



**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: 4 [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: CA SENIOR VALLEY FORGE OPERATOR LLC  
 Address: [REDACTED].com

**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: 90 Waking Staff: 68

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 10/13/2022

**Inspection Dates and Department Representative**

10/12/2022 On Site [REDACTED]  
 10/13/2022 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 128 Residents Served: 61

**Secured Dementia Care Unit**

In Home: Yes Area: Virtue Capacity: 28 Residents Served: 27

**Hospice**

Current Residents: 1

**Number of Residents Who:**

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 61
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 29	Have Physical Disability: 0

## Inspections / Reviews

10/12/2022 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *11/03/2022*

10/28/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/21/2022*

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *11/02/2022*

11/02/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/21/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow Up Date: *11/21/2022*

01/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/21/2022*

Reviewer: [REDACTED]

Follow Up Type: *Enforcement*

**141a - Medical Evaluation****1. 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.

**Description of Violation**

Resident #1 was admitted on [REDACTED] Resident #1's medical evaluation was completed on 5/18/21.

**Plan of Correction**

Accept ([REDACTED] - 11/02/2022)

Audit was conducted on 10/19/2022 by the supporting Director of Health and Wellness. Those identified as being out of date compliance, will have an appointment scheduled with their PCP to get and updated copy done. This will be completed by 11/11/2022. Those DME's will have a note made at the top that reflect it was done to meet this POC. Executive Director will review all admitting DME's for compliance starting 10/25/2022 and ongoing thereafter.

Licensee's Proposed Overall Completion Date: 10/31/2022

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

**141b1 - Annual Medical Evaluation****2. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident #1's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED] Repeat Violation: 8/24/22

**Plan of Correction**

Accept ([REDACTED] - 11/02/2022)

Audit was conducted on 10/19/2022 by the supporting Director of Health and Wellness. Those medical evaluations identified as being out of date compliance, will have the date of the late DME stand as their annual date moving forward. These DME's will have a note made at the top reflecting this being the annual date and cite this POC date as acknowledgment for moving forward. Director of Health and Wellness will review all annual completed DME at the time it is obtained to ensure date compliance starting 10/25/2022.

Licensee's Proposed Overall Completion Date: 10/31/2022

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

**183d - Prescription Current****3. 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 10/12/22, Mitrazapine 15mg prescribed for Resident # 2, was in the home's medication cart; however, the medication was discontinued on 9/20/22.

On 10/12/22, Gabapentin 600mg prescribed for Resident # 2, was in the home's medication cart; however, the medication was discontinued on 9/21/22.

183d - Prescription Current (*continued*)**Plan of Correction**

Accept [REDACTED] - 11/02/2022)

Medications were removed at time of inspection by the Director of Virtue. Nightshift nurse will complete an audit of all med carts once a week to check for discontinued medications. Audits are currently in place. These audits will be kept for 4 weeks at a time so that the Director of Health and Wellness can review areas of concern and address/train staff accordingly. [REDACTED] will review the audits weekly. These audits will remain in place until 1/1/2023.

Licensee's Proposed Overall Completion Date: 10/31/2022

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

## 187a - Medication Record

**4. 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).
14. Name and initials of the staff person administering the medication.

**Description of Violation**

The following medications listed below prescribed to Resident #2 does not include the diagnoses and purpose on the medication record:

1. Famotidine 20mg
2. Folic Acid 1mg
3. Gabapentin 100 mg
4. Gabapentin 300mg
5. Hydroxyurea 500 mg
6. Sertraline 100 mg
7. Tizanidine 2mg
8. Tramadol 50mg

Resident # 2 was prescribed Gabapentin 300 mg 1 tablet by mouth twice daily. On 9/24/22 at 7:00 PM, the medication was administered but the medication technician did not initial the medication administration record.

**Plan of Correction**

Accept [REDACTED] - 11/02/2022)

Nightshift nurse will complete an audit of all med carts once a week to check for missing diagnosis. Missing diagnosis will be added at the time of the audit by the nurse or pharmacy. Audits are currently in place. These audits will be kept for 4 weeks at a time so that the Director of Health and Wellness can review them weekly and look for areas of concern and address/train staff accordingly. These audits will remain in place until 1/1/2023. Missing diagnosis will also be reviewed during the order verification process by the nurse. This will start 10/25/2022 and be ongoing.

Licensee's Proposed Overall Completion Date: 10/31/2022

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

## 187d - Follow Prescriber's Orders

**5. Requirements**

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident #2 was prescribed Mupirocin External Ointment 2 % apply 3 times daily for 7 days at 8:00 A.M., 2:00 P.M., and 6:00 P.M. from 8/27/22 to 9/3/22. However, Resident # 2 was not given the medication on 8/29/22 at 2:00 P.M. and 8/30/22 at 8:00 A.M. and 2:00 P.M.

Plan of Correction

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

Accept ( ) - 11/02/2022)

Medication was reordered on 10/13/2022 by the nurse and remaining days were given. Nightshift nurse will complete an audit of all med carts once a week to check for medications that are not available or running low. Audits are currently in place. These audits will be kept for 4 weeks at a time so that the Director of Health and Wellness to review weekly and review areas of concern and address/train staff accordingly. These audits will remain in place until 1/1/2023

Licensee's Proposed Overall Completion Date: 10/31/2022

Not Implemented ( ) - 01/05/2023)

225a - Assessment 15 Days

6. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3's assessment, dated ( ), does not include Resident's medical diagnoses.

Plan of Correction

Repeat Violation: 8/24/22

Accept ( ) - 11/02/2022)

Diagnosis will be added to resident #3 assessment by the Regional Director of Health and Wellness by 11/4/2022. Director of Health and Wellness or Regional Director of Health and Wellness will do a one time audit of all current assessments for medical diagnosis and ensure diagnosis is captured on all assessments moving forward. Audit will be complete by 11/18/2022.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented ( ) - 01/05/2023)

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1 's current assessment was completed on ( ). However, the resident's previous assessment was completed on 7/22/21.

Plan of Correction

Accept ( ) - 11/02/2022)

Audit was conducted on 10/19/2022 by the supporting Director of Health and Wellness. The assessments that were identified as being out of date compliance, will have the POC date referenced to show the discrepancy is acknowledged and self identified and corrected as of this POC date by 11/18/2022 by the Director of Health and

**225c - Additional Assessment (continued)**

*Wellness or the Regional Director of Health and Wellness. Moving forward all assessments will be done within one year or significant change. Director of Health and Wellness will review all annual completed assessments for date compliance starting 10/25/2022 and ongoing thereafter.*

**Licensee's Proposed Overall Completion Date: 11/18/2022**

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

**227g Support Plan Signatures****8. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*The assessor who participated in Resident #3's support plan completed on [REDACTED] was not signed by the assessor.*

**Plan of Correction**

**Accept** [REDACTED] 11/02/2022)

*Resident 3 SP will be updated by the Regional Director of Health and Wellness or The Director of Health and Wellness by 11/4/2022. Director of Health and Wellness will audit all current assessments for signatures and ensure signatures are captured on all assessments moving forward. Audit will be complete by 11/18/2022. The Director of Health and Wellness will review all support plans with resident and RP when they are due and capture signatures at that time moving forward starting 11/1/2022.*

**Licensee's Proposed Overall Completion Date: 11/01/2022**

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