

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 04/26/2023 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]  
**Email:** [REDACTED]

## Certificate(s) of Occupancy

## Staffing Hours

**Resident Support Staff:**      **Total Daily Staff:** 71      **Waking Staff:** 53

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Fine      **Exit Conference Date:** 04/26/2023

## Inspection Dates and Department Representative

04/26/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 128      **Residents Served:** 47

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** xx

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 47  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 24      **Have Physical Disability:** 0

## Inspections / Reviews

04/26/2023 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/27/2023

05/30/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 06/15/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/04/2023

Inspections / Reviews (*continued*)

## 05/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/02/2023

## 06/21/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 184a - Resident's Meds Labeled

**1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

**Description of Violation**

Resident #1's [REDACTED] order was changed from once at bedtime as needed to twice a day on 04/20/2023. However, there is no direction change sticker on the pharmacy label of this medication.

**Plan of Correction**

Accept [REDACTED] - 05/31/2023)

Director of Health and Wellness along with the dayshift nurse will review all order changes when received. The Director of Health and Wellness or nurse will apply the change of direction sticker when needed. The Director of Health and Wellness or dayshift nurse will put all direction change orders in a binder and audit the cart weekly to ensure the sticker remains in tact. This will start the week of 5/29/2023 and continue through 8/1/2023. The change of directions orders will be filed by the dayshift nurse after the monthly cycle fill is complete when new packaging arrives. This process will begin 5/29/2023 and continue through 8/1/2023.

Licensee's Proposed Overall Completion Date: 08/01/2023

Implemented [REDACTED] - 06/21/2023)

## 187b - Date/Time of Medication Admin.

**2. 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 #2 is prescribed [REDACTED] as needed. The Narcotic Control Record was signed by staff person A as administered on 03/02, 3/10, 3/12, and 3/25/2023. However, this medication was not recorded as administered on the resident's March medication administration record (MAR).

Repeat Violation: 08/24/2022

**Plan of Correction**

Accept [REDACTED] - 05/31/2023)

Director of Health and Wellness will check the Narc sheet against the MAR daily to ensure appropriate documentation has occurred. This will start 5/30/2023 and continue through 7/1/2023. Director of Health and Wellness will review with the staff that when signing out a controllable med they must document it on the controlled substance log and the MAR. This review will occur with all Med Techs by 6/2/2023. Med tech that are found to incorrectly sign out controlled substances will have corrective action given by the Director of Health and Wellness.

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented [REDACTED] - 06/21/2023)