

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

October 17, 2024

[REDACTED]
ARDEN COURTS OF YARDLEY PA LLC
[REDACTED]

RE: ARDEN COURTS (YARDLEY)
493 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 12997

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2024 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 (YARDLEY) License #: 12997 License Expiration: 04/30/2025
Address: 493 STONY HILL ROAD, YARDLEY, PA 19067
County: BUCKS Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: ARDEN COURTS OF YARDLEY PA LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 82 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 09/10/2024

Inspection Dates and Department Representative

09/10/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 Residents Served: 41

Secured Dementia Care Unit

In Home: Yes Area: entire home Capacity: 66 Residents Served: 41

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 41 Have Physical Disability: 0

Inspections / Reviews

09/10/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/04/2024

10/03/2024 - POC Submission

Submitted By [Redacted] Date Submitted: 10/10/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 10/14/2024

Inspections / Reviews *(continued)*

10/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 10/03/2024)

1. Resident [REDACTED] had [REDACTED] contract reviewed and signed on [REDACTED]
2. Current residents were audited to ensure there was a copy of their residential contract reviewed and signed by the resident. New residents will have their contract reviewed and signed upon admission.
3. The Executive Director/designee completed education with department heads on regulation-25b on contract signatures on [REDACTED]
4. The Executive Director or designee will audit resident contracts 1 time per week for 4 weeks to ensure any new residents have had their contract reviewed and signed. Findings will be submitted to the QAPI committee for review and recommendations.

Proposed Overall Completion Date: 10/10/2024

Licensee's Proposed Overall Completion Date: 10/10/2024

Implemented [REDACTED] 10/17/2024)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [REDACTED] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] - 10/03/2024)

1. Resident [REDACTED] had the resident rights and complaint procedures reviewed, signed and copy provided on [REDACTED]
2. Current residents were audited to ensure the residents rights and complaint procedure were reviewed, signed and provided a copy.
3. The Executive Director/designee completed educating the department heads on reviewing Resident Rights and Complaint Procedure upon admission on [REDACTED]
4. Executive Director or designee will audit resident admission documentation 1 time a week for 4 weeks to ensure any new residents have had the resident rights and complaint procedure reviewed and signed. Findings will be submitted to the QAPI committee for review and recommendations

Proposed Overall Completion Date: 10/10/2024

Licensee's Proposed Overall Completion Date: 10/10/2024

Implemented [REDACTED] - 10/17/2024)

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

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 10/03/2024)

- 1. DHS request for waiver evaluation form submitted and provided required documents to the burau of human services licensing on [REDACTED]. Staff Member A was removed from providing assistance with activities of daily living until waiver has been approved by DHS.
- 2. Current staff members will be audited to ensure educational qualifications are on file.
- 3. The Executive Director or designee completed educating the HR director on 55PA code Chapter 2600, educational requirements section on [REDACTED].
- 4. The Executive Director/designee will audit all new hires 1 time per week for 4 weeks to ensure educational qualifications are on file. Findings will be submitted to the QAPI committee for review and recommendations.

Proposed Overall Completion Date: 10/10/2024

Licensee's Proposed Overall Completion Date: 10/10/2024

Implemented [REDACTED] - 10/17/2024)

191 - Resident Right to Refuse

4. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [REDACTED], admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [REDACTED] - 10/03/2024)

- 1. Resident [REDACTED] had the resident rights reviewed, signed and copy provided on [REDACTED]
- 2. Current residents were audited to ensure the residents rights were reviewed, signed and provided a copy.
- 3. The Executive Director/designee educated department heads on reviewing Resident Rights upon admission on 9/13/24.
- 4. Executive Director or designee will audit resident admission documentation 1 time per week for 4 weeks to ensure any new residents have had the resident rights reviewed and signed. Findings will be submitted to the QAPI committee for review and recommendations.

Proposed Overall Completion Date: 10/10/2024

Licensee's Proposed Overall Completion Date: 10/10/2024

Implemented [REDACTED] - 10/17/2024)

231c - Preadmission Screening

5. Requirements

2600.

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

Description of Violation

Resident [redacted] was admitted to the Secured Dementia Care Unit (SDCU) on [redacted]. However, the resident's written cognitive preadmission screening was completed on [redacted].

Plan of Correction

Accept [redacted] - 10/03/2024)

- 1. Resident [redacted] preadmission screen was reviewed and found to be accurate.
- 2. Current residents who moved into the community in the last 3 months will be reviewed to ensure preadmission evaluation accuracy and timeliness.
- 3. The Executive Director/designee educated the department heads on completing the resident preadmission screening evaluation within 72 hours prior to admission on 9/13/24
- 4. Executive Director or designee will audit new resident preadmission screening evaluations 1 time per week for 4 weeks to ensure any new residents have had their evaluations completed 72 hours prior to admission. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 10/10/2024

Implemented [redacted] 10/17/2024)

234a - Admission Support Plan

6. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secured Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted].

Plan of Correction

Accept [redacted] 10/03/2024)

- 1. Resident [redacted] support plan was reviewed and found to be accurate to [redacted] needs.
- 2. Current residents who moved into the community in the last 3 months will be reviewed to ensure timeliness and that the support plans are accurate to resident's care needs.
- 3. The Executive Director/designee educated the department heads on completing the resident support plan within 2 hours of admission and accurate to the resident's care needs on 9/13/24.
- 4. The Executive Director or designee will audit new admissions support plan 1 time per week for 4 weeks to ensure new admissions have had their support plan completed within 72 hours. Findings will be submitted to the QAPI committee for review and recommendations.

Proposed Overall Completion Date: 10/10/2024

Licensee's Proposed Overall Completion Date: 10/10/2024

Implemented [redacted] - 10/17/2024)