



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEBRUARY 10, 2023

[REDACTED]
[REDACTED]
CA Senior Valley Forge Operator, LLC
[REDACTED]
[REDACTED]

RE: Anthology of King of Prussia
350 Guthrie Road
King of Prussia, Pennsylvania 19406
License #: 147881

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 22, 23, 24, 27, 28, and 30, 2022, July 1, 5, 7, 15, and 19, 2022, August 15, 2022, October 12 and 13, 2022, November 7, 2022, and December 13, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 147880 dated March 23, 2022 to March 23, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. Additionally, your license dated March 23, 2023 to March 23, 2024 is REVOKED. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated March 23, 2022 to March 23, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from February 10, 2023 to August 10, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
65d	II	54	\$5	\$270	5 calendar days from mailing date of this letter
141a	II	54	\$5	\$270	5 calendar days from mailing date of this letter
141b	II	54	\$5	\$270	5 calendar days from mailing date of this letter
185a	II	54	\$5	\$270	5 calendar days from mailing date of this letter
187b	II	54	\$5	\$270	5 calendar days from mailing date of this letter
187d	II	54	\$5	\$270	5 calendar days from mailing date of this letter
234a	II	54	\$5	\$270	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

[REDACTED]

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: CA SENIOR VALLEY FORGE OPERATOR LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 79 Waking Staff: 59

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 08/15/2022

Inspection Dates and Department Representative

08/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128 Residents Served: 48

Secured Dementia Care Unit

In Home: Yes Area: Virtue Capacity: 28 Residents Served: 25

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 31 Have Physical Disability: 0

Inspections / Reviews

08/15/2022 - Partial

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

Inspections / Reviews (*continued*)

09/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/12/2022

09/14/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/15/2022

01/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 08/15/2022 at 10:45 AM, the home's 5th floor med cart had a heavily stained bottle of drug buster, which was in contact with a resident's pill bottle, which was soiled black with the content, in the bottom drawer.

POC Submission

Accept [REDACTED] - 09/14/2022)

Corrected at time of inspection by the dayshift nurse. Med techs will be trained on med cart sanitation practices by the Executive Director or Regional nurse by 9/13/2022. Training will include but is not limited to: Wiping down cart top and handles, cleaning the bottom of each drawer, and wiping up spills immediately when finding them. Sanitary conditions will be reviewed during the weekly cart audit done by the nightshift nurse or designee. Audits will be done starting the week of 9/5/2022 through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action based off audit results.

Licensee's Plan Completion Date: 09/07/2022

Implemented [REDACTED] 01/05/2023)

182c - Medication Administration

2. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

3. Remove the medication from the original container.

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 mg daily at bedtime and 1 mg every 4 hours as needed (PRN). However, staff members signed out the bedtime dose from the PRN pill pack from 07/23/2022 till 08/10/2022 except for a few days (08/07, 08, 09/2022).

POC Submission

Accept [REDACTED] - 09/14/2022)

Nine out of ten med techs went back through the full DHS medication administration course on 9/1/2022 by the certified med trainer. Med techs were retrained on 8/25/2022 by the Regional nurse on regulation 182c and then had t again on 9/1/2022 by the certified med trainer. This training included checking the prescribed order/dose on MAR with the medication container to ensure correct medication and dose are being given. It also included signing out the medication on the MAR correctly, signing for PRN medications in the PRN block and straight medications in the straight order block. Audit will be conducted weekly by nightshift nurse/ designee to ensure this requirement is met. Audit will start the week of 9/5/2022 and continue through 1/1/20223. Audit will be kept in a binder for 4 weeks at a time so that the Director of Health and Wellness/designee can review them weekly. The Director of Health and Wellness/designee will provide additional training based off of audit outcomes. The Director of Health and Wellness/designee will provide disciplinary action as needed for non-compliance with 182c based off of audit results.

Licensee's Plan Completion Date: 09/07/2022

Implemented [REDACTED] - 01/05/2023)

183a - Original Containers and Injections

3. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 08/15/2022 at 01:20 PM, there were 2 prefilled pill boxes (pills not identified) for resident #2 in the home's 3rd floor med cart. Another prefilled pill box (pills not identified) for resident #3 was in the same med cart.

POC Submission

Accept [REDACTED] /14/2022)

Pill boxes were removed at time of inspection and returned to family by the dayshift nurse. Executive Director and Regional Nurse met with family to explain why they could not pre-pour medications for community use. Med techs were retrained on 9/1/2022 with regards to 183.a by a certified med trainer. Pouring medications from their original containers was reinforced at this time. Nightshift nurse or designee will complete weekly audit of each cart and that will include looking for any evidence of medications being pre-poured or pre-filled. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Plan Completion Date: 09/07/2022

Implemented [REDACTED] 01/05/2023)

183d - Prescription Current**4. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 08/15/2022, Lorazepam 0.5 mg prescribed for resident #4 was in the home's 5th floor medication cart; however, the resident was discharged on [REDACTED]

POC Submission

Accept [REDACTED] - 09/14/2022)

Medication was removed at time of inspection by the dayshift nurse. Med techs were retrained on 9/1/2022 with regards to 183.d by a certified med trainer. The training included making sure that all discharged residents medications are pulled from the med cart and given to the family or destroyed appropriately. Nightshift audit will be conducted weekly by the nurse and will include looking for any evidence of medications for discharged residents being present. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Plan Completion Date: 09/07/2022

Not Implemented [REDACTED] 01/05/2023)

183e - Storing Medications**5. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (*continued*)**Description of Violation**

On 08/15/2022 at 10:40 AM, there was an open bottle of Rhopressa 0.002% Ophth solution without an open date. The manufacturer's instructions reads 'After opening, the product may be kept at 2°C to 25°C (36°F to 77°F) for up to 6 weeks'.

POC Submission

Accept (██████ - 09/14/2022)

Med techs were retrained on 8/25/2022 by the Regional Nurse and 9/1/2022 by the certified med trainer with regards to 183.e. This training included marking required medications with an open date so that manufacturers instructions can be followed. Weekly audit conducted by nightshift nurse or designee will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action needed based off of audit results.

Licensee's Plan Completion Date: 09/07/2022

Not Implemented (██████ 01/05/2023)

184a Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On 08/15/2022 at 10:50 AM, there were 2 bottles of Brimonidine Timolol 0.2%~0.5% and 1 bottle of Lumigan in the home's 5th floor med cart without a pharmacy label.

POC Submission

██████ 09/14/2022)

Med techs were retrained on 8/25/2022 by Regional Nurse and 9/1/2022 by Certified Med Trainer with regards to 184.a. Training included keeping medications in the original labeled containers. Weekly audit of med cart will be done by the nurse and include looking for any evidence of prescription medications not being labeled correctly. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Plan Completion Date: 09/07/2022

Implemented (██████ - 01/05/2023)

184b - Labeling OTC/CAM

7. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

184b - Labeling OTC/CAM (continued)

Description of Violation

On 08/15/2022 at 01:20 PM, over-the-counter supplements including Omega 3 fish oil, Vitamin B complex, Vitamin C, Vitamin D3, Centrum, Calcium 600, and etc. belonging to resident #3 and #4 were in the home's 3rd floor med cart without either resident's name on the bottles.

POC Submission

Accept [REDACTED] 09/14/2022)

Med techs were retrained on 9/1/2022 certified med trainer with regards to 184.b which included making sure all OTC's have a residents name on it. Weekly nightshift audit will be done by the nurse and include looking for any evidence of prescription medications not being labeled correctly. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Plan Completion Date: 09/07/2022

Not Implemented [REDACTED] - 01/05/2023)

185a Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5 is prescribed accuchecks at 08:00 AM, 12:00 PM, 04:00 PM, and 08:00 PM. On 08/15/2022 at 11:20 AM, there were two glucometers belonging to the resident. The new glucometer had readings jumping from 08/10/2022 to 08/07/2022. The missing readings were found on the resident's old glucometer.

Some readings on the glucometer were not logged on the resident's August MAR (Medication Administration Record):

08/14/2022 at 12:00 PM (86 and 92) and 08:00 PM (72)

08/13/2022 at 12:00 PM (105)

08/12/2022 at 08:00 PM (112)

Repeat Violation: 03/30/2022

POC Submission

Accept [REDACTED] 09/14/2022)

Secondary machine was removed at time of inspection by the nurse. All residents have one glucometer. Med techs were retrained on 8/25/2022 by regional Nurse and 9/1/2022 by Certified med trainer with regards to 185.a. Training included utilizing a single glucometer that is assigned specific to one resident. Weekly nightshift audit will be done by the nurse/designee and include comparing glucometer results with recorded readings. Audit will start the week of 9/5/2022. Audit and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Plan Completion Date: 09/07/2022

Not Implemented [REDACTED] 01/05/2023)

9. Requirements

2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed Acetaminophen 325 mg as needed. On 08/15/2022, this medication was not available in the home.

Repeat Violation: 03/30/2022

POC Submission

Accept (██████/14/2022)

Med techs were retrained on 8/25/2022 by Regional Nurse and 9/1/2022 by Certified med trainer with regards to 185.a. Training included making sure medications are reordered in a timely fashion and making sure medications are available. Families who bring medications in will be notified to provide medications timely. Note will be made by the nurse or designee in the residents record when family is requested to bring medications in. Weekly nightshift audit will be completed by the nurse and include making sure all prescribed medications are available. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results. Nightshift nurse and/or Director of Health and Wellness/ Designee will run a missing medication report daily through 1/1/2023 to see if meds are not being given due to being unavailable. If there are missed meds due to this the family/pharmacy will be notified immediately for replacement. Physician will be notified of missed dose utilizing the missed dose form. Family will also be notified and a note in the residents chart will be made by the nurse showing notification were completed. Reportable will be made to DHS in the required period of time. Executive Director will be made aware by the Director of Health and Wellness/designee of ongoing issues as they occur.

Licensee's Plan Completion Date: 09/07/2022

Not Implemented (██████ - 01/05/2023)

187a Medication Record**10. Requirements**

2600.

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

Description of Violation

Resident #2's August MAR does not indicate the diagnosis/purpose of several medications including Paxlovid, Liothyronine 5 mg, Duloxetine 40 mg, Levothyroxine 50 mg, Carvedilol 6.25 mg, Donepezil 10 mg, Buspirone 15 mg, and Atorvastatin 10 mg.

Resident #5's August MAR does not indicate the diagnosis/purpose of several medications including Ondansetron 4 mg, Trazodone 50 mg, Metformin 500 mg, and Hydralazine 100 mg.

POC Submission

Accept (██████ 09/14/2022)

All MAR's will be audited by Regional Nurse by 9/13/2022 for diagnosis/purpose. Any missing DX will be sent to the pharmacy for addition to the MAR. Nurse will ensure DX is captured on the MAR when verifying medications. When DX is not present pharmacy will be notified to add DX to MAR. All MARs will be complete with DX by 9/16/2022. Nightshift nurse/designee will audit MAR's weekly for DX/purpose of medication starting the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and

187a - Medication Record (continued)

Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Plan Completion Date: 09/07/2022

Not Implemented [REDACTED] - 01/05/2023)

187b Date/Time of Medication Admin.**11. Requirements**

2600.

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

Description of Violation

Resident #5 is prescribed Tramadol 50 mg every 6 hours. The resident's Tramadol 50 mg sign-out sheet shows that it was signed out only 6 times between 08/12/2022 and 08/14/2022, rather than 12 times as ordered. However, staff initials are present for all 12 time slots on the resident's August MAR. Repeat Violation: 8/24/22

POC Submission

Accept [REDACTED] 09/14/2022)

Med techs were retrained on 8/25/2022 by Regional Nurse and 9/1/2022 by Certified med trainer with regards to 187.b which included recording medications that have been given correctly and at the time of administration, following prescribers orders for administration. Nightshift nurse and/or Director of Health and Wellness/ Designee will run a missed medication report daily to ensure all medications are given appropriately. Running this report will continue through 1/1/2023. Executive Director will be made aware by the Director of Health and Wellness of ongoing issues after the third offense. After the second offense, the med tech will be removed from the cart by the Director of Health and Wellness/designee pending their final training/review. Further non compliance will result in med tech being removed permanently from the cart by the Director of Health and Wellness/Designee. Physician and family will be made aware of any errors and a timely report will be submitted to DHS. Director of Health and Wellness or designee will do additional training or disciplinary action for continued non adherence to 187.b.

Licensee's Plan Completion Date: 09/07/2022

Not Implemented [REDACTED] - 01/05/2023)

187d - Follow Prescriber's Orders**12. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 mg daily at bedtime. However, the resident was administered Lorazepam 1 mg at bedtime between 07/23/2022 and 08/10/2022 except for 08/07, 08, 09/2022. Repeat Violation: 5/18/22 et al

Resident #5 is prescribed Tramadol 50 mg every 6 hours. The resident's Tramadol 50 mg sign-out sheet shows that it was signed out only 6 times between 08/12/2022 and 08/14/2022, rather than 12 times as ordered.

POC Submission

Accept [REDACTED] - 09/14/2022)

Med techs were retrained on 8/25/2022 and 9/1/2022 with regards to 187.d which included following the directions of the prescriber. Nightshift nurse and/or Director of Health and Wellness/ Designee will run a missing medication report daily through 1/1/2023. Executive Director will be made aware by the Director of Health and Wellness/designee of ongoing issues after the third offense. After the second offense, the med tech will be removed

187d - Follow Prescriber's Orders (continued)

from the cart by the Director of Health and Wellness/designee pending their final training/review. Further non compliance will result in med tech being removed permanently from the cart by the Director of Health and Wellness/Designee. Physician and family will be made aware of any errors and a timely report will be submitted to DHS. Director of Health and Wellness or designee will do additional training or disciplinary action for continued non adherence to 187.d

Licensee's Plan Completion Date: 09/07/2022

Not Implemented [REDACTED] - 01/05/2023)

13. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 mg daily at bedtime. However, this medication was not administered to the resident on 08/07, 08, 09/2022 because the medication was not available in the home.

Resident #6 is prescribed Zolpidem 5 mg at bedtime. However, this medication was not administered to the resident on 08/12/2022 because the medication was not available in the home.

Repeat Violation: 8/24/22, 5/18/22 et al

POC Submission

Accept [REDACTED] - 09/14/2022)

Med techs were retrained on 8/25/2022 and 9/1/2022 with regards to 187.d which included following the directions of the prescriber. Nightshift nurse and/or Director of Health and Wellness/ Designee will run a missing medication report daily through 1/1/2023. Executive Director will be made aware by the Director of Health and Wellness/designee of ongoing issues after the third offense. After the second offense, the med tech will be removed from the cart by the Director of Health and Wellness/designee pending their final training/review. Further non compliance will result in med tech being removed permanently from the cart by the Director of Health and Wellness/Designee. Physician and family will be made aware of any errors and a timely report will be submitted to DHS. Director of Health and Wellness or designee will do additional training or disciplinary action for continued non adherence to 187.d

Licensee's Plan Completion Date: 09/07/2022

Not Implemented [REDACTED] - 01/05/2023)