

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

May 3, 2024

[REDACTED], ADMINISTRATOR
OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
[REDACTED]

RE: ARDEN COURTS (OLD ORCHARD)
4098 FREEMANSBURG AVENUE
EASTON, PA, 18045
LICENSE/COC#: 22604

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ARDEN COURTS (OLD ORCHARD) **License #:** 22604 **License Expiration:** 01/17/2025
Address: 4098 FREEMANSBURG AVENUE, EASTON, PA 18045
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 10/15/2015 **Issued By:** Bethlehem Twp

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 126 **Waking Staff:** 95

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 03/21/2024

Inspection Dates and Department Representative

03/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 63

Secured Dementia Care Unit

In Home: Yes **Area:** Entire building **Capacity:** 64 **Residents Served:** 63

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 63
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 63 **Have Physical Disability:** 0

Inspections / Reviews

03/21/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/21/2024

04/25/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/02/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/01/2024

Inspections / Reviews *(continued)*

05/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not change and date the batteries in the homes CO2 monitor on an annual basis. The Homes carbon monoxide detector located in Cloverdale was dated 3/15/22. The Pennsylvania care facility carbon monoxide alarm standard act indicated that carbon monoxide detector batteries are to be checked annually and dated when that occurs.

Plan of Correction

Accept ([redacted]) - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2024 by the Building Service Coordinator. The Cloverdale battery was changed. The Building Service Coordinator was educated on 3/29/24 on Regulation 18, regarding the carbon Monoxide Detector, and the frequency of the battery check and changes.

To enhance the currently compliant operations:

- 1. on 03/21/2024 the Building Service Coordinator, replace and dated the battery in the CO2 detector on the Cloverdale unit.
- 2. All other house CO2 detectors will also checked for appropriate battery age, with a completion date of 04/30/2024.

The overall completion date is 04/30/2024.

Effective 03/29/2024 the Building Service Coordinator will perform quarterly audits through 06/30/2024 to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. The building Service Coordinator or designee will inspect the CO2 detector's quarterly , for operational function and integrity and age of batteries. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ([redacted]) - 05/03/2024)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of blueberries located in the studio refrigerator, a bag of corn flakes located in the Harvest Glen kitchen, and a bag of corn flake located in the Dockside kitchen were not securely closed.

103g - Storing Food (continued)

Plan of Correction

Accept (████ - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2024 by the Program Service Coordinator and Food Service Coordinator; the blueberries located in the studio refrigerator were immediately discard. The corn flakes in Harvest Glen and Dockside were immediately placed in air tight cereal containers. Education on regulation 103g was provided to the Food Service Coordinator, and Program Service Coordinator on 3/29/24

To enhance the currently compliant operations, on 4/01/24 the Food Service Coordinator will conduct weekly rounds using the Food Service Rounds check list, to ensure all dry goods and refrigerated goods are in proper containers and dated, with a completion date of 04/30/2024.

Effective 4/1/24 the Food Service Coordinator or designee will perform weekly audits through 04/30/2024 to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (████ - 05/03/2024)

103i - Outdated Food

3. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A bag of blueberries located in the studio refrigerator, a bag of corn flakes located in the Harvest Glen kitchen, a bag of corn flakes located in the Dockside kitchen, and 4 bags of cheez-its located in the main kitchen were not labeled with a date.

Plan of Correction

Accept (████ - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Food Service Coordinator and Program Service Coordinator; the blueberries located in the studio refrigerator were immediately discard. The corn flakes in Harvest Glen and Dockside were immediately placed in air tight cereal containers. The cheez-its in the main kitchen were label with stock date. Education on regulation 103i was provided to the food Service Coordinator on 3/29/24.

To enhance the currently compliant operations, on 04/01/2024 the Food Service Coordinator or designee will conduct weekly rounds using the Food Service Rounds check list, to ensure all dry goods and refrigerated goods are in proper containers and dated, with a completion date of 04/30/2024.

Effective 04/01/2024 the Food Service Coordinator or designee will perform weekly audits through 04/30/2024 to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. with dates on them. Outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

103i Outdated Food (continued)

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented () - 05/03/2024)

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

During initial walk through on 3/21/24 at approximately 10am, a chair was observed in front of the exit door in the activities room while an activity was being held, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept () - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2024 by the Program Service Coordinator to move the chair from the front of the exit door.

To enhance the currently compliant operations, on 03/29/2024 the Program Service Coordinator was educated on regulation 121A,.

Effective 04/01/2024 the Program Service Coordinator or designee will perform weekly audits through 04/30/2024 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented () - 05/03/2024)

125a - Combustible Storage

5. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

During initial physical site walk through, a sock was observed on the dryer vent hose in the Harvest Glen laundry room, posing a possible fire hazard.

Plan of Correction

Accept () - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2024 by the Building Service Coordinator to remove the sock off the dryer vent hose in Harvest Glen Laundry room.

To enhance the currently compliant operations, on 04/01/2024 the Building Service Coordinator or designee will Perform daily rounds using the Daily BSC check list, with a completion date of 04/30/2024. On 3/29/24 The BSC was educated on regulation 125a.

125a Combustible Storage (continued)

Effective 04/01/2024 the Building Service Coordinator or designee will perform daily inspections through 04/30/2024 to maintain ongoing compliance with locating combustible and flammable materials away from heat sources or hot water heaters. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (█) - 05/03/2024)

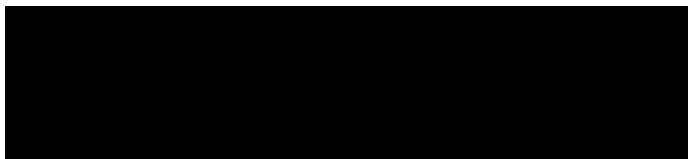
132c - Fire Drill Records**6. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill logs for the drills conducted on the following dates have the incorrect number of residents as having evacuated:



Per staff interviews, all of the residents are evacuated appropriately during fire drills but the wrong number was recorded on the fire drill logs.

Plan of Correction

Accept (█) - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/29/2024 by the Building Service Coordinator to Correct the number of residents evacuated on the fire drill log.

To enhance the currently compliant operations, on 03/29/2024 the Building Service Coordinators was educated on regulation 132C, and corrections were made to the fire drill log to reflect the accurate number of resident's that evacuated on 6/30/23, 7/28/23, 10/7/23, and 11/21/23.

Effective 04/01/2024 the Building Service Coordinator or designee will perform monthly audits through 04/30/2024 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

132c - Fire Drill Records (*continued*)

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (█) - 05/03/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed █. The medication label states to administer one tab twice daily. The new order states to administer 1 tab daily, with parameters to hold the med if the resident's SBP is under █ or HR under █. The medication label is incorrect.

Plan of Correction

Accept (█) - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2024 by the Resident Service Coordinator to Place a refer to MAR sticker over the incorrect label on the bottle of Entresto. The Resident Service Coordinator and nurse's were educated on regulation 184a on 3/29/24

To enhance the currently compliant operations, on 04/01/2024 the Resident Service Coordinator or designee will Perform weekly audits on all the medication cart to ensure that all pharmacy labels are matching the orders written in the MAR, with a completion date of 04/30/2024.

Effective 04/01/2024 the Resident Service Coordinator or designee will perform weekly audits through 04/30/2024 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (█) - 05/03/2024)

185a - Implement Storage Procedures

8. 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 #3's █ PRN medication was not available at time of inspection.

On 3/18/24, the home's Controlled Substance Count Sheet was not signed by the off-going 2nd shift Med Tech. On 3/20/24, the home's Controlled Substance Count Sheet was not signed by the oncoming 2nd shift Med Tech or by the off-going or oncoming 3rd shift Med Techs.

On 3/21/24, the off-going Med Tech signed the Controlled Substance Count Sheet before the count of the

185a - Implement Storage Procedures (continued)

medications was completed.

Plan of Correction

Accept (█) - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2024 by the Resident Service Coordinator or designee to reorder the PRN Quetiapine.

To enhance the currently compliant operations, Resident Service Coordinator and nurse's were educated on regulation 185a on 3/29/24. The resident service coordinator or designee will perform weekly audits of the med carts, with a completion date of 04/30/2024.

Effective 04/01/2024 the Resident Service Coordinator will perform weekly audits using the medication cart audit tool through 04/30/2024 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (█) - 05/03/2024)

231c - Preadmission Screening**9. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted on █. However, the cognitive prescreen was completed on █, more than 72 hours before admission.

Plan of Correction

Accept (█) - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Executive Director and Memory Care Advisor were educate on regulation 231.C.

To enhance the currently compliant operations, on 04/01/2024 the Executive Director, Memory Care Advisor or designee will audit all executive charts for dates on all prescreens. Memory Care advisor shall complete all prescreen 72 hours prior to move in, with a completion date of 04/30/2024.

Effective 04/01/2024 the Execuitve Director will perform weekly audits through 04/30/2024 to maintain ongoing compliance with ensuring a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form is completed for each resident within 72 hours prior to admission to a secured dementia care unit. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

231c Preadmission Screening (*continued*)*Implemented* [REDACTED] - 05/03/2024)

234d Support Plan Revision

10. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #3's current RASP, dated [REDACTED] did not indicate that resident was receiving therapy services or what therapy was providing for the resident.

Plan of Correction*Accept* [REDACTED] - 04/25/2024)

In response to the violation on 03/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/01/2024 by the Executive Director to correct the resident support plan to reflect therapy services that the resident was receiving.

To enhance the currently compliant operations, on 03/29/2024 the Executive Director or designee was Educated on regulation 234d.

Effective 04/01/2024 the Executive Director will perform monthly audits through 04/30/2024 to maintain ongoing compliance with ensuring the support plan is revised at least annually and as the resident's condition changes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 05/03/2024)