

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

January 8, 2025

[REDACTED]  
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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/30/2024 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]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 08/10/1995      **Issued By:** Labor & Industry

**Staffing Hours**

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

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 09/30/2024

**Inspection Dates and Department Representative**

09/30/2024 - 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:** NM

**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**

09/30/2024 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/09/2024

11/15/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 12/02/2024  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/20/2024

Inspections / Reviews *(continued)*

11/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/02/2024

01/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 51 Criminal Background Check

## 1. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

## Description of Violation

The home did not have a background check for the Hospice nurse that provided care for resident [REDACTED] on [REDACTED].

## Plan of Correction

Accept ( [REDACTED] - 11/15/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the [Executive Director, who presented the Hospice nurse's background check and license who provided care to resident [REDACTED] on [REDACTED] to the licensing representative. There was initially confusion due to the wrong name was documented by the home's nurse on duty. Additional documentation was obtained with Hospice nurse's signature to verify [REDACTED] provided the care to resident [REDACTED] on [REDACTED] and sent to licensing representative via email.

To enhance the currently compliant operations, on [REDACTED] the Executive Director met with Hospice representative to discuss protocol, they are aware of the credential requirement. Executive Director completed an in-service on [REDACTED] with RSC, Coordinators and RSS's.

Effective [REDACTED] the Executive Director will perform an audit of all Hospice staff to ensure proper credentials are in place, through [REDACTED] to maintain ongoing compliance with regulation 2600.51. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

All documentation available for review.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented ( [REDACTED] - 01/08/2025)

## 54a Direct Care Staff

## 2. 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] - 11/15/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the RSC who removed staff person A from the schedule until proper proof of education received for file. Staff person A did provide proof of compliance for education requirement.

**54a Direct Care Staff (continued)**

To enhance the currently compliant operations, the Executive Director completed an in service on [REDACTED] with Coordinators and Business Office Assistant on direct care staff requirements.

Effective [REDACTED] the Executive Director or designee will audit all direct care staff's personnel files to ensure all the proper documentation of education requirement is on file with a completion date of [REDACTED] to maintain ongoing compliance with regulation 2600.54.a. Any deficiencies will be corrected immediately, and findings regulation. will be documented and reviewed internally for continuous improvement purposes. All documentation available for review.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 01/08/2025)

**63b - Current First Aid Training****3. Requirements**

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

**Description of Violation**

Staff person A's CPR certification indicates the training provider as Life Training Resources. This training source is not certified as a trainer by a hospital and is not a recognized health care organization.

**Plan of Correction**

Accept [REDACTED] - 11/15/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Executive Director who informed staff person A's certification is not valid to meet regulation. Staff person A provided certification upon hire.

To enhance the currently compliant operations, the Executive Director completed an in service on [REDACTED] with Coordinators and Business Office Assistant on appropriate First Aid Training organization requirements.

Effective [REDACTED] the Executive Director completed an audit of all direct care staffs First Aid Training to ensure all certifications were completed by a recognized health care organization. All certifications were sent to licensing representative per request via email. To maintain ongoing compliance with regulation 2600.63b all direct care staff's certifications will be checked for validity if presented upon hire. The home offers First Aid Training at not cost to employees by a certified trainer through the American Heart Association. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. All documentation will be available for review.

Proposed Overall Completion Date: 11/08/2024

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented [REDACTED] - 01/08/2025)

**183f - Discontinued Medications**

**4. 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**

Resident [REDACTED] on [REDACTED] On [REDACTED], the following medications were present at the nurses station:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 11/15/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Resident Services Coordinator who disposed of medications properly.

To enhance the currently compliant operations, on [REDACTED] the Executive Director met with the Hospice representative to review the expectation of the Hospice nurse regarding disposal of all comfort medications upon the death of a resident under their care. The Executive Director will in-service all nursing supervisory staff regarding the disposal process with Hospice nurse with a completion date of [REDACTED]

Effective [REDACTED] the Resident Services Coordinator or designee will complete weekly med cart audits through [REDACTED] 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 and included on Quality Management reports.  
All documentation available for review.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 01/08/2025)

**187a - Medication Record**

**5. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED]. However, resident's [REDACTED] medication administration record does not indicate the special precautions that this medication must be refrigerated.

Resident [REDACTED] is prescribed [REDACTED] However, resident's [REDACTED] medication administration record does not

**187a Medication Record (continued)**

indicate a diagnosis or purpose for this medication.

Repeated Violation: 11/9/23, 5/22/23 et al.

**Plan of Correction****Accept** [REDACTED] - 11/18/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Resident Services Coordinator who wrote the proper diagnosis and special precautions on resident [REDACTED] medication administration record.

To enhance the currently compliant operations, The Executive Director will in service all nursing supervisory staff regarding the proper documentation on resident's medication administration record, including diagnosis and any special precautions with a completion date of [REDACTED].

Effective [REDACTED] the Resident Services Coordinator or designee will complete weekly med cart audits through [REDACTED] to maintain ongoing compliance with regulation 2600.187a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes and included on Quality Management reports.

All documentation available for review.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

**Implemented** [REDACTED] - 01/08/2025)