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

June 21, 2023

[redacted], REGIONAL DIRECTOR OF OPERATIONS
CA SENIOR VALLEY FORGE OPERATOR LLC
[redacted]

RE: ANTHOLOGY OF KING OF PRUSSIA
350 GUTHRIE ROAD
KING OF PRUSSIA, PA, 19406
LICENSE/COC#: 14788

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/10/2023 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: *ANTHOLOGY OF KING OF PRUSSIA* **License #**: *14788* **License Expiration**: *08/10/2023*

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *70* **Waking Staff**: *53*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident, Monitoring* **Exit Conference Date**: *04/10/2023*

Inspection Dates and Department Representative

04/10/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *128* **Residents Served**: *46*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Virtue* **Capacity**: *28* **Residents Served**: *21*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *46*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *24* **Have Physical Disability**: *0*

Inspections / Reviews

04/10/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/01/2023*

04/25/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/14/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/01/2023*

Inspections / Reviews *(continued)*

05/16/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/14/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/22/2023*

06/08/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/14/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/12/2023*

06/21/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/14/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A was hired on [redacted] and started work on this date. The home did not complete a criminal background check until [redacted].

Plan of Correction ***Accept ([redacted] - 05/16/2023)***

Staff person A was hired [redacted] but was only in general orientation on that day. Staff person A did not start on the floor skills training until [redacted] a day after [redacted] criminal background was complete. (See attached schedule) Furthermore, 2600.51 was cited on 3/9/2023. That POC, which was accepted by BHSL, clearly stated that an audit was completed and any team members that were found not to have a criminal background would have one done. Once those results were received, they would be noted as self identified and corrected to meet compliance. (See attached 3/9/2023 POC) Staff member criminal background had such documentation added at the time of its receipt. We respectfully ask that this violation be removed.

The same plan is being submitted that was previously accepted and worked for compliance. Audit was conducted by 3/23/2023 by the Business Office Manager. Audit will be kept and all new team members added so there is a running list of who was identified or completed timely. At the time of the audit, all non compliant team members had a criminal background done. Any team member that was not compliant at any time, was marked as "self identified out of compliance, obtained to meet POC". Business Office Manager now ensures that staff do not start on the floor until their criminal background is run. The Executive Director checks the background status of all new team members prior to the first day of orientation. This will continue through 9/1/2023.

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

Implemented [redacted] - 06/21/2023)

234a - Admission Support Plan

2. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's initial support plan was completed on [redacted]

Repeated violation: 6/22/22 et al.

Plan of Correction ***Accept [redacted] - 05/16/2023)***

Resident number #1 was self identified as part of the audit completed 9/16/2022 to meet the POC that was accepted by BHSL for inspection dated [redacted]. As per that POC, any support plan found to be out of compliance based off of that audit would have a notation regarding that violation report to prevent further violation. (See attached 8/24/2022 POC and attached RASP) In light of this support plan already being self identified and corrected with accepted POC, we respectfully ask that this violation be removed.

234a Admission Support Plan (continued)

The same plan is being submitted that was previously accepted and worked for compliance. Audit of all support plans was completed on 9/16/2022 by the regional nurse, Any support plan noted to be out of compliance at that time was noted as out of compliance to designate that it was being self identified. This was done to further prevent violations for the same thing over and over. Another audit will be conducted by the Executive Director or Regional Nurse by May 15th and will show compliance or non compliance and be maintain for state review until July1st, 2023. The Executive Director has been reviewing all new resident RASPs within the first 15 days of admission for several months.

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

Implemented ([redacted] - 06/21/2023)