

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

June 16, 2023

[REDACTED], ADMINISTRATOR
ARDEN COURTS OF ALLENTOWN PA LLC
[REDACTED]

RE: ARDEN COURTS (ALLENTOWN)
5151 HAMILTON BOULEVARD
ALLENTOWN, PA, 18106
LICENSE/COC#: 21787

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2023 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 (ALLENTOWN) **License #:** 21787 **License Expiration:** 06/16/2023
Address: 5151 HAMILTON BOULEVARD, ALLENTOWN, PA 18106
County: LEHIGH **Region:** NORTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 06/07/1995 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 82 **Waking Staff:** 62

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 05/24/2023

Inspection Dates and Department Representative

05/24/2023 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 **Residents Served:** 41

Secured Dementia Care Unit

In Home: Yes **Area:** entire home **Capacity:** 56 **Residents Served:** 41

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 41
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 41 **Have Physical Disability:** 0

Inspections / Reviews

05/24/2023 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/05/2023

Inspections / Reviews *(continued)*

06/02/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/08/2023

06/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff persons A and B did not have at least 12 hours of training completed for the 2022 training year.

Plan of Correction

Accept () - 06/02/2023)

Staff person A will complete 12 hours of training relating to their job duties by the Executive Director or designee to meet the requirements regarding regulation 65.e. by June 30, 2023. Staff person B will complete 12 hours of training relating to their job duties by the Executive Director or designee to meet the requirements regarding regulation 65.e. by June 30, 2023. In-service documentation and collateral will be submitted by June 30, 2023.

The Executive Director and Administrative Services Coordinator were in-serviced by the Manager of Dementia Services regarding regulation 65.e. on May 30, 2023. See attachments-In-Service documentation and collateral

The Executive Director or designee will complete a quarterly audit of employee's training records to ensure compliance with regulation 65.e. through fourth quarter, 2023.

See attachment-Audit for 2nd quarter, 2023

Time frame-May, 2023 through December, 2023

Documentation of audits will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Time frame-May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented () - 06/16/2023)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff persons A and B did not have training in the topics required by this regulation for the 2022 training year.

Plan of Correction

Accept () - 06/02/2023)

Staff person A will complete the required training topics by the Executive Director or designee to meet the requirements regarding regulation 65.f. by June 30, 2023. Staff person B will complete the required training topics by the Executive Director or designee to meet the requirements regarding regulation 65.f. by June 30, 2023. Inservice documentation and collateral will be submitted by June 30, 2023.

65f - Training Topics (continued)

The Executive Director and Administrative Services Coordinator were in-serviced by the Manager of Dementia Services regarding regulation 65.f. on May 30, 2023. See attachments-In-Service documentation and collateral.

The Executive Director or designee will complete a quarterly audit of employee's training records to ensure compliance with regulation 65.f. through fourth quarter, 2023. See attachment-Audit for 2nd quarter, 2023 Time frame-May, 2023 through December, 2023

Documentation of audits will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Time frame-May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (█) - 06/16/2023)

65g - Annual Training Content**3. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons A, B, and C did not have training in the topics required by this regulation for the 2022 training year.

Plan of Correction

Accept (█) - 06/02/2023)

Staff person A will complete the required training topics by the Executive Director or designee to meet the requirements regarding regulation 65.g. by June 30, 2023. Staff person B will complete the required training topics by the

Executive Director or designee to meet the requirements regarding regulation 65.g. by June 30, 2023. Inservice documentation and collateral will be submitted by June 30, 2023. Staff person C will complete the required training topics by the Executive Director or designee to meet the requirements regarding regulation 65.g. by June 30, 2023. In-service documentation and collateral will be submitted by June 30, 2023.

The Executive Director and Administrative Services Coordinator were in-serviced by the Manager of Dementia Services regarding regulation 65.g. on May 30, 2023. See attachments-In-Service documentation and collateral.

The Executive Director or designee will complete a quarterly audit of employee's training records to ensure compliance with regulation 65.g. through fourth quarter, 2023. See attachment-Audit for 2nd quarter, 2023 Time frame-May, 2023 through December, 2023

65g Annual Training Content (continued)

Documentation of audits will be noted in the Quality Management Meeting minutes. See attachment Quarterly Management Meeting format Time frame May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (█ - 06/16/2023)

132b - Safety Inspection/Fire Drill**4. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home had fire safety inspections and supervised fire drills conducted by a fire safety expert on 2/22/22 and 4/18/23. The home's required fire safety inspections and supervised fire drills were conducted more than 12 months apart.

Plan of Correction

Accept (█ - 06/02/2023)

The Building Services Coordinator (who is in charge of the safety inspection/fire drills) was in serviced by the Manager of Dementia Services regarding regulation 132.b. on May 30, 2023. See attachments In Service documentation and collateral

The annual fire safety inspection and fire drill conducted by a fire safety expert will be reviewed by the Executive Director for compliance regarding regulation 132.b. during the quarterly Quality Management Meeting. Documentation of review will be noted in the Quality Management Meeting minutes. See attachment Quarterly Management Meeting format Time Frame May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (JH - 06/16/2023)

132d - Evacuation**5. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's 2022 fire safety inspection was completed on 2/22/22. The annual fire safety inspection was not completed until 4/18/23. On 3/21/23 a fire drill was conducted in the home in which the evacuation time of the residents exceeded 2 ½ minutes. Residents were evacuated in 3 minutes and 59 seconds during the 3/21/23 fire drill.

Plan of Correction

Accept (█ - 06/02/2023)

The Building Services Coordinator (who is in charge of the safety inspection/fire drills) was in serviced by the Manager of Dementia Services regarding regulation 132.d. on May 30, 2023 See attachments In Service documentation and collateral

132d - Evacuation (continued)

The monthly fire drill records will be reviewed by the Executive Director for compliance regarding regulation 132.d. Per Annual Fire Safety Inspection and Drill, the building has 12 minutes to evacuate.

See attachments-Monthly fire drill review and Annual Fire Safety Inspection and Drill Time Frame-May, 2023 through December, 2023

Documentation of review will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Time Frame-May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] - 06/16/2023)

132e - Fire Drill Sleeping Hours**6. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's most recent sleeping hour fire drill was conducted on 9/30/2022. The home did not complete another sleeping hour drill by March 2023 to be compliant with this regulation.

Plan of Correction

Accept [REDACTED] - 06/02/2023)

The Building Services Coordinator (who is in charge of the safety inspection/fire drills) was in-serviced by the Manager of Dementia Services regarding regulation 132.e. on May 30, 2023. See attachments-In-Service documentation and collateral

The Building Services Coordinator created a monthly schedule for 2023 fire drills which includes compliance with regulation 132.e. The fire drill records will be reviewed monthly by the Executive Director for compliance regarding regulation 132.e. See attachment-2023 monthly fire drill schedule Time frame: May, 2023 through December, 2023

The monthly fire drill records will be reviewed by the Executive Director for compliance regarding regulation 132.e. during the quarterly Quality Management Meeting.

Documentation of review will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Time Frame-May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] - 06/16/2023)

132g - Fire Drills Days/Times**7. 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 is consistently conducting fire drills at the end of the month and not staggering the fire drills over different times of the month. Fire drills were conducted on the following dates:

132g - Fire Drills Days/Times (continued)

6/2 and 6/30/22, 7/27 & 7/29/22, 8/26 & 8/29/22, 9/27 & 9/30/22, 10/30 & 10/31/22, 11/26 & 11/30/22, 12/27 & 12/31/22, 1/25/23, 2/27/23, 3/21/23.

Plan of Correction**Accept** [REDACTED] - 06/02/2023)

The Building Services Coordinator (who is in charge of the safety inspection/fire drills) was in-serviced by the Manager of Dementia Services regarding regulation 132.g. on May 30, 2023. See attachments-In-Service documentation and collateral

The Building Services Coordinator created a monthly schedule for 2023 fire drills which includes compliance with regulation 132.g. The fire drill records will be reviewed monthly by the Executive Director for compliance regarding regulation 132.g. See attachment-2023 monthly fire drill schedule Time frame: May, 2023 through December, 2023

The monthly fire drill records will be reviewed by the Executive Director for compliance regarding regulation 132.g. during the quarterly Quality Management Meeting. Documentation of review will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Time Frame-May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] - 06/16/2023)**184a - Resident's Meds Labeled****8. 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 has an order for [REDACTED] which is to be administered twice daily. The pharmacy label on the medication indicates to apply as needed.

Residents #1 and #2 both have PRN orders for [REDACTED] to be administered every 4 hours as needed. The pharmacy labels for both residents' medications indicate to administer every 6 hours as needed.

Plan of Correction**Accept** [REDACTED] - 06/02/2023)

A new label was obtained by the Resident Services Coordinator for Resident #1 which denotes that the topical gel will be administered twice daily on May 25, 2023. See attachment-Photo of Resident #1's pharmacy label.

The pharmacy labels were audited for accuracy during the weekly Medication Cart Audit conducted by the Resident Services Coordinator on May 30, 2023. The labels were prescribed per dosage and instructions for administration. See attachments-Photos of Resident #1's and #2 pharmacy labels and Medication Administration Records.

The Resident Services Supervisor's (RSS's) and medication technicians will be in-serviced by the Resident Services Coordinator regarding regulation 184.a. and weekly Medication Cart Audits by June 30, 2023.

In-service documentation and collateral will be submitted by June 30, 2023.

The Resident Services Coordinator or designee will complete weekly Medication Cart Audits to ensure compliance with regulation 184.a. Should a discrepancy be noted, the Resident Services Coordinator or designee will immediately rectify the situation. See attachment-Sample Medication Cart Audit Time frame-May, 2023 through December, 2023

184a - Resident's Meds Labeled (continued)

The Executive Director or designee will review the weekly Medication Cart Audits for compliance with regulation 184.a. See attachment-Sample Medication Cart Audit Time frame-May, 2023 through December, 2023
Documentation of the weekly reviews will be noted in the quarterly Quality Management Meeting minutes. See attachment-Quality Management Meeting format Time Frame-May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented () - 06/16/2023)

187d - Follow Prescriber's Orders**9. Requirements**

2600.

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

Description of Violation

Resident #3 has an order for () tablets to be held if the blood pressure (BP) is less than 110/55.

On 5/21/23 the medication was held when the BP was exactly ().

On 5/4/21 the medication was held when the BP was ().

On 5/11/23 the medication was held when the BP was ().

Resident #3 also has an order for () tablets to be held if BP is less than ().

On 5/1/23 the medication was not held when the BP was ().

On 5/2/23 the medication was not held when the BP was ().

On 5/3/23 the medication was not held when the BP was ().

Plan of Correction

Accept () - 06/02/2023)

Resident#3 –A Blood Pressure Monitoring Sheet was placed in Resident #3's MAR by the Resident Services Coordinator per surveyor's recommendation to ensure compliance with regulation 187.d. on May 24, 2023.

See attachment-Blood Pressure Monitoring Sheet-Resident#3

The Resident Services Supervisor's (RSS's) and medication technicians will be in-serviced by the Resident Services Coordinator regarding regulation 187.d. and weekly Medication Cart Audits by June 30, 2023.

In-service documentation and collateral will be submitted by June 30, 2023.

The Resident Services Coordinator or designee will complete weekly Medication Cart Audits to ensure compliance with regulation 187.d. Should a discrepancy be noted, the Resident Services Coordinator or designee will immediately rectify the situation. See attachment-Sample Medication Cart Audit Time frame-May, 2023 through December, 2023

The Executive Director or designee will review the weekly Medication Cart Audits for compliance with regulation 184.a. See attachment-Sample Medication Cart Audit Time frame-May, 2023 through December, 2023

Documentation of the weekly reviews will be noted in the quarterly Quality Management Meeting minutes. See attachment-Quality Management Meeting format Time Frame-May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented () - 06/16/2023)

233c - Key-Locking Devices**10. Requirements**

233c Key Locking Devices (continued)

2600.

233.c. If key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The codes to open the 3 gates located in the enclosed courtyard were not posted on or near the key pads that operate the gates.

Plan of Correction

Accept () - 06/02/2023)

The Building Services Coordinator (BSC) posted the codes to open the three gates located in the enclosed courtyard near the keypads that operate the gates on May 30, 2023 .

See attachments-Pictures of codes

The Building Services Coordinator and the Executive Director were in-serviced by the Manager of Dementia Services regarding regulation 233.c.on May 30, 2023. See attachments-In-Service documentation and collateral

The Building Services Coordinator and Executive Director will review keypad location during weekly rounds to ensure compliance with regulation 233.c. See attachment-Sample Monthly Daily Rounds

Time frame-May 30-31, 2023 through December, 2023

The Monthly Daily Rounds will be reviewed by the Executive Director for compliance regarding regulation 233.c. during the quarterly Quality Management Meeting. Documentation of review will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Time Frame-May, 2023 through December, 2023

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented () - 06/16/2023)

234b Support Plan Needs Elements

11. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #4 has a physician's order for a pureed diet as documented on the Document of Medical Evaluation (DME) form dated () The support plan dated () the resident's diet is regular with supplemental shakes. The support plan does not indicate the need for the resident to have pureed meals.

Plan of Correction

Accept () - 06/02/2023)

Resident #4's Support Plan was updated with a RASP Addendum noting pureed diet by the Executive Director on May 24, 2023.

See attachment-Resident #4's RASP Addendum

The Executive Director and Resident Services Coordinator were in-serviced by the Manager of Dementia Services regarding regulation 234.b. and the RASP Update Log on May 30, 2023. See attachment-In-service documentation and collateral

234b Support Plan Needs Elements (continued)

The Executive Director reviewed the current resident support plans to ensure they reflect the resident's current physical, medical, social, cognitive, and safety needs on May 30, 2023.
See attachment Resident RASP review

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] - 06/16/2023)