

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

May 12, 2023

[REDACTED]
ARDEN COURTS SUSQUEHANNA OF HARRISBURG PA LLC
[REDACTED]

RE: ARDEN COURTS (SUSQUEHANNA)
2625 AILANTHUS LANE
HARRISBURG, PA, 17110
LICENSE/COC#: 32431

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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 (SUSQUEHANNA) **License #:** 32431 **License Expiration:** 06/20/2023
Address: 2625 AILANTHUS LANE, HARRISBURG, PA 17110
County: DAUPHIN **Region:** CENTRAL

Administrator

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

Legal Entity

Name: ARDEN COURTS SUSQUEHANNA OF HARRISBURG PA LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 01/28/2000 **Issued By:** Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 88 **Working Staff:** 66

Inspection Information

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

Inspection Dates and Department Representative

03/30/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 44

Secured Dementia Care Unit

In Home: Yes **Area:** Arden Courts **Capacity:** 44 **Residents Served:** 44

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 44
Diagnosed with Mental Illness: 16 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 44 **Have Physical Disability:** 1

Inspections / Reviews

03/30/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/17/2023

04/17/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/05/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/21/2023

Inspections / Reviews *(continued)*

04/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/04/2023

05/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. 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

On [REDACTED] 2023 at approximately [REDACTED] PM, Resident #1 entered Resident #2's bedroom and pushed Resident #2. Resident #2 had a [REDACTED] as the result of the incident which required surgical intervention.

Plan of Correction

Directed ([REDACTED] - 04/24/2023)

• Resident #1 has been assessed by the Medical Director 3/1, 3/8, 3/15, 3/22, and 3/29/23.

(See attachment-Medical Director's Notes)

• Immediately following the incident, Resident #1 had a private duty 1:1 supervision in place from [REDACTED] "Personal Care Assistance" beginning [REDACTED]/2023 through [REDACTED]/2023. This individual continues on 15 minute checks for safety.

• Resident #2 has moved out of the community on [REDACTED]/2023.

(See attachment-Move-Out Summary)

• All staff will be in-serviced by the Executive Director or designee regarding regulation 42.b. resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way by April 30, 2023.

(In-service documentation will be submitted upon completion of training.)

• All new staff will be in-serviced by the Executive Director or designee regarding regulation 42.b. as part of their Orientation. April 9, 2023 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.

(Directed)

Resident #1's Support Plan was revised by the Executive Director and Resident Services Coordinator on [REDACTED]/23

Directed Completion Date: 04/30/2023

Implemented ([REDACTED] - 05/12/2023)

234d - Support Plan Revision

2. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for Resident #1 was completed on [REDACTED]/2023

234d - Support Plan Revision (continued)

; however, following the resident's admission to the home on [REDACTED]/2023, Resident #1 exhibited physical aggression towards staff members per reports from staff and family members. Additionally, on [REDACTED]/2023, Resident #1 displayed physical aggression toward Resident 2 [REDACTED]. Staff member interviews confirmed the resident's behavior of wandering into other resident bedrooms and becoming combative during personal care or redirection. Resident #1 has received 15-minute visual checks since admission to the home as well as 1:1 supervision from [REDACTED]/2023 through [REDACTED]/2023. As of [REDACTED]/2023, Resident #1's support plan has not been revised to address the resident's supervision needs or aggression towards others.

Plan of Correction

Accept ([REDACTED] 04/17/2023)

- Resident #1's Support Plan was revised by the Executive Director and Resident Services Coordinator on [REDACTED] 23. (See attachment-Resident #1's updated Service Plan)
- The Executive Director or designee will review current resident support plans to ensure they reflect the individual's current conditions and approaches by April 30, 2030. A resident roster with review signature and date will be forwarded upon completion.
- The Executive Director was in-serviced by the Manager of Dementia Services on April 12, 2023 regarding regulation 234.d. and the RASP Update Log. (See attachment – In-service documentation and collateral)
- The Resident Services Coordinator was in-serviced by the Executive Director on April 13, 2023 regarding regulation 234.d. and the RASP Update Log. (See attachment-In-Service documentation and collateral)
- The Executive Director or designee will revise the resident's support plan at least annually and as the resident's condition changes. The RASP Update Log will be updated to ensure compliance. (See attachment–RASP Update Log). Dates – [REDACTED]/2023 through [REDACTED] 2023

Licensee's Proposed Overall Completion Date: 07/15/2023

Implemented ([REDACTED] - 05/12/2023)