

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

January 11, 2024

[REDACTED]
ARDEN COURTS OF KING OF PRUSSIA PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (KING OF PRUSSIA)
620 WEST VALLEY FORGE ROAD
KING OF PRUSSIA, PA, 19406
LICENSE/COC#: 12995

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/19/2023, 10/17/2023 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 (KING OF PRUSSIA) License #: 12995 License Expiration: 12/29/2023
 Address: 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: ARDEN COURTS OF KING OF PRUSSIA PA LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/10/2023 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 83 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 10/19/2023

Inspection Dates and Department Representative

09/19/2023 - On-Site: [REDACTED]
 10/17/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 Residents Served: 62

Secured Dementia Care Unit

In Home: Yes Area: Capacity: 64 Residents Served: 62
 Memory Support Community

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 21 Have Physical Disability: [REDACTED]

Inspections / Reviews

09/19/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/10/2023

Inspections / Reviews (*continued*)

11/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/19/2023

11/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/01/2024

01/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2023

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

The home had a picture outside the memory care unit of resident [REDACTED]. The information detailed that resident [REDACTED] was an elopement risk.

Plan of Correction

Accept [REDACTED] - 11/21/2023)

In response to the violation on 09/19/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 09/19/2023 the Resident Services Coordinator immediately removed the photo and information posted.

To enhance the currently compliant operations, on 11/6/2023 the executive Director in-serviced coordinators on Regulation 17. Attendance record attachment #1.

Effective 9/19/2023 the Executive Director or designee will perform inspections of area outside and inside memory care unit during daily rounds for compliance, through 3/31/2024 to maintain ongoing compliance with Regulation 17. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/31/2023

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 01/11/2024)

42b - Abuse

2. 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 9-7-23, between the hours of [REDACTED] resident [REDACTED] was able to elope from the secured exterior courtyard by climbing over a vinyl 7 foot fence of the home. Staff person A, assigned to the [REDACTED] neighborhood of the home, where the resident eloped, was unaware of the absence of resident #1. At [REDACTED] the home received a call from resident #1's family member that the resident was found at the King of Prussia Mall, 1.5 miles away, by mall security.

On 10-17-23, staff were observed not performing hourly checks as scheduled. It was reported that direct care duties take priority. Observations observed by the licensing representative as follows:

- [REDACTED] - [REDACTED] rounds starting at 9:00am were completed.

42b - Abuse (continued)

- [REDACTED] - [REDACTED] rounds starting at 9:30 am, or every 30 minutes, Staff person B was prompted by the administrator to start the hourly checks. Staff person B reports that the hourly checks were delayed because of laundry duties. Other staff another staff was assisting resident #1 with shaving.
- [REDACTED] - [REDACTED] hourly rounds were scheduled to start on the 45th minute of the hour. The administrator was unaware of who was assigned to perform the checks. Staff were in the common area commiserating prior to being directed by the administrator to commence the hourly rounds.
- At [REDACTED] the staff in [REDACTED] were unable to start serving lunch, because residents were not administered their medications and resident # 2 could not be found. Resident #2 was eventually located in the [REDACTED] and returned to Garden Path, by the administrator. Two staff started serving food, while the administrator delegated staff to conduct rounds.

Plan of Correction

Accept [REDACTED] - 11/21/2023)

On 9/7/2023 Resident [REDACTED] was unable to be found for [REDACTED] hourly safety check. DCS actively searching for resident in all resident rooms and courtyard when the front desk received a call from the son stating the King of Prussia Mall Security office called because his father was there looking for him.

In response to the violation on 10/31/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 09/07/2023 the Memory Care Advisor and son met at mall. Resident [REDACTED] was returned safely to the community by [REDACTED] after taking [REDACTED] to lunch.
2. On 09/07/2023 Resident [REDACTED] was evaluated by Resident Services Coordinator upon return, no injuries noted.
3. On 09/07/2023 the Medical Director was notified by Executive Director of Resident [REDACTED] elopement and evaluation. Resident [REDACTED] will be seen onsite [REDACTED] by Physician Assistant.
4. On 09/07/2023 the Resident Services Coordinator placed Resident [REDACTED] was placed on 15 minute checks and one on one caregiver assigned. Resident [REDACTED] remained on 15 minutes checks for 72 hours.

To enhance the currently compliant operations, on 10/19/2023 the Executive Director completed in-services with staff and on 11/6/2023 with coordinators: regarding Elopement in Dementia Risks and Prevention, Safety and Security of Residents and Resident Rights. Attendance records attachments #1 & #2 and collateral attachment #3. A resident with tendencies to eloping behaviors will have those behaviors and appropriate interventions placed on their support plan. The support plan is available for staff review. Staff will be notified of any resident with a history of exit seeking or elopement behaviors via their move in notice. All staff will be in-serviced with a completion date of 11/30/2023.

A surveillance camera was added to view the area where Resident [REDACTED] climbed the fence.

Effective 12/01/2023 the Executive Director will perform monthly in-service on Residents Rights through 06/30/2024 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/31/2023

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 01/11/2024)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person D does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 11/21/2023)

In response to the violation on 10/31/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. A department waiver was submitted on [REDACTED] to [REDACTED] via email. Direct care staff person D has been removed from Direct Care and is currently working in housekeeping. [REDACTED] possesses high school diploma from [REDACTED]. On 11/1/2023 the Executive Director contacted ICD, a global credentials evaluation services and member of NACES, for application to evaluate education. On [REDACTED] an application was submitted and accepted to a International Education Credentials Analyst to evaluate DCS Person D's diploma. Evaluation will be forwarded immediately upon receipt. Confirmation email attachment #1.
- 2. On [REDACTED] the Executive Director completed an audit of employee files to ensure compliance with direct care staff's education requirements with Regulation 54(a). Audit attachment #2.

To enhance the currently compliant operations, on [REDACTED] the Executive Director in-serviced Coordinators Regulation 54(a) and the need to have a high school diploma for anyone hired. Attendance record attachment #3.

Effective 11/01/2023 the Executive Director will perform monthly audits through 06/30/2024 to maintain ongoing compliance with the credentials of newly hired employees of Regulation 54(a) including direct care staff to have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/31/2023

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 01/11/2024)

233c - Key-Locking Devices

4. Requirements

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.

233c - Key-Locking Devices (continued)**Description of Violation**

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU). The interior and exterior doors throughout the home were not updated with the new code on 9-19-23.

Plan of Correction**Accept** [REDACTED] - 11/21/2023)

In response to the violation on 10/31/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/20/2023 by the Building Service Coordinator who updated all codes on interior or exterior doors throughout the community.

To enhance the currently compliant operations, on 11/06/2023 the Executive Director in-serviced Coordinators on Regulation 233c and the need to have all codes updated. Attendance record attachment #1.

Effective 11/01/2023 the Building Services Coordinator will perform weekly checks through 06/30/2024 to maintain ongoing compliance with ensuring that all codes are updated and posted appropriately. Door inspection log attached. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Door Inspection audit attachment #2.

Proposed Overall Completion Date: 12/31/2023

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 01/11/2024)