



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

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: 85 Waking Staff: 64

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 11/07/2022

Inspection Dates and Department Representative

11/07/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128 Residents Served: 57

Secured Dementia Care Unit

In Home: Yes Area: Virtue Capacity: 28 Residents Served: 24

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 57
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 28	Have Physical Disability: 0

Inspections / Reviews

11/07/2022 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: 11/27/2022

11/29/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2023

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: 12/04/2022

12/05/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2023

Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow Up Date: 01/02/2023

01/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2023

Reviewer: [REDACTED]

Follow Up Type: *Enforcement*

183d - Prescription Current**1. 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 11/7/22, Polyethylene Glycol 3350 powder prescribed for Resident # 1, was in the home's memory care medication cart; however, the medication was discontinued on 8/31/22.

On 11/7/22, Symbicort 80.4mcg inhaler prescribed for Resident # 1, was present in the home's memory care medication cart; however, the medication was discontinued. Home was unable to provide the date it was discontinued.

Plan of Correction**Accept** [REDACTED] - 12/05/2022)

Medication was removed at the time of inspection 11/7/2022 by the Executive Director. All Med Techs will be retrained on removing discontinued medication from the cart at the time it is discontinued, along with how to properly dispose of the discontinued medication. This training will be conducted by the Director of Health and Wellness by 12/9/2022. Weekly cart audit will be conducted by the Mech Tech Scheduler and include identifying that all discontinued medications from that week have been removed from the cart. Weekly cart audits will start the week 11/9/2022 will be kept for 4 weeks and the Director of Health and Wellness will review them weekly starting 11/21/2022. This Audit will continue through 2/1/2023.

Licensee's Proposed Overall Completion Date: 12/02/2022

Not Implemented [REDACTED] - 01/05/2023)**183e - Storing Medications****2. 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.

Description of Violation

On 11/7/22 Lantus Insulin Pen was opened on 10/4/22 in the medication cart. According to the manufacturer's instructions, this medication is to be discarded 28 days after opening.

Plan of Correction**Accept** [REDACTED] - 12/05/2022)

Medication was reordered on the day of inspection 11/7/2022 by the Dayshift Nurse. All Med Techs will be retrained on following manufacturers instruction for discarding medications. This training will be conducted by the Director of Health and Wellness by 12/9/2022. Weekly cart audit will be conducted by the Med Tech scheduler starting 11/9/2022. Weekly cart audits will be kept for 4 weeks and the Director of Health and Wellness will review them weekly starting 11/21/2022. This Audit will continue through 2/1/2023.

Licensee's Proposed Overall Completion Date: 12/02/2022

Not Implemented [REDACTED] - 01/05/2023)**185a - Implement Storage Procedures****3. 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 #1 is prescribed Albuterol Sulfate HFA inhalation aerosol Solution inhale 1 puff by mouth every 6 hours as needed and Bisacodyl EC Oral Tablet 5mg take 1 tablet by mouth daily as needed. On 11/7/22 neither medications were available in the home.

Plan of Correction

Repeat Violation: 8/24/22

Accept [REDACTED] - 12/05/2022)

Medication refill requests will be submitted by the Dayshift Nurse or Director of Health and Wellness a week prior to the medication supply be depleted. Dayshift Nurse will follow up with pharmacy 48 hours after the submission of the reorder request to ensure the medication is being filled. Any new prescriptions start date will be put in the system by the pharmacy as the day the medication was provided to the community by the pharmacy. This new procedure will be put in place by 12/9/2022. MAR to cart audit will be conducted by the Med Tech scheduler starting 11/9/2022. MAR to cart audits will be kept for 4 weeks and the Director of Health and Wellness will review them weekly starting 11/21/2022. This Audit will continue through 2/1/2023. MAR to cart audit will be conducted weekly by the Med Tech scheduler and kept for 4 weeks. Director of Health and Wellness will run a missed medication report 5 days a week to ensure medications are not being missed due to being unavailable. Starting 12/12/2022. Med Tech will be trained in this process by the Director of Health and Wellness by 12/16/2022.

Licensee's Proposed Overall Completion Date: 12/02/2022

Not Implemented [REDACTED] /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).

Description of Violation

Resident #1 is prescribed the following medications that do not have a diagnosis or purpose on the medication administration record: Amlodipine Besylate, Clonazepam, Melatonin, Venlafaxine, Vitamin B12.

Resident # 2 is prescribed the following medications that do not have the diagnosis or purpose present on the medication administration record: Metformin, Risperidone, Rivastigmine Transdermal patch, and Trazadone,

187a - Medication Record (continued)

Plan of Correction

Accept [REDACTED] 12/05/2022)

Director of Health and Wellness or Executive Director will conduct a MAR audit and identify and medication that has been prescribed without a diagnosis . This will be done by 12/9/2022. An audit will be done weekly as of the cart audit starting 11/9/2022. the audit will continue through 2/1/2023. The Dayshift Nurse will reach out to the physician for any medication that is found to not have an accompanying diagnosis at the end of the audit and will then enter the diagnosis on the MAR once it is received by the PCP. Med Tech Scheduler will audit the MAR's weekly starting 11/9/2022 and report any missing diagnosis to the Dayshift Nurse to proceed with getting the diagnosis. Director of Health and Wellness will review the audits weekly starting 11/21/2022 . Audit will be done through 2/1/2023. Med tech will be trained to look for diagnosis when administering medications and report missing DX to the Dayshift Nurse immediately. This training will be done by the Director of Health and Wellness by 12/9/2022.

Licensee's Proposed Overall Completion Date: 12/02/2022

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

187b - Date/Time of Medication Admin.

5. 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 # 1 is prescribed clonazepam Oral Tablet take 1 tablet by mouth three times daily. This medication was administered on 11/7/22 at 8am however it was not documented in the controlled substance log.

Plan of Correction

Repeat Violation: 8/24/22

Accept [REDACTED] 12/05/2022)

Executive Director educated the Med Tech on the importance of signing the medication out at the time of administration on the day of the inspection 11/7/2022. Med Tech did sign medication out on MAR as being given but failed to sign it out on control log. The Director of Health and Wellness will train all Med Techs on properly signing out medication by 12/9/2022. The Dayshift nurse will review the controlled substance log weekly starting 12/12/2022. This will be done through 2/1/2023. Any staff found to not being signing medications out correctly on the controlled substance log will be given coaching the first offense and pulled from the medication cart the second offense.

Licensee's Proposed Overall Completion Date: 12/02/2022

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

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed amlodipine besylate oral tablet 5mg starting 11/4/22. However, amlodipine besylate oral tablet 10mg is still being administered and amlodipine besylate oral tablet 5mg is unavailable in the home.

Resident # 2 is prescribed Blood sugar readings ordered in the morning and at bedtime. However, the resident's blood sugar reading was not obtained on 11/1/22 at 7:00A and 7:00P, 11/2/22 at 7:00A and 7:00P, 11/6/22 at 7:00A and 7:00P, and 11/7/22 at 7:00A.

187d - Follow Prescriber's Orders (continued)

Resident # 2 is prescribed Lantus 20 units at bedtime. This medication was not administered on 11/1/22, 11/2/22, 11/4/22, and 11/6/22.

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

Plan of Correction

Accept [REDACTED] - 12/05/2022)

All Med Techs will be retrained in following all prescribers orders by 12/9/2022. This training will be done by the Director of Health and Wellness. Twelve Med Techs were put back through DHS approved diabetic training on 11/15/2022. Director of Health and Wellness will run the missed medication report 5 days a week starting 12/12/2022. This will continue through 2/1/2023. Any medication that is missed or improperly given will be reported to the physician, the family by the Dayshift nurse, and DHS as a medication error by the Director of Health and Wellness or Executive Director. Disciplinary action will occur for Med Techs who continue to not follow procedure.

Licensee's Proposed Overall Completion Date: 12/02/2022

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