

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

September 30, 2024

[REDACTED], EXECUTIVE DIRECTOR
ARDEN COURTS OF ALLENTOWN PA LLC
[REDACTED]
[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 07/11/2024 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 (ALLENTOWN) License #: 21787 License Expiration: 06/16/2025
 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: 06/10/1995 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 110 Waking Staff: 83

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 07/11/2024

Inspection Dates and Department Representative

07/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 Residents Served: 55

Secured Dementia Care Unit

In Home: Yes Area: entire home Capacity: 56 Residents Served: 55

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 55 Have Physical Disability: 0

Inspections / Reviews

07/11/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/11/2024

08/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/28/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/26/2024

Inspections / Reviews *(continued)*

08/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/28/2024

09/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

Description of Violation

Department reps arrived onsite at 9:00am on 7/10/2024. Records that were requested at 9:30 am were not provided until 11:45am.

Plan of Correction

Accept ([redacted]) - 08/19/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024. Executive Director or designee handed over resident records to surveyor.

On 08/08/2024 the Executive Director or designee began educating regulation 5a to administrative assistance Coordinator, Building Services Coordinator, Resident Services Coordinator, Food Service Coordinator, Program Coordinator and Resident Services Supervisor, with a completion date of 08/15/2024.

Effective 08/08/2024 the Regional Director of Operations or Designee will perform an audit of timely record access within 30 minutes monthly x 3 months through 11/15/2024 to maintain ongoing compliance with providing, upon request, immediate access to the home, the residents and records to agents of the Department. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ([redacted]) - 08/29/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Facility did not report resident #1's unwitnessed fall, which resulted in swelling to the wrist and a bump on their head.

Plan of Correction

Accept ([redacted]) - 08/19/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/08/2024 by the Executive Director or Designee to Conduct immediate training on incident reporting timeliness for current staff.

To enhance the currently compliant operations, on 8/8/2024 the Executive Director or designee will Implement annual training on incident reporting, with a completion date of 11/15/2024.

16c - Written Incident Report (continued)

Effective 08/08/2024 the Executive Director or Designee will perform reviews of incident reports showing on-time reporting weekly x4 weeks then monthly x 2 months. through 11/15/2024 to maintain ongoing compliance with reporting an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented () - 08/29/2024

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

The home did not have a High School Diploma, GED, or active Nursing Aide Assistant registry for Direct Care Staff A, hired ()

Plan of Correction

Accept () - 08/19/2024

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 by the Administrative Services Coordinator to obtain Direct Care staff person A high school diploma. Diploma obtained on 7/11/2024.

To enhance the currently compliant operations, on 8/8/24 the Executive Director or designee will Implement a system for regular credential verification, with a completion date of 8/15/2024.

Effective 08/08/2024 the Administrative Services Coordinator or designee will perform weekly audits x 4 weeks and then monthly x 2 months through 11/15/2024 to maintain ongoing compliance with ensuring direct care staff, including 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.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented () - 08/29/2024

65d - Initial Direct Care Training**4. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

65d - Initial Direct Care Training (continued)

Description of Violation

Direct care staff person A, hired on [REDACTED] did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept [REDACTED] - 08/19/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/12/2024 by the Administrative Services Coordinator or Designee to Ensure Direct Care Staff A completes the required training and competency test. Direct Care Staff A completed required training on 7/17/24.

To enhance the currently compliant operations, on 08/08/2024 the Administrative Services Coordinator or Designee will Conduct review of all direct care charts ensuring that all have completed the department-approved direct care training course and passed the competency test, with a completion date of 08/15/2024.

Effective 08/08/2024 the Administrative Coordinator or Designee will perform checks of training records weekly x4 weeks then monthly x 2 months. through 11/15/2024 to maintain ongoing compliance with ensuring direct care staff persons hired after April 24, 2006, do not provide unsupervised ADL services until completion of, including successful completion and passing the Department-approved direct care training course and passing of the competency test. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 08/29/2024)

82a - Poisonous Materials

5. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

In the laundry room of the Blue Unit, 2 clear containers with unknown liquid in them were observed. Staff indicated that the liquid was an all purpose cleaner.

Plan of Correction

Accept [REDACTED] - 08/21/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 by the Building Services Coordinator immediately labeled the containers while state surveyor present in the building.

To enhance the currently compliant operations:

1. on 8/8/24 the Building Services Coordinator or designee will ensure all containers are properly labeled, with a completion date of 8/15/2024.
2. on 08/08/2024 the Executive Director or designee will provide training to all staff on handling and storing hazardous materials, with a completion date of 8/15/2024.

82a - Poisonous Materials (continued)

Effective 8/8/2024 the Building Services Coordinator will perform inspections of all storage areas weekly x 4 weeks and monthly x 2 months through 11/15/2024 to maintain ongoing compliance with storing poisonous materials in their original, labeled containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented () - 08/29/2024)

82c - Locking Poisonous Materials**6. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Toothpaste was found in the bathrooms of resident # 2 and # 3. The label on the tube of toothpaste indicated if ingested in a large amount get medical help or contact poison control. Harmful if swallowed. Both residents are not assessed to be safe around poisonous materials.

Plan of Correction

Accept () - 08/19/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 by the Building Services Coordinator to Toothpaste was removed immediately from the bathrooms of residents #2 and #3 and stored in a locked area while state surveyor present.

To enhance the currently compliant operations, on 8/08/2024 the Executive Director will provide training for all staff on the importance of storing poisonous materials securely, with a completion date of 8/15/2024.

Effective 08/08/2024 the Executive Director or designee will perform audits of resident bathrooms to ensure no poisonous materials are accessible weekly x 4 weeks then monthly x 2 months through 11/15/2024 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented () - 08/29/2024)

132a - Monthly Fire Drill**7. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

There was no record of a fire drill having been conducted in October 2023.

132a - Monthly Fire Drill (continued)

Plan of Correction

Accept () - 08/19/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 by the Building Services Coordinator to Fire drill was conducted on 11/2/2023.

To enhance the currently compliant operations, on 08/15/2024 the Executive Director or designee will educate Administrative Services Coordinator, Building Service Coordinator, Food Service Coordinator, Program Service Coordinator and the Resident Services Coordinator on the importance of fire drills and proper documentation procedures, with a completion date of 08/15/2024.

Effective 08/08/2024 the Executive Director or designee will perform an audit of fire drill records monthly x 3 months through 11/15/2024 to maintain ongoing compliance with holding an unannounced fire drill at least once a month. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented () - 08/29/2024)

132c - Fire Drill Records

8. 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

On 9/26/23 fire drill record, the number of residents evacuated is not documented.

Plan of Correction

Accept () - 08/19/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/08/2024 by the Building Services Coordinator or designee to update the fire drill record from 9/26/23 to include the number of residents evacuated.

To enhance the currently compliant operations, on 08/08/2024 the Executive Director or designee will Enforce the use of standardized form for recording fire drill details, with a completion date of 08/15/2024.

Effective 08/08/2024 the Building Services Coordinator or designee will perform monthly reviews of fire drill documentation and training records for 3 months through 11/15/2024 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.

Licensee's Proposed Overall Completion Date: 11/15/2024

132c - Fire Drill Records (continued)

Implemented () - 09/30/2024)

132e - Fire Drill Sleeping Hours

9. Requirements

2600.

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

Description of Violation

The home conducted sleeping hour drills on May 28, 2023 at 1:37am, again on December 28, 2023 at 11:35pm .The home did not conduct a sleeping drill every six (6) months as required.

Repeat Violation 5/24/23

Plan of Correction

Accept () - 08/19/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/08/2024 by the Building Services Coordinator or designee to Review and update the fire drill schedule to ensure compliance with the six- month interval requirement.

To enhance the currently compliant operations, on 08/08/2024 the Executive Director or Designee will train Building Services Coordinator, Administrative Assistant Coordinator, Food Services Coordinator, Program Service Coordinator and Resident Services Coordinator on the importance of adhering to the fire drill schedule, with a completion date of 08/16/2024.

Effective 08/08/2024 the Executive Director or designee will perform quarterly reviews at quality management plan meeting of the fire drill documentation and scheduling to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented () - 08/29/2024)

184a - Resident's Meds Labeled

10. Requirements

2600.

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

Description of Violation

On the medication cart a package of 5mg Juven tablets were observed with no pharmacy label. Staff indicated that the medication was for a Resident.

Plan of Correction

Accept () - 08/19/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 by the Executive Director or designee to label the package of Juven nutrition powder with the required pharmacy information.

184a - Resident's Meds Labeled (continued)

To enhance the currently compliant operations, on 08/08/2024 the Executive Director or designee will conduct training sessions on medication labeling requirements with Licensed staff and medication techs with a completion date of 08/15/2024.

Effective 08/08/2024 the Executive Director or designee will perform weekly audits of medication carts to ensure all medications are properly labeled weekly x 4 weeks then monthly x 2 months. through 11/15/2024 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: 11/15/2024

Implemented () - 08/29/2024

187d - Follow Prescriber's Orders**11. Requirements**

2600.

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

Description of Violation

The facility did not follow prescriber's orders. Resident #4 has an order for Hydrochlorothiazide 25mg tablet to be given once daily. The medication is not on the cart, and not given 7/10/24 or 7/11/24. Staff initialed the MAR, but circled the initials. There is no explanation as to why the initials are circled, but during interviews staff stated that the medication was not given as it was not available on the cart.

Resident #5 has an order of Clopidogrel 75mg to be given 1 tab my mouth daily. On 7/1/24, medication is circled as not given. As per staff statement, medication was reordered and not available to be given on 7/1/24.

Repeat Violation 5/24/23

Plan of Correction

Accept () - 08/19/2024

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 by the Executive Director or designee to Expedite the reorder of any missing medications.

To enhance the currently compliant operations, on 08/08/2024 the Executive Director or designee will conduct comprehensive training sessions on medication administration protocols and documentation with licensed staff and medication techs with a completion date of 08/15/2024.

Effective 08/08/2024 the Executive Director or designee will perform weekly audits of medication administration records and inventory weekly x4 weeks then monthly x 2 months. through 11/15/2024 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented () - 08/29/2024)

190b - Insulin Injections

12. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Direct care staff person A is regularly scheduled as a MedTech and administers insulin. Direct Care staff Person A last completed Diabetic training on 4/20/23.

Plan of Correction

Accept () - 08/19/2024)

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 by the Executive Director or designee to Direct Care Staff Person A to complete required diabetes patient education program on 7/12/24.

To enhance the currently compliant operations, on 08/08/2024 the Executive Director or designee will Implement a process to track and alert for upcoming training expirations including for diabetic training, with a completion date of 08/15/2024.

Effective 08/08/2024 the Executive Director of designee will perform monthly reviews x3 months of training records to ensure all staff are up-to-date to maintain ongoing compliance with ensuring that A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented () - 08/29/2024)

227d - Support Plan Medical/Dental

13. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident's #1's DME dated 2/27/24 says that they require moderate physical assistance while transferring, and RASP

227d - Support Plan Medical/Dental (continued)

dated 5/8/24 states total physical assistance.

Plan of Correction

Accept () - 08/19/2024

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/15/2024 by the Executive Director or designee to review and update of Resident #1's DME to reflect support plan and current needs.

To enhance the currently compliant operations, on 08/08/2024 the Executive Director or designee will Implement regular interdisciplinary team meetings to discuss and update care plans, with a completion date of 08/15/2024.

Effective 08/08/2024 the Executive Director or designee will perform weekly checks of support plans to ensure they are current and accurate weekly x 4 weeks and monthly x 2 months. through 11/15/2024 to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented () - 08/29/2024

233c - Key-Locking Devices**14. 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.

Description of Violation

The home has a courtyard outside of its secured dementia unit with a gate to exit. The gate is locked by a keypad and the code to the keypad is not posted near the device.

Repeat Violation 5/24/23

Plan of Correction

Accept () - 08/19/2024

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 by the Building Services Coordinator or designee to posted directions of operation of keypad near device while surveyor present.

To enhance the currently compliant operations, on 08/08/2024 the Executive Director or designee will conduct training sessions to Building Service Coordinator, Administrative Assistance Coordinator, Program Service Coordinator, Food Service Coordinator and Resident Services Coordinator on the importance of compliance with this regulation and the procedure, with a completion date of 08/15/2024.

233c - Key-Locking Devices (continued)

Effective 08/08/2024 the Building Services Coordinator or designee will perform weekly inspections to confirm that instructions are posted and visible weekly x4 weeks then monthly x 2 months. through 11/15/2024 to maintain ongoing compliance with ensuring that if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ([REDACTED] - 08/29/2024)