

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

January 6, 2025

[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 11/18/2024, 11/19/2024 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:** 04/12/2021 **Issued By:** Limerick Township

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 116 **Waking Staff:** 87

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 11/19/2024

**Inspection Dates and Department Representative**

11/18/2024 - On-Site: [REDACTED]  
 11/19/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 122 **Residents Served:** 83

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** MC1 & MC2 **Capacity:** 48 **Residents Served:** 33

**Hospice**

**Current Residents:** 6

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 83  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 33 **Have Physical Disability:** 0

**Inspections / Reviews**

11/18/2024 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/13/2024

12/19/2024 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 01/06/2025  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/03/2025

Inspections / Reviews *(continued)*

01/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 18 - Compliance With Laws

## 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

## Description of Violation

On [REDACTED] and [REDACTED], the Department of Health's influenza awareness poster was not displayed in a public place in the home as required by the Influenza Awareness Act of 2016.

## Plan of Correction

Accept [REDACTED] - 12/19/2024)

During day one of the survey on [REDACTED], the Department of Health's influenza awareness poster was posted in three separate locations. The first location is in our main personal care lobby area in the glass enclosed bulletin board information case. The second location is on the first-floor memory care glass enclosed bulletin board information case. The third location is on our second-floor memory care glass enclosed bulletin board information case.

Executive Director, Business Office Manager or designee will audit weekly for three months to ensure that the Department of Health's influenza awareness poster remains visible, posted, and secure in the three designated locations.

Business Office Manager will report quarterly to ensure that the Department of Health's influenza awareness poster is posted in their designated locations at our 2025 quarterly Quality Assurance Meetings.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] 01/06/2025)

## 42s - Privacy

## 2. 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

On [REDACTED] and [REDACTED], no signs were posted to indicate that cameras were video recording the front entrance of the home.

## Plan of Correction

Accept [REDACTED] - 12/19/2024)

A sign has been hung up on [REDACTED] in the main vestibule entrance area indicating "This Community's Parking Lot and Entrances are Protected by Video Monitoring and Recording".

Executive Director, Business Office Manager or designee will audit weekly for three months that the video and monitoring sign in the entrance vestibule remains posted and visible in its designated location.

**42s - Privacy (continued)**

*Business Office Manager will report at the upcoming 2025 quarterly Quality Assurance meetings that the auditing has been completed to ensure ongoing compliance that the video and monitoring sign in the entrance vestibule remains visible and posted in the personal care entrance vestibule.*

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] 01/06/2025)

**65f - Training Topics****3. 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 the following topics during training year 2023:*

- *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.*
- *Care for residents with dementia and cognitive impairments.*
- *Personal care service needs of the resident.*

*Repeat violation: 8/13/2024.*

**Plan of Correction**

Accept ( [REDACTED] - 12/19/2024)

*Staff member A received [REDACTED] annual training on Tuesday, December 10, 2024. The training was conducted by our Director of Nursing and the following topics were covered but not limited to during the training. 1. Medication self-administration training. 2. Instructions on meeting the needs of the residents as described on the pre-admission screening form, assessment tool, medical evaluation form and support plan. 3. Care for residents with dementia and cognitive impairments. 4. Infection control. 5. Personal care service needs of the resident. 6. Safe management techniques. 7. Care for residents with mental illness.*

**65f - Training Topics (continued)**

To prevent future occurrences, Arcadia at Limerick Pointe is conducting in person bi-weekly annual training for all new hire and annual employees. Human Resources Director is responsible for scheduling and tracking compliance for all required trainings. The trainings are scheduled every other week on Tuesdays and Wednesdays. The next new hire training is scheduled for [REDACTED] and every other week thereafter to ensure training compliance is achieved.

Human Resource Director is assigned to audit all Direct Care Staff employee files to ensure all required trainings are completed. Any employees found to be out of compliance with any annual trainings will be scheduled to complete. Full audit to be completed by 12/27/24. Any employees needing to complete any areas of the 2024 trainings will be scheduled to complete training prior to 01/31/2024.

Ongoing compliance will be monitored and achieved by Human Resource Director conducting quarterly training compliance auditing and reporting results to Executive Director at Arcadia's Quarterly Quality Assurance Meetings.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/06/2025)

**65g - Annual Training Content****4. 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:

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 B did not receive training in falls and accident prevention during training year 2023.

Repeat violation: 8/13/2024.

**Plan of Correction**

Accept [REDACTED] - 12/19/2024)

Staff member B is scheduled to be trained in Falls and Accident Prevention on Friday, December 20, 2024. Training will be provided by assigning the training course through our Learning Management System.

To prevent future occurrences, Arcadia at Limerick Pointe is conducting in person bi-weekly annual training for all new hire and annual employees. Human Resources Director is responsible for scheduling and tracking compliance for all required trainings. The trainings are scheduled every other week on Tuesdays and Wednesdays. The next new hire training is scheduled for 1/7/25-1/8/25 and every other week thereafter to ensure training compliance is achieved.

**65g - Annual Training Content (continued)**

Human Resource Director is assigned to audit all ancillary staff for Falls and Accident Prevention training. The audit will be completed by Wednesday, December 18, 2024. Any ancillary staff employees found to be out of compliance with all annual trainings will be assigned a Falls and Accident Prevention training course through our Learning Management System with required completion by 12/31/2024.

Ongoing compliance will be monitored and achieved by Human Resource Director by conducting quarterly training compliance and reporting results to Executive Director at Arcadia's Quarterly Quality Assurance Meetings.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/06/2025)

**181d - Storing Medication****5. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**Description of Violation**

Resident [REDACTED] self-administers medications. The resident stores the medications in an unlocked container on their bedroom nightstand.

**Plan of Correction**

Accept [REDACTED] - 12/19/2024)

A small, locked cabinet was installed in resident [REDACTED] apartment on [REDACTED]. Resident [REDACTED] medications are now secured in the locked cabinet. Resident [REDACTED] was reeducated by Director of Nursing about the safety and importance of keeping medications in a locked storage location.

All self-medicating residents' apartments will be audited by Director of Nursing prior to Friday, 12/31/24, to ensure that they all have a safe and secure locking storage area for their medications and protect against contamination, spillage and theft.

All residents that self-administer will be re-educated prior to 12/31/24 by our Director of Nursing on the proper storage and security of medications.

Director of Nursing, Executive Director, or designee will audit weekly for three months that the self-medicating residents are maintaining compliance with locking all medications in a secured area.

Ongoing compliance will be monitored and achieved by Director of Nursing by reporting at quarterly Quality Assurance Meetings on the continued compliance of self-medication residents and securing their medications in a locked cabinet.

Licensee's Proposed Overall Completion Date: 03/31/2025

181d -Storing Medication (*continued*)

*Implemented* [REDACTED] - 01/06/2025)