meeting to ensure ongoing compliance and will be available for the Department to review.

An audit will be completed by the ED, or designee, on any newly admitted resident, within the first 48hrs after move in, to ensure compliance with this regulation. Audits for all new residents will be reviewed at quarterly QM meeting to ensure ongoing compliance and made available to the Department for review.

All coordinators (i.e. managers) were in serviced by the ED on this regulation, the violation and plan for compliance on 8/30/2022. (see attached)

All staff will be in serviced by the ED on this regulation, the violation and plan for compliance by 9/30/2022. The

231c - Preadmission Screening (continued)

signed in-service attendance record will be forwarded to the Department once completed.

Licensee's Plan Completion Date: 09/30/2022

Implemented ([REDACTED] - 02/28/2023)