



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]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 83 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 12/13/2022

Inspection Dates and Department Representative

12/13/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128 Residents Served: 54

Secured Dementia Care Unit

In Home: Yes Area: Virtue Capacity: 28 Residents Served: 22

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 29 Have Physical Disability: 0

Inspections / Reviews

12/13/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/01/2023

01/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/17/2023

01/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

63a - First Aid/CPR Training**1. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 11/28/2022, from 11:00 PM till 07:00 AM, 52 residents were present in the home. During this time, only one staff person was present in the home who was certified in First Aid and CPR.

Plan of Correction

Accept (████) - 01/04/2023)

Executive Director has scheduled training for January 11, 2023 where remaining uncertified care staff will be trained in first aid and CPR. This will ensure that all shifts have the appropriate 1 to 50 staff to resident CPR ratio. Due to turnover, the Director of Health and Wellness, Assistant Executive Director, or Executive Director will review staff schedule weekly and add CPR certified staff as needed to meet the ration. CPR training will continue to be scheduled by the Executive Director or Assistant Executive Director when needed to have ample staff to schedule and meet this requirement.

Licensee's Proposed Overall Completion Date: 01/11/2023

Not Implemented (████) - 01/17/2023)

65d - Initial Direct Care Training**2. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

The home does not have a certificate on file that shows direct care staff person A, hired on ██████████ and B, hired on ██████████ completed the Department-approved direct care training course and passed the competency test before providing unsupervised ADL services.

Repeat Violation: 05/18/2022, et al.

Plan of Correction

Accept (████) - 01/04/2023)

Staff training audit was completed by the Regional HR Director on December 21, 2022. Any staff member who has not had their Direct Care training will be scheduled by January 10, 2023 due to the long length of the training offered by DHS. All trainings will be completed by January 16, 2023. This training will be scheduled by the Executive Director. All completion certificates will be placed in the staff training file by the Business Office Manager. Moving forward, all new staff that can not produce a previously earned Direct Care certificate will be scheduled by the Office Manager to take the required training on day 2 of orientation and before providing unsupervised ADL services.

Licensee's Proposed Overall Completion Date: 01/16/2023

Not Implemented (████) 01/17/2023)

162c - Menus Posted**3. Requirements**

162c - Menus Posted (continued)

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menus posted near the dining room were for the week ending 12/03/2022 and 12/10/2022. Current or next week's menu was not posted anywhere in the home.

Plan of Correction

Accept [REDACTED] - 01/04/2023)

The new Director of Culinary Services was retrained on regulation 162.c by the Executive Director on the day of inspection. The correct menu's were posted on the day of inspection by the Director of Culinary Service. The Manager on Duty will verify proper menu posting weekly on Sundays at the start of menu cycles starting January 1, 2023. This verification process will continue through June 2024. The Director of Culinary Service will conduct training for all cooks and Dining Room Supervisor with regards to 162.c by January 4, 2023. Training documentation will be retained by the Executive Director for department review.

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented [REDACTED] - 01/17/2023)

183e - Storing Medications**4. 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 12/13/2022, Timolol and Latanoprost eye drops were on the 5th floor medication cart with open dates of 10/28/2022 and 11/08/2022, respectively. According to the manufacturer's instructions, the eye drops should be used within 4 weeks of opening.

Plan of Correction

Accept [REDACTED] - 01/04/2023)

All resident eyedrops, inhalers, insulins, and nose sprays will be audited nightly by the night shift med tech to ensure all medications have been used or discarded per manufactures instructions per opened date. Audits will start on January 2, 2023 and continue through March 2023. The Director of Health and Wellness or Full Time Dayshift Nurse will also complete a weekly audit reviewing 183e starting the week of January 16th and continue through the end of March 2023. Regulation 183e will be reviewed with all med techs by January 6, 2023. The Regional Director of Health and Wellness will conduct this review and keep documentation for department review. Pharmacy will produce a monthly audit through March of 2023. This audit will be review by the Regional Director of Health and Wellness and the Director of Health and Wellness with training plans and corrective actions built off of their findings.

Licensee's Proposed Overall Completion Date: 01/16/2023

Not Implemented [REDACTED] - 01/17/2023)

184c - Sample Prescription Meds.**5. Requirements**

2600.

184c - Sample Prescription Meds. (continued)

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

A bottle of sample Refresh Optive Gel drops was in the home's 5th floor medication cart without a label.

Plan of Correction

Accept [REDACTED] - 01/04/2023)

All resident sample medications will be audited nightly by the night shift med tech to ensure all medications have written instructions from the prescriber. If they do not come with written instructions from the prescriber the will not be used and discarded. Audits will start on January 2, 2023 and continue through March 2023. The Director of Health and Wellness or Full Time Dayshift Nurse will also complete a weekly audit reviewing 184c starting the week of January 16th and continue through the end of March 2023. Regulation 184c will be reviewed with all med techs by January 6, 2023. The Regional Director of Health and Wellness will conduct this review and keep documentation for department review. Pharmacy will produce a monthly audit through March of 2023. This audit will be review by the Regional Director of Health and Wellness and the Director of Health and Wellness with training plans and corrective actions built off of their findings.

Licensee's Proposed Overall Completion Date: 01/16/2023

Not Implemented [REDACTED] - 01/17/2023)

187b - Date/Time of Medication Admin.**6. 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 [REDACTED] 10mg/ml four times a day. According to the controlled substance log for this medication, it was not signed out on 12/01/2022 at 12:00 PM and 04:00 PM and again at 04:00 PM on 12/06/2022. However, staff initials are present on the resident's December medication administration record (MAR).

Plan of Correction

Repeat Violation: 8/24/22.

Accept [REDACTED] - 01/04/2023)

Med tech documented administration of the medication on the Medication Administration Record due to medication being given as per prescribers orders. The med tech did not sign it out on the controlled substance log although medication was given. Med tech responsible for not appropriately signing out the medication on the narcotic control og were retrained on proper documentation of narcotics on December 23, 2022. Nightshift Med Tech will review all narcotic control logs starting January 2, 2023 and continue through March 2023. If a narcotic is found to not be signed out correctly this information will be given to the Director of Health and Wellness that day for follow up and mmediate training with Med Tech that has not documented the administration correctly. The Regional Director of Health and Wellness will conduct training with all med techs by January 6, 2023. Training documentation will be maintained by the Executive Director for department review.

Licensee's Proposed Overall Completion Date: 01/06/2023

Not Implemented [REDACTED] - 01/17/2023)

187d - Follow Prescriber's Orders**7. Requirements**

2600.

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

187d - Follow Prescriber's Orders (continued)**Description of Violation**

Resident #1 is prescribed [REDACTED] 10mg/ml four times a day. According to the controlled substance log for this medication, it was not administered on 12/01/2022 at 12:00 PM and 04:00 PM and again at 04:00 PM on 12/06/2022.

Plan of Correction

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

Accept ([REDACTED] - 01/04/2023)

Prescribers orders were followed and given as ordered which is why it was signed out on the Medication Administration Record (MAR). Please consider removal of this violation. Med tech documented administration of the medication on the Medication Administration Record due to medication being given as per prescribers orders. The med tech did not sign it out on the controlled substance log although medication was given. This is an error in documentation not administration. Med tech responsible for not appropriately signing out the medication on the narcotic control log were retrained on proper documentation of narcotics on December 23, 2022. Nightshift Med Tech will review all narcotic control logs starting January 2, 2023 and continue through March 2023. If a narcotic is found to not be signed out correctly this information will be given to the Director of Health and Wellness that day for follow up and immediate training with Med Tech that has not documented the administration correctly. The Regional Director of Health and Wellness will conduct training with all med techs by January 6, 2023. Training documentation will be maintained by the Executive Director for department review.

Licensee's Proposed Overall Completion Date: 01/06/2023

Not Implemented ([REDACTED] - 01/17/2023)