

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

April 4, 2025

[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 02/19/2025 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

Type: C-2 LP Date: 04/24/1995 Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 74 Waking Staff: 56

Inspection Information

Type: Partial Notice: Announced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 02/19/2025

Inspection Dates and Department Representative

02/19/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 66 Residents Served: 37

Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 66 Residents Served: 37

Hospice
 Current Residents: 8

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 37 Have Physical Disability: 0

Inspections / Reviews

02/19/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/17/2025

03/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/02/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/02/2025

Inspections / Reviews *(continued)*

04/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 9:12 AM, resident information including a 24-hr nursing communication binder, antipsychotic monitoring, and a resident lab book were unlocked, unattended, and accessible in an open health center office.

Plan of Correction

Accept [REDACTED] - 03/17/2025)

Health center office was immediately locked and secured on 2/19/25.

Assistant Executive Director rounded the community on 2/19/2025 to ensure resident information is secured and inaccessible when unattended.

Resident Services Coordinator completed education with nurses and medication technicians on chapter 2600.17- confidentiality of records on 2/20/2025.

Resident Services Coordinator / designee will audit access to publicly accessible locations 1 time per week for 4 weeks to ensure resident information is secured and inaccessible. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/04/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Head and shoulders shampoo, with a manufacture's label indicating "If swallowed get medical help", was unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home, including resident [REDACTED] who resides in room [REDACTED], have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] 03/17/2025)

Head and shoulders shampoo was immediately removed and placed in the appropriate locked storage area in room [REDACTED] on 2/19/25.

Assistant Executive Director completed an audit of the community to check for any poisonous materials left unlocked, unattended or accessible to ensure safe keeping on 2/20/2025.

Resident Services Coordinator /designee will educate nursing and housekeeping staff on regulation 82c – locking poisonous materials by 3/26/25

Assistant Executive Director / designee to complete community rounds 2 times per week for 4 weeks to ensure environmental safety and that no poisonous material is accessible within the home. Findings will be submitted and

82c Locking Poisonous Materials (continued)

reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented (████ - 04/04/2025)

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On █████ at 9:37 AM, there was no method to dry hands in the bathroom of room █████.

Plan of Correction

Accept █████ - 03/17/2025)

Hand towels were immediately placed in the bathroom of room █████ on 2/19/2025.

Current residents' rooms were inspected by the Assistant Executive Director on 2/20/25 to ensure each occupied room had a method to dry hands.

The Resident Services Coordinator / designee will educate nursing and housekeeping staff on regulation 2600.85(a) sanitary conditions by 3/26/2025.

Assistant Executive Director / designee to complete environment rounds 2 times per week for 4 weeks to ensure occupied rooms have a method to dry hands. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented █████ - 04/04/2025)

85d - Trash Receptacles**4. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On █████ at 9:12 AM there was a half full, unattended trash can in the Harvest Glen kitchen with an inoperable lid that did not allow closure.

Plan of Correction

Accept █████ - 03/17/2025)

Lid for Harvest Glen trashcan was replaced by Building Services Coordinator on 2/19/25. New trashcans were purchased for each house within the community by Building Services Coordinator on 2/19/2025.

Building Services Coordinator completed an audit of the community to ensure that trash receptacles within the home have a lid that closes.

Resident Services Coordinator / designee will educate nursing and housekeeping staff on chapter 2600.85(d) all trash receptacles shall be covered by 3/26/25.

Building Services Coordinator / designee to complete environmental rounds 1 time per week for 4 weeks to ensure compliance of maintaining covered trash receptacles in the home. Findings will be submitted and reviewed by the

85d - Trash Receptacles (continued)

QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented () - 04/04/2025)

102h - Toilet Paper**5. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On () at 9:37 AM, there was no toilet paper for the toilet in the bathroom ()

Plan of Correction

Accept () - 03/17/2025)

Toilet paper was immediately replaced in bathroom () on 2/19/25

Current resident rooms were inspected by the Assistant Executive Director on 2/20/25 to ensure toilet paper was provided for every bathroom.

Resident Services Coordinator / designee will educate nursing and housekeeping staff on chapter 2600.102(h)- toilet paper shall be provided for every bathroom by 3/26/25.

Assistant Executive Director / designee to complete environment rounds 2 times per week for 4 weeks to ensure toilet paper is provided for every bathroom. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented () - 04/04/2025)

103g - Storing Food**6. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The sugar container in the bottom cabinet of the Harvest Glen kitchen was opened, unsealed and jammed under a shelf next to a glue trap.

Plan of Correction

Accept () - 03/17/2025)

Unsealed sugar found in Harvest Glen kitchen cabinet was immediately discarded of on 2/19/2025.

Assistant Executive Director conducted environmental rounds of food storage areas within the home to locate and discard any additional unsealed, unlabeled food products. This was completed on 2/20/2025 with no additional findings.

Assistant Executive Director / designee will educate nursing and dietary staff on chapter 2600.103(g)- food shall be stored in closed or sealed containers by 3/26/25.

Assistant Executive Director / designee to complete environmental rounds for each neighborhood's food storage area 2 times per week for 4 weeks to ensure food is properly sealed, labeled and stored. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for

103g - Storing Food (continued)

submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/04/2025)

121a - Unobstructed Egress**7. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 9:29 am, the back gate exit behind the Dockside neighborhood was unable to be opened due to the gate not properly being on its hinges and the gate door settling into the dirt and grass.

Plan of Correction

Accept [REDACTED] - 03/17/2025)

The outdoor gate behind Dockside neighborhood was immediately corrected by the Building Services Coordinator to ensure egress was unobstructed on 2/19/25.

Building Services Coordinator completed outdoor rounds on 2/19/2025 to ensure outdoor egress routes were unobstructed.

Assistant Executive Director completed education on 2/20/2025 with Building Services Coordinator on chapter 2600.121(a)- unobstructed egress.

Assistant Executive Director / designee to complete environmental rounds of outdoor egress routes 1 time per week for 4 weeks to ensure routes are unblocked and unobstructed. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/04/2025)

183c - Refrigerated Meds Locked**8. Requirements**

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On [REDACTED] at 9:12 AM, [REDACTED] prescribed for resident [REDACTED] and [REDACTED] [REDACTED] prescribed for resident [REDACTED] were unlocked and accessible in the refrigerator in the unlocked health center.

Plan of Correction

Accept [REDACTED] - 03/17/2025)

Refrigerator in health center was immediately locked on 2/19/2025. New lock was placed on health center's refrigerator for med storage on 2/20/2025 by Building Services Coordinator.

Assistant Executive Director completed audit of medication storage on 2/19/2025 to ensure all medications were locked and secured within the community.

Resident Services Coordinator completed education to all nurses and medication technicians on chapter

183c - Refrigerated Meds Locked (continued)

2600.183(c)- refrigerated medication shall be kept in a locked container on 2/20/2025.

Resident Services Coordinator / designee to complete med storage checks 2 times per week for 4 weeks to ensure medications are locked and secured. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] 04/04/2025)

183e - Storing Medications**9. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] [REDACTED] belonging to resident [REDACTED], was stored uncapped in the Berry Ridge medication cart. According to the manufacturer's instructions the container should be recapped after use.

Plan of Correction

Accept ([REDACTED] 03/17/2025)

Uncapped deep sea nasal spray was corrected by Resident Services Coordinator who secured lid back onto nasal spray bottle on 2/19/25. Staff member who left nasal spray uncapped was identified and educated on proper med storage in accordance with manufacturer's instructions.

Comprehensive review of medication storage areas completed by Resident Services Coordinator to ensure medications are stored in accordance with manufacturer's instructions.

Resident Services Coordinator / designee will educate nurses and medication technicians on chapter 2600.183(e)-medications shall be stored in accordance with manufacturer's instructions by 3/26/25.

Resident Services Coordinator / designee to audit medication storage 2 times per week for 4 weeks to ensure medication is stored in accordance with manufacturer's instructions. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] 04/04/2025)

187b - Date/Time of Medication Admin.**10. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], give every 6 hours as needed and [REDACTED] tablet give 1 tablet by mouth every day. Resident [REDACTED] 2/2025 medication administration record does not include the initials of the staff person who administered these medications on 2/19/2025 at 9 AM.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept [REDACTED] 03/17/2025)

Resident [REDACTED] received medications as ordered. Staff member who administered medication received education on "Medication Administration: Medication Pass".

Comprehensive review of MARS completed by Resident Services Coordinator to ensure accurate documentation of medication administration.

The Resident Services Coordinator / designee completed education with nurses and medication technicians on "Medication Administration: Medication Pass" on 2/19/2025.

Resident Services Coordinator / designee to complete MARS audits 2 times per week for 4 weeks to ensure medication documentation at time of administration is accurate. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/04/2025)

187d - Follow Prescriber's Orders

11. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] give one tablet every 8 hours for anxiety. However, resident [REDACTED] was administered [REDACTED] on [REDACTED] and [REDACTED] at 6 AM, 2 PM and 8 PM.

Staff person A stated the medication was administered to the resident early because their shift was ending at 9 PM.

Plan of Correction

Accept [REDACTED] - 03/17/2025)

Staff person A who administered medication to resident [REDACTED] was placed on suspension on [REDACTED]. Findings from investigation resulted in termination of staff member A on [REDACTED] who failed to follow directions of prescriber. Comprehensive review of MARS completed by Resident Services Coordinator to ensure proper documentation of medication administration following directions of prescriber.

The Resident Services Coordinator / designee will complete education with nurses and medication technicians on "Medication Administration: Medication Pass" by 3/26/25.

Resident Services Coordinator/ designee to complete MARS audit 2 times per week for 4 weeks to ensure proper medication administration that follows prescribers' directions. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/04/2025)

202 - Prohibitions

12. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet at 6 AM, 2 PM, and 10 PM and [REDACTED] give every 8 hours as needed for anxiety. According to staff person A, [REDACTED] is administered to resident [REDACTED] to control behaviors prior to care. On [REDACTED] at 8 PM, staff person A administered resident's straight order of [REDACTED], which was not due until 10 PM, and resident's PRN of [REDACTED] because [REDACTED] was leaving at 9 PM and did not want the resident to cause problems for staff person B who was in training. According to staff person A, resident [REDACTED] showed no signs of anxiety prior to the administration of the medication.

Plan of Correction

Accept ([REDACTED] - 03/17/2025)

Staff person A who administered medication to resident [REDACTED] was placed on suspension on [REDACTED]. Findings from investigation resulted in termination of staff member A on 2/24/2025 who failed to provide proper documentation for PRN medication administration.

Comprehensive review of MARS completed by Resident Services Coordinator to ensure proper documentation of PRN medications.

The Resident Services Coordinator / designee will complete education with nurses and medication technicians on chapter 2600.202- prohibitions by 3/26/25.

Resident Services Coordinator/ designee to complete MARS audit 2 times per week for 4 weeks to ensure proper documentation of PRN medication administration. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] 04/04/2025)

233c - Key-Locking Devices

14. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near many of the doors to the Secure Dementia Care Unit (SDCU), including in the Harvest Glen kitchen, the back exit of Harvest Glen, the exit in front of The Style Place, the back exit door in Berry Ridge, the exit gate outside behind Berry Ridge, and the front exit of the home.

Plan of Correction

Accept [redacted] - 03/17/2025)

Missing door codes were immediately posted in a conspicuous area in Harvest Glen kitchen, back exit of Harvest Glen, the exit in front of The Style Place, back exit door of Berry Ridge, the exit gate outside behind Berry Ridge, and the front exit of the home on 2/19/2025.

Egress routes within the community were inspected by the Assistant Executive Director on 2/20/2025 to ensure door codes were posted in a conspicuous area.

The Assistant Executive Director completed education on 2/20/25 with department heads on chapter 2600.233(c)- door codes must be posted in a conspicuous area for all egress routes.

Assistant Executive Director / designee to complete audit for egress routes 1 time per week for 4 weeks to ensure door codes are posted in a conspicuous area within the secured community. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 3/27/25. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [redacted] - 04/04/2025)