

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

October 28, 2024

[REDACTED]
ARCADIA AT LIMERICK POINTE LLC
[REDACTED]

Suite 114
[REDACTED]

RE: ARCADIA AT LIMERICK POINTE
51 WEST ARCADIA DRIVE
LIMERICK, PA, 19468
LICENSE/COC#: 14795

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2024 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: ARCADIA AT LIMERICK POINTE **License #:** 14795 **License Expiration:** 05/18/2025
Address: 51 WEST ARCADIA DRIVE, LIMERICK, PA 19468
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: ARCADIA AT LIMERICK POINTE LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I 1 **Date:** 05/21/2024 **Issued By:** Limerick Township
Type: Other **Date:** 05/21/2024 **Issued By:** Limerick Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 121 **Waking Staff:** 91

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 08/13/2024

Inspection Dates and Department Representative

08/13/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 122 **Residents Served:** 86

Secured Dementia Care Unit

In Home: Yes **Area:** Compass Neighborhood **Capacity:** 48 **Residents Served:** 36

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 86
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 35 **Have Physical Disability:** 0

Inspections / Reviews

08/13/2024 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/09/2024

09/12/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/07/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 09/30/2024

Inspections / Reviews *(continued)*

10/28/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, and safe management techniques during training year 2023.

Plan of Correction

Accept (█ - 09/12/2024)

Staff member A is scheduled to attend annual training on 9/17 and 9/18/24. Training will include topics 1 through 7. Director of Nursing will be responsible to conduct the training.

To prevent future occurrences, Arcadia at Limerick Pointe is conducting in person bi-monthly annual training for new hire and annual employee trainings. Human Resources Director is responsible for coordinating and overseeing the topics covered for each training session. The trainings will occur every other week on Tuesdays and Wednesdays the next new hire annual training is scheduled on 9/1/ and 9/18.

Human Resources Director to audit all employee files to assure all required trainings in completed. Any employees found to be out of compliance with annual trainings will be scheduled to complete full audit to be completed by 9/25/24 any employees in need of completing 2023 training will be scheduled to complete training prior to 10/25/24.

On going compliance will be monitored and achieved by Human Resources Director conducting quarterly training compliance auditing and reporting results at Arcadia's Quarterly Quality Assurance Meetings. The remaining Quality Assurance meeting covering 3rd and 4th quarters in 2024 are scheduled on 10/10/24 and 1/16/25.

Proposed Overall Completion Date: 10/25/2024

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented (█ - 10/28/2024)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65g - Annual Training Content (continued)

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year 2023.

Plan of Correction

Accept [REDACTED] - 09/12/2024)

Staff member A is scheduled to attend fire safety training on 9/17. Training will be conducted by our Director of Maintenance; Arcadia's Director of Maintenance has been trained by a fire safety expert.

To prevent future occurrences, Arcadia at Limerick Pointe is conducting in person bi-monthly annual training for new hire and annual employee trainings. Human Resources Director is responsible for coordinating and overseeing the topics covered for each training session. The trainings will occur every other week on Tuesdays and Wednesdays the next new hire annual training is scheduled on 9/17 and 9/18/24 and every other week ongoing.

Human Resources Director to audit all employee files to assure all required trainings are completed. Any employees found to be out of compliance with annual trainings will be scheduled to complete, full audit to be completed by 9/25/24 any employees in need of completing 2023 training will be scheduled to complete training prior to 10/25/24.

On going compliance will be monitored and achieved by Human Resources Director conducting quarterly training compliance auditing and reporting results to Executive Director at Arcadia's Quarterly Quality Assurance Meetings. The remaining Quality Assurance meeting covering 3rd and 4th quarters in 2024 are scheduled on 10/10/24 and 1/16/25.

Proposed Overall Completion Date: 10/25/2024

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented [REDACTED] 10/28/2024)

227g Support Plan Signatures

3. Requirements

- 2600.
- 227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

227g -Support Plan Signatures (continued)

Plan of Correction

Accept [redacted] - 09/12/2024)

Resident [redacted] moved out of Arcadia at Limerick Pointe on [redacted]. Securing a signature on resident [redacted] Resident Assessment and Support Plan (RASP) is not possible at this time. Immediate correction is not possible due to resident moving from community.

Director of Nursing completed audit of all memory care and personal care residents to assure that all RASP's are appropriately signed. The audit was completed on 8/16/24.

Moving forward with-in 72 hours of a secured memory care resident move-in. Director of Nursing will conduct audits of all new secured memory care resident move-ins to assure that appropriate signatures are completed within 72 hours of move-in.

On going compliance will be monitored and achieved by Director of Nursing conducting quarterly Resident Assessment and Support Plan compliance auditing and reporting results to Executive Director at Arcadia's Quarterly Quality Assurance Meetings. The remaining Quality Assurance meeting covering 3rd and 4th quarters in 2024 are scheduled on 10/10/24 and 1/16/25.

Proposed Overall Completion Date: 09/30/2024

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

Implemented [redacted] - 10/28/2024)

234a - Admission Support Plan

4. 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 Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on 07/20/24.

Plan of Correction

Accept [redacted] - 09/12/2024)

Resident [redacted] was admitted to Secure Dementia Care Unit on [redacted]. The residents initial support plan was completed on 7/20/24. Executive Director reviewed regulation 2600. 234.a with Director of Nursing to assure that the secured dementia care residents RASP's are completed and signed with in 72 hours of initial move in.

234a - Admission Support Plan (continued)

Director of Nursing completed audit of all secured dementia care residents move-in dates and RASP completion dates.

Moving forward with-in 72 hours of a secured dementia care resident admission, Director of Nursing will complete the RASP.

On going compliance will be monitored and achieved by Director of Nursing conducting quarterly Resident Assessment and Support Plan compliance auditing and reporting results to Executive Director at Arcadia's Quarterly Quality Assurance Meetings. The remaining Quality Assurance meetings covering 3rd and 4th quarters in 2024 are scheduled on 10/10/24 and 1/16/25.

Proposed Overall Completion Date: 09/30/2024

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

Implemented [REDACTED] - 10/28/2024)