

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

April 25, 2024

[REDACTED], ADMINISTRATOR
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 01/30/2024, 01/31/2024 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:** 03/08/2024
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]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 98 **Waking Staff:** 74

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Provisional, Interim **Exit Conference Date:** 01/31/2024

Inspection Dates and Department Representative

01/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 49

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 64 **Residents Served:** 49

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 48
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 49 **Have Physical Disability:** 0

Inspections / Reviews

01/30/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/15/2024

03/04/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/29/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/11/2024

Inspections / Reviews *(continued)*

03/22/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/29/2024

04/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 01/30/23 at approximately 8:55 AM, the trash dumpsters were observed overflowing with trash. On 01/30/23 at approximately 2:00pm both dumpsters were observed cleared of trash but remained opened.

Plan of Correction

Accept ([redacted] - 03/22/2024)

In response to the violation on 01/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 01/30/2024 by the Building Services Coordinator to Both dumpsters lids were closed after the 2pm time by the Building Services Coordinator.

To enhance the currently compliant operations:

- 1. Staff was in-serviced on 2/5 and 2/6/2024 by Resident Services Coordinator on Regulation 85e. See Attached Staff Development Records
- 2. Signs were posted on Dumpsters as reminders to close doors at all times on 2/5/24. See attached documents.
- 3. Immediately on 2/1/24, a daily tracking document (daily rounds) was implemented into the BSC's daily rounds checklist. See attached document.
- 4. Upon executive director's return from maternity leave on 3/13/24, the plan of correction was implemented.

Effective 01/31/2024 the Building Services Coordinator/designee will perform daily checks through 02/29/2024 to maintain ongoing compliance with keeping trash outside the home in covered receptacles that prevent the penetration of insects and rodents these receptacles will be monitored daily to ensure that lids are down and sliding door is closed.

Executive Director will over see ongoing Plan of Correction to ensure compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented ([redacted] - 04/08/2024)

103i - Outdated Food

2. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 01/30/24 the kitchen refrigerator in the Boathouse Cove household was observed containing wrapped, unlabeled, and undated lunch meat.

Plan of Correction

Accept ([redacted] - 03/01/2024)

In response to the violation on 01/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

103i Outdated Food (continued)

1. On 01/30/2024 by the Resident Services Coordinator to remove out dated food from Refrigerator.
2. On 1/30/2024 Resident Services Coordinator checked all other refrigerators on the other house to ensure that there was no other wrapped ,unlabeled and undated food.

To enhance the currently compliant operations, on 2/5 2/6/2024 staff were in serviced on Regulation 103i by Resident Services Coordinator. See attached Staff Development Record.

To maintain ongoing compliance with regulation 103i effective 2/2/2024 the Food Services Coordinator/designee will perform weekly checks through 3/2/2024 to maintain ongoing compliance with labeling and dating of all food items that require to be labeled and dated in the each House Kitchen. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Executive Director will oversee Plan Of Correction to ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 03/02/2024

Implemented (████) - 04/08/2024)

185a - Implement Storage Procedures**3. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed ██████████ 1 tab by mouth every 6 hours as needed. DX.
██████████ On ██████████, the medication was not found in the home.

Plan of Correction

Accept (████) - 03/01/2024)

In response to the violation on 01/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken 1/31/2024 by the Resident Services Supervisor to contact the Physician and have the medication Discontinued.

To enhance the currently compliant operations, on 2/5 2/6/2024 the Resident Services Coordinator in serviced the Resident Services Supervisors on Regulation 185a. See attached Staff Development Sheets.

Effective 2/12/2024 through 3/12/2024 the LPN's (Resident Services Supervisors) will perform Medication Cart Audits and the Resident Services Coordinator will review them. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Executive Director will oversee Plan of Correction for ongoing compliance

185a Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 04/08/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED] Inject 4 Units Subcutaneously before meals, hold if blood sugar is less than 200. [REDACTED]

- On [REDACTED] Resident #1's blood glucose level measured [REDACTED], the Sliding Scale Coverage and Glucose Monitoring Flow Sheet used to document insulin administration, documents [REDACTED] was administered to Resident #1.

The Sliding Scale Coverage and Glucose Monitoring Flow Sheet does not document if the resident was administered 4 Units of Novolog on the following dates where Resident #1's blood glucose was measured at greater than 200:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Repeated Violation 11/7/23, et al

Plan of Correction

Accept [REDACTED] - 03/01/2024)

In response to the violation on 01/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by Resident Services Coordinator to ensure that all Blood Glucose Monitoring Flow Sheets and all insulin had been documented. Resident 1 is the only one that receives Blood Glucose Monitoring and Insulin.

To enhance the currently compliant operations, on 2/5 2/6/2024 the LPN's were re in serviced by Resident Services Coordinator on Regulation 187d. See attached Staff Development Sheets.

Effective 2/5/2024 the Resident Services Coordinator/designee will now conduct daily Medication Review Audits to ensure that Glucose Monitoring is accurate to maintain ongoing compliance with Regulation 187d. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See attached Audit Tool.

Executive Director will oversee Plan Of Correction for over all compliance

187d Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented () - 04/15/2024)

234a - Admission Support Plan

5. 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 #2 was admitted to the Secure Dementia Care Unit (SDCU) on (). However, the resident's initial support plan was not completed until ()

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on (). However, the resident's initial support plan was not completed until ()

Plan of Correction

Accept () - 03/22/2024)

To enhance the currently compliant operations, on 2/5 2/6/2024 the Health and Wellness Specialist in serviced the Resident Services Coordinator and Resident Services Supervisors on Regulation 234a. See attached Staff Development Record

Effective 2/12/2024 the Executive Director/Designee will audit all new admissions 72 hours after move in to maintain ongoing compliance with 234a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See Attached Audit Sheet.

Executive Director will oversee Plan Of Correction for ongoing compliance beginning on 3/19/24.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented () - 04/08/2024)

254c - Records Storing

6. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

On 01/30/24 at 9:55 AM, the top drawer in the Garden Path House Kitchen area was observed unattended, unlocked, and accessible containing a green binder which in turn contained resident names, hospice statuses and special diets.

On 01/30/24 at 10:00 AM, the cabinet in the Cottage Place kitchen area was observed unattended, unlocked, and accessible showing a yellow sheet of paper taped to the inside of the cabinet door which lists residents' names and

254c - Records Storing (continued)

dietary needs.

Repeated Violation-11/7/23, et al

Plan of Correction**Accept () - 03/22/2024)**

In response to the violation on 01/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 1/20/24 to lock all records in all houses in a secured area above the microwave which has a self locking device once the cabinet is closed. All papers taped to the inside of doors were removed and placed in binder and secured in the same area as above the microwave. On 3/19/24, executive director added additional audit measure by ensuring the cabinets are locked in each kitchen during the daily rounds as evidence by the daily rounds checklist. See attached.

To enhance the currently compliant operations, on 2/5-2/6/24 staff were in-serviced on Regulation 254c by the Resident Services Coordinator. See attached Staff Development Plan

Effective 2/12/2024 the Resident Services Coordinator/Designee will do spot checks through out the day to ensure that proper Record Storing is being maintained. This is to maintain ongoing compliance with 254c Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Executive Director to oversee Plan of Correction for overall compliance upon return from maternity leave, on 3/19/24.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented () - 04/08/2024)