

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

February 25, 2025

[REDACTED]  
ARDEN COURTS WARMINSTER OF HATBORO PA LLC  
[REDACTED]  
[REDACTED]

RE: ARDEN COURTS (WARMINSTER)  
779 WEST COUNTY LINE ROAD  
HATBORO, PA, 19040  
LICENSE/COC#: 12996

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2024 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 (WARMINSTER) **License #:** 12996 **License Expiration:** 06/14/2025  
**Address:** 779 WEST COUNTY LINE ROAD, HATBORO, PA 19040  
**County:** BUCKS **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** ARDEN COURTS WARMINSTER OF HATBORO PA LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 03/29/2000 **Issued By:** COPA L & I

**Staffing Hours**

**Resident Support Staff:** **Total Daily Staff:** 62 **Waking Staff:** 47

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident **Exit Conference Date:** 12/16/2024

**Inspection Dates and Department Representative**

12/16/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 60 **Residents Served:** 31  
**Secured Dementia Care Unit**  
**In Home:** Yes **Area:** Entire area **Capacity:** 60 **Residents Served:** 31  
**Hospice**  
**Current Residents:** 3  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 31  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 31 **Have Physical Disability:** 0

**Inspections / Reviews**

12/16/2024 Partial  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/24/2025

01/21/2025 - POC Submission  
**Submitted By:** [REDACTED] **Date Submitted:** 02/21/2025  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/31/2025

Inspections / Reviews *(continued)*

02/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at 10:30 AM, Staff person A heard a verbal altercation in the hallway and witnessed Resident [redacted] approach Resident [redacted] who was sitting in their wheelchair, and hit the left side of the resident's head with a closed fist. The incident was also witnessed by Staff person B, who immediately separated the two residents. Staff Person A subsequently reported the incident to Staff persons C and D, who came to assess the situation. However, this allegation of abuse was not reported to the local Area Agency on Aging until [redacted] at 11:00 AM.

Plan of Correction

Accept [redacted] - 01/21/2025)

- 1. Staff members A, B, C and D were educated on the "Resident Protection Policy". Area Agency on Aging was notified on [redacted] at 11am. Both resident [redacted] and Resident [redacted] were separated and intervention was put into place for both residents.
- 2. Executive Director audited the past 3 months of abuse reports to ensure timely reporting to Area Agency on Aging. Audit completed on 1/15/25 with no negative findings.
- 3. Executive Director/designee completed educating nursing staff on the "Resident Protection Policy" on 12/6/25.
- 4. Executive Director/designee will audit allegations of abuse 1x/week for 1 month to ensure notification to Area Agency on Aging is completed timely. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 2/19/25.

Licensee's Proposed Overall Completion Date: 02/19/2025

Implemented ([redacted] - 02/25/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 10:30 AM, Staff person A heard a verbal altercation in the hallway and witnessed Resident [redacted] approach Resident [redacted], who was sitting in their wheelchair, and hit the left side of the resident's head with a closed fist. The incident was also witnessed by Staff person B, who immediately separated the two residents. Staff Person A subsequently reported the incident to Staff persons C and D, who came to assess the situation. However, this allegation of abuse was not reported to the Department until [redacted] at 11:30 AM.

Plan of Correction

Accept [redacted] - 01/21/2025)

- 1. Staff members A, B, C and D were educated on the "Resident Protection Policy". The Department's personal care home regional office was notified on [redacted] at 11:30am. Both resident [redacted] and Resident [redacted] were separated and intervention was put into place for both residents.
- 2. Executive Director audited the past 3 months of abuse reports to ensure timely reporting to the Department's personal care home regional office. Audit completed on 1/15/25 with no negative findings.
- 3. Executive Director/designee completed educating nursing staff on the "Resident Protection Policy" on 12/6/25.

**16c Written Incident Report (continued)**

4. Executive Director/designee will audit allegations of abuse 1x/week for 1 month to ensure notification to the Department's personal care home regional office is completed timely. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 2/19/25.

Licensee's Proposed Overall Completion Date: 02/19/2025

Implemented [REDACTED] 02/25/2025)

**141b1 - Annual Medical Evaluation****3. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident [REDACTED] most recent annual medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 01/21/2025)

1. Resident [REDACTED] had a medical evaluation on [REDACTED]. Resident [REDACTED] expired on [REDACTED]. Due to the time frame requirements, the is unable to be corrected.
2. Current residents were reviewed to ensure medical evaluations were completed annually. Any that were identified as outstanding will be completed by 1/23/25.
3. Executive Director educated Resident Services Coordinator on regulation 2600.141.b.1 regarding at least annual medical evaluation requirements
4. Executive Director/designee will audit resident medical evaluations 1x/week for 1 month to ensure annual medical evaluations are completed timely. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 2/19/25.

Licensee's Proposed Overall Completion Date: 02/19/2025

Implemented [REDACTED] - 02/25/2025)