

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

October 17, 2024

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS  
ARDEN COURTS OF KING OF PRUSSIA PA LLC  
[REDACTED]

RE: ARDEN COURTS (KING OF PRUSSIA)  
620 WEST VALLEY FORGE ROAD  
KING OF PRUSSIA, PA, 19406  
LICENSE/COC#: 12995

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2024, 08/06/2024 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 (KING OF PRUSSIA) **License #:** 12995 **License Expiration:** 12/29/2024  
**Address:** 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406  
**County:** MONTGOMERY **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** ARDEN COURTS OF KING OF PRUSSIA PA LLC  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 08/10/1995 **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 118 **Waking Staff:** 89

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 08/06/2024

**Inspection Dates and Department Representative**

08/05/2024 - On-Site: [REDACTED]  
 08/06/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 64 **Residents Served:** 59

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** entire home **Capacity:** 64 **Residents Served:** 59

**Hospice**

**Current Residents:** 12

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 59  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 59 **Have Physical Disability:** 1

**Inspections / Reviews**

08/05/2024 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/30/2024

09/10/2024 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 10/08/2024  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/08/2024

Inspections / Reviews *(continued)*

10/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 8/5/24, a copy of Chapter 2600 Regulations was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( [redacted] ) - 09/10/2024)

In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/05/2024 by the Executive Director, who replaced the missing copy of Chapter 2600 Regulations in the lobby binder where the annual inspection reports are posted. Photo available.

To enhance the currently compliant operations, on 9/5/2024 the Executive Director completed an in-service with coordinators and front office staff to ensure understanding of Regulation 2600.3.c. Documentation of training will be available for review.

Effective 9/5/2024 the Executive Director or designee will perform weekly checks to ensure copy of Chapter 2600 Regulations is still present in binder to maintain ongoing compliance with regulation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( [redacted] ) - 10/17/2024)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/6/24, at approximately 10am, the hourly check and incontinence logs with resident information were unlocked, unattended, and accessible in the Plum Neighborhood kitchenette on top of the refrigerator.

Repeat Violation Date: 9/19/23 et al.

Plan of Correction

Accept ( [redacted] ) 09/10/2024)

In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Program Service Coordinator who removed the log and placed in locked laundry room.

To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.17 with a completion date of 9/30/2024. Documentation of training will be available for review.

**17 Record Confidentiality (continued)**

*Effective 9/4/2024 Resident Services Supervisors will be checking on compliance of Regulation 2600.17 while performing daily rounds to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of RSS Daily Rounds will be available for review.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

**Implemented (█ - 10/17/2024)**

**42s - Privacy****3. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*There are video cameras recording two weeks of footage at the entrances and exits of the home. There is no sign posted to indicate video recording on site.*

**Plan of Correction**

**Accept (█ - 09/10/2024)**

*In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/05/2024 by the Executive Director who posted sign indicating video monitoring and recording is occurring.*

*To enhance the currently compliant operations, the Executive Director will in service staff on Regulation 2600.42s with a completion date of 9/30/2024.*

*Documentation of training will be available for review.*

*Effective 9/5/2024 the Executive Director will perform weekly checks to ensure sign is posted to maintain ongoing compliance with regulation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Cameras are at the entrances and exits of the home for security purposes and are not in resident areas where privacy during bathing, dressing, changing and medical procedures would be violated.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

**Implemented (█ - 10/17/2024)**

**82c - Locking Poisonous Materials****4. 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**

*On 8/5/24, at approximately 9:30am, the shed door inside the courtyard for the memory care home was unlocked. There were poisonous items inside: two bags of ice melt with a warning label reading "warning causes serious eye irritation," two buckets of salt with warning labels reading "Caution Keep out of reach of children seek medical*

**82c - Locking Poisonous Materials (continued)**

attention if irritation occurs" and a gallon of Round Up with a warning label reading "causes substantial but temporary eye injury. Harmful if swallowed or inhaled. Contact poison control center for treatment advice."

On 8/6/24, at approximately 10am, Ecolab Super Trump dish detergent was found under an unlocked cabinet in the Plum kitchenette with a warning label reading "causes severe skin and eye burns- contact poison control center immediately."

On 8/6/24, at approximately 10:30am, several unlocked poisons were found in Plum Room 57 in the unlocked medicine cabinet: Neutrogena Sensitive Skin Sunscreen with a warning label reading "keep out of reach of children- if swallowed get medical help or call poison control center right away;" a tube of Pronamel toothpaste with a warning label reading "keep out of reach of children. If more than used for brushing is accidentally swallowed, get medical help or contact a poison control center right away;" a tube of "Good Morning" fluoride toothpaste with a warning label reading "If more than used for brushing is accidentally swallowed, get medical help or contact a poison control center immediately."

The residents of this home are not all assessed as capable of safely using/avoiding poisons.

**Plan of Correction**

Accept ( [REDACTED] ) - 09/10/2024)

In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/5/2024 by the Building Service Coordinator who locked the shed.

To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.82c with a completion date of 9/30/2024.

Documentation of training will be available for review.

On 8/14/2024 the Building Services Coordinator completely emptied the shed, cleaning it and removing all hazardous materials which were relocated to the locked shed located outside the courtyard. For added safety measures a security camera was installed to monitor any activity at shed.

Documentation of training will be available for review.

Photos available of shed and camera.

Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log to maintain ongoing compliance with Regulation 2600.82c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

BSC Daily Rounds Log will be available for review.

In response to the violation on 08/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Building Service Coordinator who repaired the lock.

The caregiver on duty reported that his key malfunctioned that morning when unlocking cabinet to complete washing of breakfast dishes. He had reported the issue and was in the area while cabinet remained broken. Cabinet also cited for Regulation 2600.95.

To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.82c with a completion date of 9/30/2024.

Documentation of training will be available for review.

Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log and the

**82c - Locking Poisonous Materials (continued)**

Resident Services Supervisor will perform daily rounds using the RSS Daily Rounds Log to maintain ongoing compliance with Regulation 2600.82c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.  
BSC Daily Rounds Log and RSS Daily Log will be available for review.

In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by Program Service Coordinator who removed the items immediately.  
Resident toiletries are kept in personal container in laundry room cabinet for safety.  
Her husband brought items in and placed in room without knowledge of staff.  
RASP states that poisonous materials are not permitted to be left in residents' room.  
Reviewed with husband who is adamant his wife will not eat anything inappropriate.  
Explained that his wife has not been assessed as capable of safely using / avoiding poisons.  
Reviewed RASP with husband on 9/5/2024 to increase understanding of wife's safety needs.  
Documentation of information reviewed with husband will be available for review.  
Violation also cited for Regulation 2600.185a

To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.82c with a completion date of 9/30/2024.  
Documentation of training will be available for review.

Effective 9/3/2024 the Resident Services Supervisor will perform daily rounds using the RSS Daily Rounds Log to ensure caregivers are checking rooms for poisonous materials to maintain ongoing compliance Regulation 2600.82c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.  
RSS Daily Log will be available for review.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( ) - 10/17/2024)

**85a - Sanitary Conditions****5. Requirements**

2600.  
85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 8/5/24 and 8/6/24, a strong, odor of urine was present throughout the home.

On 8/6/24 at approximately 10:45am, the toilet in room 60 of the Plum Neighborhood was soiled with feces and grime around the inner rim of the bowl.

On 8/6/24 at approximately 11:00am, the bedroom and bathroom floors of room 15 in the Blue Neighborhood were covered in a sticky substance.

## 85a - Sanitary Conditions (continued)

## Plan of Correction

Accept [REDACTED] - 09/10/2024)

*In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, On 8/5/2024 Executive Director escorted inspector around the building, at no time was an odor of urine mentioned. On 8/6/2024 one inspector mentioned a slight odor at entrance into building from lobby near keypad. The Building Services Coordinator removed piece of furniture located by keypad and he cleaned and sanitized the carpet where a resident possibly urinated.*

*On 8/6/2024 second inspector never mentioned an odor during tour throughout areas of building. The odor was mentioned during exit. Building Services Coordinator and Executive Director toured entire building to check for odors of urine. One area was found at the rear of a house hallway which the carpet was cleaned and sanitized immediately. 90% of our residents are incontinent and at times there may be an urine odor temporarily, but there has never been a complaint of a strong odor present throughout the home.*

*To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.85a with a completion date of 9/30/2024.*

*Documentation of training will be available for review.*

*On 8/15/2024 the corporate Plant Operations Manager was on site for a tour of community.*

*No urine odor was detected throughout the building, however due to wear and age of carpets it was approved to replace the carpet throughout the building.*

*Carpet has been ordered and will be replaced when arrives.*

*Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log and the Resident Services Supervisor will perform daily rounds using the RSS Daily Rounds Log to maintain ongoing compliance with Regulation 2600.82c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*BSC Daily Rounds Log and RSS Daily Rounds Log will be available for review.*

*In response to the violation on 08/6/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/6/2024 by the Housekeeper who cleaned room 60's toilet.*

*To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.85a with a completion date of 9/30/2024.*

*Documentation of training will be available for review.*

*Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log and the Resident Services Supervisor will perform daily rounds using the RSS Daily Rounds Log to maintain ongoing compliance with Regulation 2600.85a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*BSC Daily Rounds Log and RSS Daily Log will be available for review.*

*In response to the violation on 08/6/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/6/2024 by the Housekeeper who cleaned room 15's floor.*

**85a Sanitary Conditions (continued)**

*To enhance the currently compliant operations, the Executive Director will in service staff on Regulation 2600.85a with a completion date of 9/30/2024.*

*Documentation of training will be available for review.*

*Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log and the Resident Services Supervisor will perform daily rounds using the RSS Daily Rounds Log to maintain ongoing compliance with Regulation 2600.82c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*BSC Daily Rounds Log and RSS Daily Log will be available for review.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

**Implemented (█) - 10/17/2024)**

**85e - Trash Outside Home**

**6. 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 8/5/24 at approximately 9:45am, there was a mattress outside of the dumpster near the green house exit. There were multiple bags of trash, buckets and other debris outside of the main dumpster strewn around the ground. There were pallets, wood, a fire extinguisher and a variety of trash near the shed scattered on the ground at the Peach exit. The main dumpster of the facility was almost full of trash, and the lid was open.*

**Plan of Correction**

**Accept (█) - 09/10/2024)**

*In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/05/2024 by the Building Services Coordinator who cleaned noted areas and appropriately place all items in dumpster. The main dumpster lid was closed. Photos available.*

*To enhance the currently compliant operations, the Executive Director will in service staff on Regulation 2600.85e with a completion date of 9/30/2024.*

*Documentation of training will be available for review.*

*Effective 9/4/2024 Building Services Coordinator will be checking on compliance of Regulation 2600.85e while performing daily rounds to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Documentation of BSC Daily Rounds will be available for review.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

**Implemented (█) - 10/17/2024)**

**88a - Surfaces**

**7. 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 8/5/24 at approximately 9:45am, the sidewalk outside of the Berry Ridge Neighborhood was elevated in several areas measuring 1 to 1 and 1/2 inches high, creating several tripping hazards.

**Plan of Correction**

Accept ( ) - 09/10/2024)

In response to the violation on 08/5/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/5/2024 by Executive Director and Building Services Coordinator who inspected all sidewalks in courtyard area with all areas of concern noted.

A report of need for areas of concern sent to Plant Operations Manger for plan to repair.

To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.88a with a completion date of 9/30/2024.

Documentation of training will be available for review.

On 8/15/2024 the corporate Plant Operations Manager was on site for a tour of community.

Areas of concern reviewed with supplies needed for repair ordered.

On 8/28/2024 all areas of sidewalk repaired with any tripping hazards removed.

Photos available for review.

Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log to maintain ongoing compliance with Regulation 2600.88a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

BSC Daily Rounds Log will be available for review.

**Licensee's Proposed Overall Completion Date: 09/30/2024**

Implemented ( ) - 10/17/2024)

**95 - Furniture and Equipment****8. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

On 8/6/24 at approximately 10am, the lock for the cabinet under the sink holding poisonous dish chemicals in the Plum Neighborhood kitchenette was broken and inoperable.

**Plan of Correction**

Accept ( ) - 09/10/2024)

In response to the violation on 08/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Building Service Coordinator who repaired the lock.

The caregiver on duty reported that ( ) key malfunctioned that morning when unlocking cabinet to complete washing of breakfast dishes. ( ) had reported the issue and was in the area while cabinet remained broken. Cabinet also cited for Regulation 2600.82c.

To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.95 with a completion date of 9/30/2024.

Documentation of training will be available for review.

## 95 - Furniture and Equipment (continued)

Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log and the Resident Services Supervisor will perform daily rounds using the RSS Daily Rounds Log to maintain ongoing compliance with Regulation 2600.95. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. BSC Daily Rounds Log and RSS Daily Log will be available for review.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 10/17/2024)

## 103f - Refrigerator/Freezer Temps

## 9. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

## Description of Violation

On 8/6/24 at approximately 9:30am the temperature in the large walk in freezer in the main kitchen was at 20 degrees Fahrenheit on two separate thermometers. At 9:45am the temperature on both thermometers again read 20 degrees Fahrenheit.

## Plan of Correction

Accept [REDACTED] - 09/10/2024)

In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Building Services Coordinator who took temperature with a digital thermometer yielding a result of -5 degrees. Upon further inspection the thermometer connected to the freezer was not reading proper temperatures.

A new free standing thermometer was placed in the freezer.

To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.103f with a completion date of 9/30/2024.

Documentation of training will be available for review.

The replacement for malfunctioning thermometer has been ordered. Receipt available for review.

The Food Service Coordinator will continue to record daily temperatures using the Refrigerator / Freezer Temperature Log to maintain ongoing compliance with Regulation 2600.103f. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Temperature logs will be available for review.

Licensee's Proposed Overall Completion Date: 09/06/2024

Implemented [REDACTED] - 10/17/2024)

## 123b - Emergency Procedures Posted

**10. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

*The home's emergency procedures are not posted in a conspicuous and public place in the home.*

**Plan of Correction**

Accept ( [REDACTED] - 09/10/2024)

*In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/05/2024 by the Executive Director, who placed a copy of Emergency Response Manual in the lobby.*

*Photo available.*

*To enhance the currently compliant operations, on 9/5/2024 the Executive Director completed an in-service with coordinators and front office staff to ensure understanding of Regulation 2600.123b.*

*Documentation of training available for review.*

*Effective 9/5/2024 the Executive Director or designee will perform weekly checks to ensure copy of Emergency Response Manual is still present in lobby to maintain ongoing compliance with regulation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

Implemented ( [REDACTED] - 10/17/2024)

## 131c - Kitchen Fire Extinguisher

**11. Requirements**

2600.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

**Description of Violation**

*On 8/6/24, no fire extinguisher was found in the Blue Neighborhood kitchenette.*

**Plan of Correction**

Accept ( [REDACTED] - 09/10/2024)

*In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Building Services Coordinator who searched and found missing extinguisher in laundry room. Caregiver reported that a resident removed it and after safely retrieving it from resident she put it in laundry room for safety while redirecting resident.*

*Extinguisher was found to be intact and returned to housing cabinet in Blue house's kitchen area.*

*Photo available.*

*To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.131c with a completion date of 9/30/2024.*

*Documentation of training will be available for review.*

**131c - Kitchen Fire Extinguisher (continued)**

Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log to maintain ongoing compliance with Regulation 2600.131c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. BSC Daily Rounds Log will be available for review.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█ - 10/17/2024)

**131f - Fire Extinguisher Inspection****12. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

The fire extinguisher in the Plum Neighborhood kitchenette was found with no inspection tag. The last date of inspection is unable to be determined.

**Plan of Correction**

Accept (█ - 09/10/2024)

In response to the violation on 08/6/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Building Services Coordinator who was unable to find missing tag called Keystone Fire Protection to schedule an inspection for extinguisher.

Keystone Fire and Protection was on site on 8/8/2024 and completed inspection of extinguisher with new tag attached.

To enhance the currently compliant operations, the Executive Director will in-service staff on Regulation 2600.131f with a completion date of 9/30/2024.

Documentation of training will be available for review.

Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log and Resident Services Supervisor using RSS Daily Rounds to maintain ongoing compliance with Regulation 2600.131f. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

BSC Daily Rounds Log and RSS Daily Rounds Log will be available for review.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█ - 10/17/2024)

**162c - Menus Posted****13. Requirements**

2600.

**162c Menus Posted (continued)**

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

On 8/5/24, the menu for the current week and the week following is not posted in a conspicuous place in the facility. Only the daily menu is posted in each house in their dining room.

**Plan of Correction**

Accept ( [REDACTED] - 09/10/2024)

In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/05/2024 by the Food Service Coordinator, who replaced the missing copy of weekly menus, current and following week.

Photo available.

To enhance the currently compliant operations, on 9/5/2024 the Executive Director completed an in service with coordinators and front office staff to ensure understanding of Regulation 2600.162c.

Documentation of training available for review.

Effective 9/5/2024 the Food Service Coordinator or designee will perform daily checks to ensure all menus are present and correct to maintain ongoing compliance with regulation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( [REDACTED] - 10/17/2024)

**183e - Storing Medications****14. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

The following residents have a medication with a pharmacy label with instructions to refrigerate. However, the medication was stored on the unrefrigerated medication cart on [REDACTED]

- Resident #1 is prescribed [REDACTED].
- Resident #2 is prescribed [REDACTED].
- Resident #3 is prescribed [REDACTED].
- Resident #4 is prescribed [REDACTED].
- Resident #5 is prescribed [REDACTED].

On 8/6/24, the following medication cards were observed to have a punctured blister foil with the medication still present in the spot which is an improper storage method:

- Resident #6's [REDACTED]
- Resident #7's [REDACTED]
- Resident #8's [REDACTED]
- Resident #9's [REDACTED]

## 183e - Storing Medications (continued)

Resident #4 is prescribed [REDACTED]. The medication expired on [REDACTED]. However, it was administered on [REDACTED].

Resident #7 is prescribed [REDACTED]. The medication expired on [REDACTED]. However, it was administered on [REDACTED].

Resident #10 is prescribed [REDACTED]. The medication expired on [REDACTED]. However, it was administered on [REDACTED].

Repeat Violation Date: 2/5/24

**Plan of Correction**

Accept ( [REDACTED] - 09/10/2024)

In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Resident Services Coordinator who removed the medications from the medication cart. All medications were reordered via hospice / physician and replaced immediately. Medications placed nursing office refrigerator with sign out and count log.

Resident #1, #2, #3, #4, #5 and #6) all residents are currently on hospice.

To enhance the currently compliant operations, on 8/14/24 a Department approved trainer (Train the Trainer Certificate on file) completed a Medication Administration Training with Medication Techs. The Executive Director will in-service staff on Regulation 2600.183e with a completion date of 9/30/2024. Documentation of trainings will be available for review.

Pharmacy consultant from OmniCare Pharmacy completed audit on 8/19/2024 to ensure compliance.

Effective 9/4/2024 the Resident Services Coordinator or designee will perform weekly Medication Cart audits and MOR Reviews to maintain ongoing compliance with Regulation 2600.183e. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of Medication Cart weekly audits will be noted in the quarterly Quality Management minutes. All Documentation will be available for review.

In response to the violation on 08/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Resident Services Coordinator who removed the medications from the punctured blister packs for resident #6, #7, #8 & #9 and discarded. Medications were documented as wasted.

**183e - Storing Medications (continued)**

To enhance the currently compliant operations, on 8/14/24 a Department approved trainer (Train the Trainer Certificate on file) completed a Medication Administration Training with Medication Techs. The Executive Director will in-service staff on Regulation 2600.183e with a completion date of 9/30/2024. Documentation of trainings will be available for review.

Pharmacy consultant from OmniCare Pharmacy completed audit on 8/19/2024 to ensure compliance. Consultant is investigating if the blister packs are available with an alternative backing to prevent punctures.

Effective 9/4/2024 the Resident Services Coordinator or designee will perform weekly Medication Cart audits and MOR Reviews to maintain ongoing compliance with Regulation 2600.183e. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of Medication Cart weekly audits will be noted in the quarterly Quality Management minutes. All Documentation will be available for review.

In response to the violation on 08/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Resident Services Coordinator who removed the expired medications from the medication cart for resident #4, #7, & #10 and discarded. All medications were reordered via hospice / physician and replaced immediately.

Incident report completed on 8/6/2024 to DHS for 2600.16(a)(13). Resident #4, #7 & 10's physician and responsible parties notified of reportable incident and administration of expired medication.

All above residents are on hospice.

Incident report available for review.

To enhance the currently compliant operations, on 8/14/24 a Department approved trainer (Train the Trainer Certificate on file) completed a Medication Administration Training with Medication Techs. The Executive Director will in-service staff on Regulation 2600.183e with a completion date of 9/30/2024. Documentation of trainings will be available for review.

Pharmacy consultant from OmniCare Pharmacy completed audit on 8/19/2024 to ensure compliance.

It was noted that pharmacy labels for packaging of medications expiration date did not match individual doses of medication in syringes.

Effective 9/4/2024 the Resident Services Coordinator or designee will perform weekly Medication Cart audits and MOR Reviews to maintain ongoing compliance with Regulation 2600.183e. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of Medication Cart weekly audits will be noted in the quarterly Quality Management minutes. All Documentation will be available for review.

**Licensee's Proposed Overall Completion Date:** 09/30/2024

**Implemented ( ) - 10/17/2024)**

**183f - Discontinued Medications**

**15. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**Description of Violation**

*On 8/6/24, there were eight plastic pill bottles containing resident #6's prescription drugs that are no longer in use in the last drawer of the Blue House medication cart. The home stated they switched from bottles to blister packs, but kept the medication in the cart.*

*On 8/6/24, there were eight plastic pill bottles containing resident #11's prescription drugs that are no longer in use in the last drawer of the Green House medication cart. The home stated they switched from bottles to blister packs, but kept the medication in the cart.*

**Plan of Correction****Accept [REDACTED] - 09/10/2024)**

*In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Resident Services Coordinator who removed bottles from bottom drawer of cart where they were being stored.*

*Resident #6 and #11 are active residents. None of the medications were expired or discontinued for either Resident #6 or #11. The medications were being stored in the cart to be used for refills. Either family are certain they wish to continue with our in house pharmacy and did not want us to discard paid for medications.*

*To enhance the currently compliant operations, on 8/14/24 a Department approved trainer (Train the Trainer Certificate on file) completed a Medication Administration Training with Medication Techs. The Executive Director will in-service staff on Regulation 2600.183e with a completion date of 9/30/2024. Documentation of trainings will be available for review.*

*Effective 9/4/2024 the Resident Services Coordinator or designee will perform weekly Medication Cart audits and MOR Reviews to maintain ongoing compliance with Regulation 2600.183f. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of Medication Cart weekly audits will be noted in the quarterly Quality Management minutes. All Documentation will be available for review.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

**Implemented ([REDACTED]) - 10/17/2024)****184a - Resident's Meds Labeled****16. 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 #6 was prescribed [REDACTED], one every 6 hours as needed. This order had been discontinued or*

**184a Resident's Meds Labeled (continued)**

changed to [REDACTED] Take one tablet by mouth twice a day. There was no change of directions sticker on the medication blister package that still had the as needed order listed on it.

**Plan of Correction****Accept [REDACTED] - 09/10/2024)**

In response to the violation on 08/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Resident Services Coordinator who removed the blister packs, MAR and physician orders for review.

Resident #6 had an order for Lorazepam 0.5mg take one tablet by mouth twice a day, this order was not discontinued. A separate order for Lorazepam 0.5mg one tablet every six hours as needed was added at a later date. Each order has a blister pack with correct label and directions as prescribed. Documentation and photos of blister packs available for review.

To enhance the currently compliant operations, on 8/14/24 a Department approved trainer (Train the Trainer Certificate on file) completed a Medication Administration Training with Medication Techs. The Executive Director will in service staff on Regulation 2600.184a with a completion date of 9/30/2024. Documentation of trainings will be available for review.

Effective 9/4/2024 the Resident Services Coordinator or designee will perform weekly Medication Cart audits and MOR Reviews to maintain ongoing compliance with Regulation 2600.184a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of Medication Cart weekly audits will be noted in the quarterly Quality Management minutes. All Documentation will be available for review.

**Licensee's Proposed Overall Completion Date: 09/30/2024**

**Implemented [REDACTED] - 10/17/2024)****185a - Implement Storage Procedures****17. 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**

On [REDACTED] the medication carts in the Blue House and the Plum House had two half tablets and two whole loose pills in the first drawer.

On [REDACTED], expired over the counter eye drops were found in the unlocked vanity cabinet of room 57 in the Plum Neighborhood.

Resident #12 is prescribed [REDACTED]. The count on the narcotic log was 10, but there were only 9 pills remaining in the blister pack.

**Plan of Correction****Accept [REDACTED] - 09/10/2024)**

In response to the violation on 08/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Resident Services Coordinator who removed loose tablets and pills and

**185a Implement Storage Procedures (continued)**

discarded from Blue and Plum house medication carts.

To enhance the currently compliant operations, on 8/14/24 a Department approved trainer (Train the Trainer Certificate on file) completed a Medication Administration Training with Medication Techs. The Executive Director will in service nurses and medication techs on Regulation 2600.185a with a completion date of 9/30/2024. Documentation of trainings will be available for review.

Effective 9/4/2024 the Resident Services Coordinator or designee will perform weekly Medication Cart audits, including proper cleaning of carts, and MOR Reviews to maintain ongoing compliance with Regulation 2600.185a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of Medication Cart weekly audits will be noted in the quarterly Quality Management minutes. All Documentation will be available for review.

In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by Program Service Coordinator who removed the OTC eyedrops and delivered them to the Resident Services Coordinator.

█████ husband brought eye drops in and placed in room without knowledge of staff. RASP states that poisonous materials are not permitted to be left in residents' room. Reviewed with █████ who is adamant █████ will not eat anything inappropriate. Explained that █████ has not been assessed as capable of safely using / avoiding poisons. Reviewed RASP with █████ on █████ to increase understanding of █████ safety needs. Documentation of information reviewed with husband will be available for review. Violation also cited for Regulation 2600.82c

To enhance the currently compliant operations, the Executive Director will in service staff on Regulation 2600.82c with a completion date of 9/30/2024. Documentation of training will be available for review.

Effective 9/3/2024 the Resident Services Supervisor will perform daily rounds using the RSS Daily Rounds Log to ensure caregivers are checking rooms for poisonous materials to maintain ongoing compliance Regulation 2600.82c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. RSS Daily Log will be available for review.

In response to the violation on 08/06/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/06/2024 by the Resident Services Coordinator after investigating further found the loose pill in Resident #12's narcotic drug container which was discarded and documented as wasted.

**185a Implement Storage Procedures (continued)**

To enhance the currently compliant operations, on 8/14/24 a Department approved trainer (Train the Trainer Certificate on file) completed a Medication Administration Training with Medication Techs.. The Executive Director will in service nurses and medication techs on Regulation 2600.185a with a completion date of 9/30/2024. Documentation of trainings will be available for review.

Effective 9/4/2024 the Resident Services Coordinator or designee will perform weekly Medication Cart audits, including proper cleaning of carts, and MOR Reviews to maintain ongoing compliance with Regulation 2600.185a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of Medication Cart weekly audits will be noted in the quarterly Quality Management minutes. All Documentation will be available for review.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( ) - 10/17/2024)

**233c - Key-Locking Devices****18. 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 directions for operating the home's locking mechanism are not conspicuously posted near the exit gates of the Peach and Green Neighborhood's courtyards.

Repeat Violation Date: 9/19/23 et al.

**Plan of Correction**

Accept ( ) - 09/10/2024)

In response to the violation on 08/05/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/5/2024 by the Executive Director by posting instructions on devices on Green and Peach courtyard gates.

Photo available.

To enhance the currently compliant operations, the Executive Director will in service staff on Regulation 2600.233c with a completion date of 9/30/2024.

Documentation of training will be available for review.

Effective 9/3/2024 the Building Services Coordinator will perform daily rounds using BSC Daily Rounds Log to maintain ongoing compliance with Regulation 2600.233c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

BSC Daily Rounds Log will be available for review.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( ) - 10/17/2024)

## 234b - Support Plan Needs Elements

**19. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

*The support plan for resident #13 which was signed by the assessor on [REDACTED] does not include the date when the assessment and the support plan were completed.*

**Plan of Correction****Accept [REDACTED] - 09/10/2024)**

*In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by Executive Director by adding the missing completion dates on Resident #13's RASP.*

*Corrected document available.*

*To enhance the currently compliant operations, the Executive Director will in-service coordinators and staff on Regulation 2600.234.b. with a completion date of 9/30/2024.*

*Documentation of training will be available for review.*

*The Executive Director will perform and audit of all resident RASPs to ensure they are properly dated to maintain ongoing compliance with regulation 2600.234b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Audit will be available for review.*

**Licensee's Proposed Overall Completion Date: 09/30/2024**

**Implemented [REDACTED] - 10/17/2024)**