

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

February 21, 2023

[REDACTED]
OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (OLD ORCHARD)
4098 FREEMANSBURG AVENUE
EASTON, PA, 18045
LICENSE/COC#: 22604

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2022 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 (OLD ORCHARD) **Licen e #:** 22604 **Licen e Expiration:** 01/17/2023
Address: 4098 FREEMANSBURG AVENUE, EASTON, PA 18045
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 51 **Total Daily Staff:** 153 **Waking Staff:** 115

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 09/19/2022

Inspection Dates and Department Representative

09/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 64 **Re ident Served:** 51

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 64 **Re ident Served:** 51

Hospice

Current Re ident : 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 51
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 51 **Have Physical Disability:** 0

Inspections / Reviews

09/09/2022 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/08/2022

11/02/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/03/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/09/2022

Inspections / Reviews *(continued)*

12/27/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/03/2023

02/21/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 9/5/22 staff member A observed staff member B push Resident #1 down to the floor. The incident was not reported immediately to the local area agency on aging.

Plan of Correction**Accept (AG - 12/27/2022)**

See attached. Incidents will be reviewed at daily morning meeting by the executive director to ensure required reporting is completed timely.

11/22- Staff Members A and B were immediately suspended on September 7, 2022. Following the conclusion of the investigation, Staff Members A and B were terminated on September 10, 2022. See attachments-Proof of Staff Member's A and B termination

The Coordinators and Resident Services Supervisors (who have primary responsibility for reporting incidents and ensuring required compliance) were in-serviced by Jasalynn George regarding regulation 15.a. on 10/8/2022 re. "The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § §10225 .70) and 6 Pa. Code §15.21-15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons." See attachments-In-Service documentation and collateral

New staff members will be in-serviced by the Executive Director or designee regarding regulation 15.a. as part of their Orientation. Date: November 7, 2022 and-on-going See Attachment-Employee General Orientation Program Checklist Incidents and conditions will be reviewed daily in morning meeting by the Executive Director or designee to ensure compliance with regulation 15.a. Date: November 7, 2022, and on-going. See attachment-Stand-Up Minutes form

Licensee's Proposed Overall Completion Date: 11/22/2022

Implemented (AG - 02/21/2023)

16c - Written Incident Report

2. 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

On 9/5/22 staff member A observed staff member B push Resident #1 down to the floor. The incident was not reported to the Department until 9/7/22.

Plan of Correction**Accept (AG - 12/27/2022)**

See attached. A formal in-service on mandatory reporting was conducted by executive director regarding regulation 16c. Incidents will be reviewed at daily morning meeting by the executive director to ensure required reporting is completed timely.

16c - Written Incident Report (continued)

11/22- The Coordinators and Resident Services Supervisors (who have primary responsibility for reporting incidents and ensuring required compliance) were in-serviced by Jasalynn George, ED regarding regulation 16.c. on 10.8.22 re. "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)." See attachments-In-Service documentation and collateral
 New staff members will be in-serviced by the Executive Director or designee regarding regulation 16.c. as part of their Orientation. Date: November 7, 2022 and-on-going
 See Attachment-Employee General Orientation Program Checklist
 Incidents and conditions will be reviewed daily in morning meeting by the Executive Director or designee to ensure compliance with regulation 16.c. Date: November 7, 2022, and on-going. See attachment-Stand-Up Minutes form

Licensee's Proposed Overall Completion Date: 11/22/2022

Implemented (AG - 02/21/2023)

42b - Abuse**3. 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

Direct care staff member B pushed Resident #1 down to the floor on 9/5/22. Staff member B was overheard talking about the above noted incident on 9/7/22 to other employees of the home.

Plan of Correction

Accept (AG - 12/27/2022)

See attached. A formal in-service was conducted by the Executive Director regarding regulation 42b.

Staff member A and B were immediately suspended on 9/7/22, following the conclusion of the investigation staff member A&B was terminated on 9/10/22.

11/22-The Coordinators and Resident Services Supervisors (who have primary responsibility for reporting incidents and ensuring required compliance) were in-serviced by Jasalynn George, ED regarding regulation 42.b. on date re. "A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way." See attachments-In-Service documentation and collateral

All new staff members will be in-serviced by the Executive Director or designee regarding regulation 42.b. as part of their Orientation. Date: November 7, 2022 and-on-going See Attachment-Employee General Orientation Program Checklist Incidents and conditions will be reviewed daily in morning meeting by the Executive Director or designee to ensure compliance with regulation 42.b. Date: November 7, 2022, and on-going. See attachment-Stand-Up Minutes form Attachment-Blank copy of the Stand-up Minutes Form

Licensee's Proposed Overall Completion Date: 11/22/2022

Implemented (AG - 02/21/2023)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

Description of Violation

Agency staff member C hired 2/7/22 Pennsylvania State Police Criminal Background Check was not completed until 9/13/22.

POC Submission**Accept (AG - 11/02/2022)**

See attached. A formal in-service on criminal background checks was conducted by executive director regarding regulation 51. All employee files including agency staff will be audited by Administrative services coordinator or designee to ensure compliance with regulation 51 by Oct 301.

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

Implemented (AG - 02/21/2023)**65a - FS Orientation 1st Day****5. Requirements**

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Agency staff member C hired 2/7/22 did not receive the general fire safety orientation on or before the 1st day worked.

POC Submission**Accept (AG - 11/02/2022)**

See attached. The admin services assistant, administrative service coordinator, resident services coordinator were in-services by the Executive director regarding regulation 65a. Orientation requirements. The Administrative services coordinator, the administrative assistant, and the resident services coordinator or designee will audit all new hire, and agency staff for compliance with regulation 65a. From Oct1 through oct 31, 2022.

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

Implemented (AG - 02/21/2023)**65b - Rights/Abuse 40 Hours****6. Requirements**

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

65b - Rights/Abuse 40 Hours *(continued)*

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Agency staff member C hired 2/7/22 did not receive training in resident rights, The Older Adult Protective Services Act, emergency medical plan and reporting of reportable incidents and conditions within the first 40 hours worked.

POC Submission

Accept (AG - 11/02/2022)

See attached. The admin services coordinator, resident service coordinator and admin services assistant was in-service on regulation 65b by the executive director The admin services coordinator, resident service coordinator and admin services assistant or designee will audit all new hire and agency staff for compliance with regulation 65b Oct 1 through Oct 31

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

Implemented (AG - 02/21/2023)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's DME dated 8/10/22 did not have anything noted for height or pulse.

POC Submission

Accept (AG - 11/02/2022)

See attached. The memory care advisor and resident services coordinator were in-service by the executive director regarding regulation 141a. The memory care advisor, executive director, or resident services coordinator will audit all new admissions for compliance with regulation 141a. Oct1 through Oct 31.

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

Implemented (AG - 02/21/2023)