

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

May 21, 2024

[REDACTED]  
ARDEN COURTS WARMINSTER OF HATBORO PA LLC  
[REDACTED]  
[REDACTED]

RE: ARDEN COURTS (WARMINSTER)  
779 WEST COUNTY LINE ROAD  
HATBORO, PA, 19040  
LICENSE/COC#: 12996

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2024 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 (WARMINSTER) License #: 12996 License Expiration: 06/14/2024  
 Address: 779 WEST COUNTY LINE ROAD, HATBORO, PA 19040  
 County: BUCKS Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: ARDEN COURTS WARMINSTER OF HATBORO PA LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 40 Waking Staff: 30

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 03/28/2024

**Inspection Dates and Department Representative**

03/28/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 60 Residents Served: 20

**Secured Dementia Care Unit**

In Home: Yes Area: entire building Capacity: 60 Residents Served: 20

**Hospice**

Current Residents: x

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 20 Have Physical Disability: 0

**Inspections / Reviews**

**03/28/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/20/2024

**04/23/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 05/20/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/28/2024

Inspections / Reviews *(continued)*

04/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/20/2024

05/21/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The criminal background check on file for Staff A, who was rehired on [REDACTED] after more than a year's absence, was dated 08/31/2022.

Plan of Correction

Directed [REDACTED] 04/26/2024)

Criminal Background check for Staff A was completed on 1/25/2024. 4/12/24 Executive Director educated Administrative Service Coordinator on completing new hire background check prior to orientation.

Audit was completed on all employee files to ensure criminal background check is on file.

Executive Director will monitor compliance of criminal background check is on record prior to orientation. Administrative Service Coordinator will ensure criminal background check is retained in employee record.

Proposed Overall Completion Date: 04/26/2024

**Directed Plan of Correction 4/26/24 CM:**

Within 10 days of the receipt of the accepted plan of correction, a new staff person document tracking system shall be developed and implemented by the administrator to ensure and track all new staff person required documentation.

Directed Completion Date: 05/03/2024

Implemented [REDACTED] - 05/21/2024)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 03/18/2024 around 02:30 PM, the floor in resident [REDACTED] room was wet with urine and resident [REDACTED] and staff A were involved in a tug-of-war over the resident's wet linens. The resident slipped on the urine on the floor and fell during this interaction.

Plan of Correction

Directed [REDACTED] - 04/26/2024)

4/2/24 Direct Care staff were educated by Executive Director on ensuring environmental hazards are removed to ensure resident safety.

3/18/24 Housekeeper cleaned up the urine on floor of resident room.

3/18/24 Executive Director placed Caregiver on administrative leave.

4/2/24 Executive Director educated Caregiver and other direct care staff on how to respond properly to resident behaviors.

**88a - Surfaces (continued)**

4/2/24 Resident Service Coordinator will conduct random checks with direct care staff for 3 months to have them verbalize understanding of education and provide opportunity to answer any questions they may have.

Proposed Overall Completion Date: 04/26/2024

**Directed Plan of Correction 4/26/24 CM:**

Starting within 5 days of the receipt of the accepted plan of correction, the administrator or Resident Service Coordinator shall conduct weekly room audits for all rooms for a period of three months, then monthly for 3 months.

Directed Completion Date: 05/17/2024

Implemented [REDACTED] - 05/21/2024)

**141b2 - Medical Evaluation Changes****3. Requirements**

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

**Description of Violation**

Resident [REDACTED] initial medication evaluation dated 11/13/2023 is checked on None for (8) Body positioning and movement. On 01/11/2024, the resident was noted as a fall risk due to unsteady gait, ambulatory dysfunction, and poor self-safety awareness, which warranted a new medical evaluation. However, a new medical evaluation was not completed.

**Plan of Correction**

Directed [REDACTED] - 04/26/2024)

4/15/24 Executive Director educated Resident Service Coordinator on how to properly complete DME and DME addendums.

Resident Service Coordinator; Christine Engelhardt completed DME audits for all residents to ensure body position and movement matched current resident status.

Resident Service Coordinator will review in detail all DME upon admission or Significant change to ensure DME is completed properly.

Proposed Overall Completion Date: 04/26/2024

**Directed Plan of Correction 4/26/24 CM:**

Immediately, the administrator shall ensure that all residents who experience a significant change in condition prior to the annual medical evaluation, including referral to hospice services, have a new medical evaluation completed.

Directed Completion Date: 05/03/2024

Implemented [REDACTED] - 05/21/2024)

## 201 - Positive Interventions

## 4. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**Description of Violation**

Resident [REDACTED] is known to be resistant to staff members' attempt to change the resident's soiled clothes and beddings. On 03/18/2024, resident [REDACTED] clothes and bed linens were wet but the resident would not let staff A take them to laundry. The resident held onto the other end of the bedding, raised a hand as if trying to hit the staff, and slipped on the wet floor while staff A tried to protect himself/herself and exit the resident's room. Staff A failed to give the resident some space or redirect the resident and let the situation escalate to a violent behavior and a fall.

Repeat Violation: 10/23/2023

**Plan of Correction****Directed [REDACTED] - 04/26/2024)**

04/02/24 Patient Relations Manager and Executive Director; educated Direct care staff were educated on safe management techniques.

4/2/24 Resident Service Coordinator will conduct random checks with direct care staff for 3 months to have them verbalize understanding of education and provide opportunity to answer any questions they may have.

Proposed Overall Completion Date: 04/26/2024

**Directed Plan of Correction 4/26/24 CM:**

Immediately, the administrator or designee shall monitor the care and services of for residents whom require mental health or behavioral care and services for at least two residents a week for three months and biannually thereafter to ensure the residents are receiving the care and services indicated in the resident's support plans and the use of positive interventions is implemented. Documentation of monitoring shall be kept.

Directed Completion Date: 05/17/2024

**Implemented [REDACTED] - 05/21/2024)**