

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

September 10, 2024

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
ARDEN COURTS WARMINSTER OF HATBORO PA LLC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/17/2024 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:** 06/14/2025
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]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/29/2000 **Issued By:** L & I

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 54 **Waking Staff:** 41

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 07/17/2024

Inspection Dates and Department Representative

07/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 27

Secured Dementia Care Unit

In Home: Yes **Area:** Entire building **Capacity:** 60 **Residents Served:** 27

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 0
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 27 **Have Physical Disability:** 0

Inspections / Reviews

07/17/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/05/2024

08/06/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/01/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 09/05/2024

Inspections / Reviews *(continued)*

09/10/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. 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

On [REDACTED], Staff person A tied a pair of pantyhose from Resident 1's doorknob to the outside handrail, preventing the resident from leaving their room. The home did not report this incident to the department until [REDACTED] at 4:00pm.

Plan of Correction

Accept [REDACTED] - 08/06/2024)

1. The panty hose was removed from resident 1's doorknob on [REDACTED]. Resident 1 was assessed on [REDACTED] and had no new injuries noted.
2. Current resident rooms were visualized to ensure there were no items preventing the door from being opened by the resident. Staff A was suspended pending investigation on [REDACTED]. Staff B was also suspended on [REDACTED] pending investigation for not reporting timely as required. Both Staff A and Staff B were terminated upon conclusion of the investigation.
3. The Executive Director completed educating the nursing staff on Abuse and Abuse reporting on [REDACTED].
4. Executive Director or designee will audit resident incidents weekly for 4 weeks to ensure any allegation of abuse is reported timely. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented [REDACTED] - 09/10/2024)

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 [REDACTED], Staff person A tied a pair of pantyhose from Resident 1's doorknob to the outside handrail, preventing the resident from leaving their room and wandering the hall of Cottage Place. This confinement was witnessed by Staff person B, who requested Staff person A to remove the pantyhose from the doorknob. Staff person A refused, and the pantyhose remained in place for approximately one hour before Staff person B removed it. Approximately two weeks after the incident Resident 1 described being upset and confused when they could not open their door to leave the room.

Repeat violation date: 10/23/23.

Plan of Correction

Accept [REDACTED] - 08/06/2024)

1. Resident 1 was seen by the physician on 7/16/2024. No mental or physical distress noted from incident.
2. Current resident rooms were visualized to ensure there were no items preventing the door from being opened by the resident. Staff A was suspended pending investigation on 7/3/24. Staff B was also suspended on 7/3/24 pending investigation for not reporting timely as required. Both Staff A and Staff B were terminated upon conclusion of the investigation.
3. The Executive Director completed education with nursing staff on Abuse and Abuse reporting on 7/3/24.

42b - Abuse (continued)

4. Executive Director or designee will monitor resident environments 2 times per week for 4 weeks to ensure residents are free from confinement. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented (█) - 09/10/2024)

42p - Restraints**3. Requirements**

2600.

42.p. A resident shall be free from restraints.

Description of Violation

On 7/2/24 at 1:00am, Staff person A tied a pair of pantyhose from the resident 1's doorknob to the outside handrail, preventing the resident from leaving their room.

Plan of Correction

Accept (█) - 08/06/2024)

1. The panty hose was removed from resident 1's doorknob on 7/2/24. Resident 1 was assessed on 7/3/24 and had no new injuries noted.
2. Current resident rooms were visualized to ensure there were no items preventing the door from being opened by the resident. Staff A was suspended pending investigation on 7/3/24. Staff B was also suspending on 7/3/24 pending investigation for not reporting timely as required. Both Staff A and Staff B were terminated upon conclusion of the investigation.
3. The Executive Director completed education with nursing staff on Abuse and Abuse reporting on 7/3/24.
4. Executive Director or designee will monitor resident environments 2 times per week for 4 weeks to ensure residents are free from confinement. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented (█) - 09/10/2024)

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

On 7/2/24 at 1:00am, Staff Person A tied a pair of pantyhose from Resident 1's doorknob to the outside handrail, blocking the egress route and impeding the resident's ability to exit the room.

Plan of Correction

Accept (█) - 08/06/2024)

1. Resident 1 was seen by the physician on 7/16/24. No mental or physical distress noted from incident.
2. Current resident rooms were visualized to ensure there were no items preventing the door from being opened by the resident. Staff A was suspended pending investigation on 7/3/24. Staff B was also suspending on 7/3/24 pending investigation for not reporting timely as required. Both Staff A and Staff B were terminated upon conclusion of the investigation.
3. The Executive Director completed education with nursing staff on Abuse and Abuse reporting on 7/3/24.
4. Executive Director or designee will monitor resident environments 2 times per week for 4 weeks to ensure residents are free from confinement. Findings will be submitted to the QAPI committee for review and recommendations.

121a Unobstructed Egress (continued)

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented () - 09/10/2024)

201 - Positive Interventions

5. 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 1's current assessment and support plan, dated [REDACTED] indicates that they require 24 hour direct supervision due to a tendency to get lost and unawareness of unsafe areas. The resident is forgetful, has poor judgment, and may become physically aggressive towards staff and other residents due to memory impairment. Additionally, Resident 1 is unable to clearly communicate their needs or understand instructions. The support plan further specifies that direct care staff will ensure the resident is regularly checked on and supervised. Staff are to ensure the resident's decisions are safe and will redirect them as needed using safe management techniques. They are instructed to speak slowly, maintain eye contact, and pay attention to nonverbal cues.

However, on [REDACTED], Staff person A did not use these safe management techniques or positive interventions when handling the resident, who tends to wander. Instead, the staff person confined the resident to their room by tying a pantyhose from the doorknob to the outside wall handrail, preventing them from leaving their room.

Repeat violation date: 10/23/23, 3/28/24.

Plan of Correction

Accept () - 08/06/2024)

1. Resident 1 was seen by the physician on 7/16/24. No mental or physical distress noted from incident. Resident 1 had their service plan updated to include positive interventions when wandering.
2. Residents who wander, had their service plans updated to include positive techniques when wandering behavior is noted by staff.
3. The Resident Services Coordinator completed educating the nursing staff on Positive Interventions on 7/29/24.
4. Executive Director or designee will review residents who wander 1 time per week for 4 weeks to ensure staff are using positive interventions as listed on the service plan. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented () - 09/10/2024)

202 - Prohibitions

6. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

202 - Prohibitions (*continued*)

3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On [REDACTED], Staff person A tied a pantyhose from Resident 1's doorknob to the outside handrail, preventing the resident from leaving their room. This incident is considered an involuntary confinement of a resident.

Plan of Correction

Accept ([REDACTED] 08/06/2024)

1. The panty hose was removed from resident 1's doorknob on [REDACTED]. Resident 1 was assessed on [REDACTED] and had no new injuries noted.
2. Current resident rooms were visualized to ensure there were no items preventing the door from being opened by the resident. Staff A was suspended pending investigation on [REDACTED]. Staff B was also suspended on [REDACTED] pending investigation for not reporting timely as required. Both Staff A and Staff B were terminated upon conclusion of the investigation.
3. The Executive Director completed educating the nursing staff on Abuse and Abuse reporting on 7/3/24.
4. Executive Director or designee will audit resident incidents weekly for 4 weeks to ensure any allegation of abuse is reported timely. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented [REDACTED] - 09/10/2024)