

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

May 17, 2023

[REDACTED], ADMINISTRATOR  
OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC  
[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 03/29/2023, 03/30/2023 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) **License #:** 22604 **License Expiration:** 01/17/2024  
**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

**Type:** Other **Date:** 10/15/2015 **Issued By:** Bethlehem Twp.

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 106 **Waking Staff:** 80

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 03/30/2023

## Inspection Dates and Department Representative

03/29/2023 - On-Site: [REDACTED]  
 03/30/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 64 **Residents Served:** 53

## Secured Dementia Care Unit

**In Home:** Yes **Area:** The entire building **Capacity:** 64 **Residents Served:** 53

## Hospice

**Current Residents:** 6

## 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:** 53 **Have Physical Disability:** 0

## Inspections / Reviews

03/29/2023 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/30/2023

05/03/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 05/10/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/10/2023

Inspections / Reviews *(continued)*

05/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

**17 - Record Confidentiality****1. Requirements**

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**Description of Violation**

*During the initial walk through on 3/29/23, located on the blue color pod known as Dock Side, the home had the residents' shower and treatment book as well as a resident list that was out and opened on top of a medication cart. No staff were nearby visitors and others had access to confidential information regarding the residents.*

**Plan of Correction**

Accept (████) - 05/03/2023)

*See attached.*

*The noted resident information was closed immediately by nurse and caregiver on date of survey. The Executive Director and Human Resource director will educate all staff by 5/1/23 about regulation 17 and HIPPA guidelines. All new staff members will be educated on regulation 17 per General Orientation Checklist. Include completed GO checklist with \*'s at Confidentiality and Privacy and Resident Rights items with documents. The Resident Services Supervisor will complete daily Resident Services Supervisor Rounds - May 1, 2023, through September 30, 2023 to ensure compliance with regulation 17. The Executive Director or designee will review the RSS Rounds weekly for compliance.*

**Licensee's Proposed Overall Completion Date: 05/01/2023**

Implemented (████) - 05/17/2023)

**125b - Combustible Restrictions****2. Requirements**

2600.

- 125.b. Combustible materials shall be inaccessible to residents.

**Description of Violation**

*During the initial walk through on 3/29/23 on the Harvest Green pod's resident laundry, the following items were located in the back of the dryer - One blue towel, 2 paper cups, sock, and paper.*

**Plan of Correction**

Accept (████) - 05/03/2023)

*See attached*

*The noted items were removed from behind the dryer on date of survey by The Building Service Coordinator. The Executive Director will educate the Building Services Coordinator (BSC) and housekeepers regarding Regulation 125.b., laundry room cleaning, and BSC daily rounds by date 4/29/23. The Building Services Coordinator will complete daily rounds which includes compliance with combustible restrictions - May 1, 2023, through September 30, 2023. The Executive Director or designee will review the BSC rounds weekly for compliance. Please see the attached Rounds.*

**Licensee's Proposed Overall Completion Date: 05/01/2023**

Implemented (████) - 05/17/2023)

**132g - Fire Drills Days/Times**

**3. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

*The home conducted their fire drills during the last week of the month. The conducted fire drills on the following dates: 5/29/22; 6/23/22; 7/26/22; 8/29/23; 10/30/22; 11/30/22; 12/26/22 and 2/26/23.*

**Plan of Correction****Accept (████ - 05/03/2023)**

*The Executive Director will educate the Building Services Coordinator (BSC) regarding Regulation 132.g. by 4/26/23. The BSC has scheduled fire drills for 2023 based on regulation 132.g. See attached 2023 fire drill schedule. Beginning May1, 2023 through September, 2023, the Executive Director or designee will audit fire drills monthly to ensure compliance with Regulation 132.g. The monthly fire drill records will, also, be reviewed during the quarterly Quality Assurance Meeting beginning May 2023 through December, 2023.*

Licensee's Proposed Overall Completion Date: 05/01/2023

**Implemented (████/17/2023)****162c - Menus Posted****4. Requirements**

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 posted only the daily menu in the resident's pod kitchens. The home did not have the present week and the upcoming week menu posted in a public and conspicuous area as required.*

**Plan of Correction****Accept (████ - 05/03/2023)**

*The present and upcoming week's menus were posted in a public and conspicuous area on date of survey by the kitchen staff.*

*The Executive Director will educate the Food Service Coordinator (FSC) regarding Regulation 162.c. and the Dining Room Observation Tool by 4/26/23. The Food Services Coordinator will complete The Dining Room Observation Tool, which includes compliance with Regulation 162.c. - May 1, 2023, through September 1, 2023. The Executive Director or designee will review the Dining Room Observation Tool rounds weekly for compliance.*

Licensee's Proposed Overall Completion Date: 05/01/2023

**Implemented (████ - 05/17/2023)****182b - Prescription Medication****5. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

182b Prescription Medication (continued)

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*When reviewing the direct care staff's medication administration training, medication staff did not receive training in other routes of administration which includes topical, eye, nose, and ear drop prescriptions.*

**Plan of Correction**

**Accept (████ - 05/03/2023)**

*The Resident Services Coordinator (RSC) will educate the direct care staff who had completed medication administration training regarding Regulation 182.b. by 5/3/23. The RSC will include training items noted in Regulation 182.b. for future trainings of direct care staff who complete medication administration to ensure continued compliance. The Executive Director will review future 2023 trainings for compliance with Regulation 182.b.*

**Licensee's Proposed Overall Completion Date: 05/01/2023**

**Implemented (████ - 05/17/2023)**

185a - Implement Storage Procedures

**6. 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**

*During the medication audit on 3/30/23 one loose round white pill was observed sitting on the bottom of the medication cart.*

**Plan of Correction**

**Accept (████ - 05/03/2023)**

*The loose pill was appropriately disposed on the day of survey by RSC. The Resident Services Coordinator (RSC) will educate the Resident Services Supervisors (RSS) and Medication Technicians (MT) regarding regulation 185.a. and the Medication Cart Audit by 5/3/23. The RSS or designee will complete weekly Medication Cart Audits to ensure compliance with Regulation 185.a. May 1, 2023, through September 1, 2023. The RSC will review the Medication Cart Audits weekly for compliance.*

**Licensee's Proposed Overall Completion Date: 05/01/2023**

**Implemented (████ - 05/17/2023)**

187a - Medication Record

**7. Requirements**

2600.

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

**Description of Violation**

*Resident #1's ██████████ to be taken by mouth at 9:00AM and 5:00pm for heart disease was not initialed as being administered on 3/5/23 at 500pm. No documented was stated to indicate if the resident refused the medication or was away from the facility to address why this medication was not document as being administered.*

187a - Medication Record (continued)

**Plan of Correction**

Accept (████) - 05/03/2023

The Resident Services Coordinator (RSC) will educate the Resident Services Supervisors (RSS) and Medication Technicians (MT) regarding regulation 187.a., Resident Services Supervisor Rounds and the Medication Cart Audit by 5/3/23. The Resident Services Supervisor will complete daily Resident Services Supervisor Rounds - May 1, 2023, through September 30, 2023 to ensure compliance with regulation 187.a. The Executive Director or designee will review the RSS Rounds weekly for compliance.

The RSS or designee will complete weekly Medication Cart Audits to ensure compliance with Regulation 187.a. – May 1, 2023, through September 1, 2023. The RSC will review the Medication Cart Audits weekly for compliance.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (████) - 05/17/2023

231e - No Objection Statement

**8. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident’s designated person have not objected to the resident’s admission or transfer to the secured dementia care unit.

**Description of Violation**

Resident #2 DOA (████) and Resident #3 DOA (████) resident records did not contain a no objection statement signed by the resident or their designee. The home is a locked secured unit, and this is a requirement that they understand that they are in a restrictive environment.

**Plan of Correction**

Accept (████) - 05/03/2023

The Executive Director will educate the Resident Services Coordinator and Memory Care Advisor regarding Regulation 231.e by 5/3/23.

The current resident’s documentation that the resident and designated responsible party have not objected to the residents’ admission to a SDCU will be audited by the Executive Director or designee by 5/3/23.

Beginning May 1, 2023, the Executive Director will review the new resident’s admissions paperwork within one (1) week of admission to ensure compliance with Regulation 231.e.

Monthly review of the documentation by the Executive Director or designee will continue May 1, 2023, through September 1, 2023

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (████) - 05/17/2023