

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

May 16, 2025

[REDACTED], ADMINISTRATOR
OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (OLD ORCHARD)
4098 FREEMANSBURG AVENUE
EASTON, PA, 18045
LICENSE/COC#: 22604

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2025 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 (OLD ORCHARD) License #: 22604 License Expiration: 01/17/2026
 Address: 4098 FREEMANSBURG AVENUE, EASTON, PA 18045
 County: NORTHAMPTON Region: NORTHEAST

Administrator

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

Legal Entity

Name: OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/07/1995 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 120 Waking Staff: 90

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/02/2025

Inspection Dates and Department Representative

04/02/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 Residents Served: 60

Secured Dementia Care Unit

In Home: Yes Area: Entire Home Capacity: 64 Residents Served: 60

Hospice

Current Residents: 16

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: 60 Have Physical Disability: 0

Inspections / Reviews

04/02/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2025

04/28/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/02/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/03/2025

Inspections / Reviews *(continued)*

05/16/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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 3/16/25, 3/17/25, and 3/18/25 the home did not administer the medication Allopurinol 100mg at 9 a.m. to resident #1 because the medication was not available to be administered. The home did not notify the department’s regional office as required.

Plan of Correction

Accept ([redacted]) - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Resident Service Coordinator to send an incident report to DHS reporting the missed dosages of medications.

To enhance the currently compliant operations, on 04/21/2025 the Resident Service Coordinator eddicated the licenses nurses and med techs on regulation 16C reporting missed medications, Resident service coordinator will conduct med cart audits weekly for four weeks, with a completion date of 05/12/2025.

Effective 04/21/2025 the Resident Seervice Coordinator or designee will perform weekly audits through 05/12/2025 to maintain ongoing compliance with reporting an 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, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented ([redacted]) - 05/15/2025)

65f - Training Topics

2. Requirements

2600.

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

- 1. Medication self-administration training.

Description of Violation

Staff persons A (DOH [redacted]) and B (DOH [redacted]) did not receive training in the required training topic Medication Self Administration during the 2024 annual training year.

Plan of Correction

Accept ([redacted]) - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Executive Director or designee to Staff person A and Staff person B were educated on the topic medication self adminstration.

65f - Training Topics (continued)

To enhance the currently compliant operations, on 04/21/2025 the Executive Director or designee will Annual training plan was updated to include the topic of medication self administration, with a completion date of 05/12/2025.

Effective 04/21/2025 the Executive director or designee will perform quarterly audits through 05/12/2025 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self-administration training. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█) - 05/15/2025

65g - Annual Training Content**3. 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:

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff persons A (DOH █) and C (DOH █) did not receive training in the required training topic Older Adult Protective Services Act during the 2024 annual training year.

Plan of Correction

Accept (█) - 04/28/2025

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Executive Director to 04/03/2025 by the Executive Director to Staff person A and Staff person C were educated on the topic Older Adult Protective Services Act.

To enhance the currently compliant operations, on 04/21/2025 the executive Director will reviewed the annual training plan for 2025 and updated it to include the topic of Older Adult Protective Services Act for ancillary staff and volunteers, with a completion date of 05/12/2025, with a completion date of 05/12/2025.

Effective 04/21/2025 the Executive Director will perform quarterly audits through 05/12/2025 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█) - 05/15/2025

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

85d - Trash Receptacles (continued)

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

At 9:45 a.m. a recycling container in the Clover Kitchenette was observed containing discarded food and was not covered with a lid.

Plan of Correction

Accept (█ - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Building Service Coordinator to replace the trash can with a trash can that has a lid.

To enhance the currently compliant operations, on 04/21/2025 the Building Service Coordinator will do a weekly inspection of all the trash receptacles and the intergerity of the lids, with a completion date of 05/12/2025.

Effective 04/21/2025 the Building Service Coordinator will perform weekly inspections through 05/12/2025 to maintain ongoing compliance with keeping trash in kitchens and bathrooms in covered trash receptacles that prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█ - 05/15/2025)

91 - Telephone Numbers

5. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 10:05 a.m. the telephone numbers required by this regulation were not posted at or near the phone in the Berry Ridge Kitchenette.

Plan of Correction

Accept (█ - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Building Service Coordinator to Replace the telephone numbers to an area closer to the phone.

To enhance the currently compliant operations, on 04/21/2025 the Building Service Coordinator will do weekly inspection to ensure all telephone numbers are next to the telephones, with a completion date of 05/12/2025.

91 - Telephone Numbers (continued)

Effective 04/21/2025 the Building Service Coordinator will perform weekly inspections through 05/12/2025 to maintain ongoing compliance with posting telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by each telephone with an outside line. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█ - 05/15/2025)

103e - Left Overs**6. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:55 a.m. a paper bag with containers of left over food was observed in the Harvest Glen kitchenette's refrigerator. The food was unlabeled and undated.

Plan of Correction

Accept (█ - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/02/2025 by the Food Service Coordinator to discarded the unlabeled and undated food item.

To enhance the currently compliant operations, on 04/21/2025 the Food Service Coordinator will Resident Caregivers and Food Service staff were educated about labeling and dating food items in the refrigerator, with a completion date of 05/12/2025.

Effective 04/21/2025 the Food Service Coordinator will perform weekly audits through 05/12/2025 to maintain ongoing compliance with ensuring food served and returned from an individual's plate is not be served again or used in the preparation of other dishes, and ensure leftover food is labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█ - 05/15/2025)

103f - Refrigerator/Freezer Temps**7. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:15 a.m. and 2:30p.m., the temperature in the Dockside kitchenette freezer measured 10 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept (█ - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Building Service Coordinator to replace the thermometer in the freezer of dockside. With the new thermometer in place the freezer temp was retaken and observed to be at 0 degrees.

To enhance the currently compliant operations, on 04/21/2025 the Food Service Coordinator or designee will conducted weekly rounds and check the temperatures of all the units refrigerators and freezer to ensure they are in good working condition, with a completion date of 05/12/2025.

Effective 04/21/2025 the Food Service Coordinator will perform daily audits through 05/12/2025 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█ - 05/15/2025)

103i - Outdated Food

8. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 10:15a.m. a plastic storage container with cereal, appearing to be fruit loops, was observed in a cabinet in the Dockside Kitchenette. The container did not have a label with a date the food was stored in the container.

Repeat violation: 3/21/24.

Plan of Correction

Accept (█ - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/02/2025 by the Food Service Coordinator to discarded the unlabeled cereal.

To enhance the currently compliant operations, on 04/21/2025 the Food Service Coordinator will Food Service Coordinator educated the resident caregivers and food service staff about labeling and dating food items in food storage containers, with a completion date of 05/12/2025.

Effective 04/21/2025 the Food Service Coordinator will perform weekly audits through 05/12/2025 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█ - 05/15/2025)

105g - Lint Removal and Duct Cleaning

9. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 10:20 a.m. the vent located above the dryer in Dockside House was covered with a layer of lint.

Plan of Correction

Accept (█) - 04/28/2025

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Building Service Coordinator to clean the lint above the dryer.

To enhance the currently compliant operations, on 04/21/2025 the Building Service Coordinator will conduct a weekly inspection of all the vents in the laundry rooms, for any residue of lint, with a completion date of 05/12/2025. Effective 04/21/2025 the Building Service Coordinator will perform weekly inspections through 05/05/2025 to maintain ongoing compliance with reducing the risks of fire hazards, by removing lint from lint traps and drums of clothes dryers after each use, and to ensure lint is cleaned from vent ducts and internal and external ductwork of clothes dryers according to the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█) - 05/15/2025

121a - Unobstructed Egress

10. 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

At 9:30 a.m. the path to the exit door located in the Studio activity room that exits to the courtyard was blocked by residents seated in wheelchairs around tables that were placed near the doorway.

Repeat violation: 3/21/24.

Plan of Correction

Accept (█) - 04/28/2025

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/02/2025 by the Program Service Coordinator to remove the residents in the wheelchairs that were blocking the doorway.

To enhance the currently compliant operations, on 04/21/2025 the Program Service Coordinator will the tables were moved and marked where seating for residents is permitted, with a completion date of 05/12/2025.

Effective 04/21/2025 the Program Service Coordinator will perform daily checks through 05/12/2025 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

121a - Unobstructed Egress (continued)

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█) - 05/15/2025)

125a - Combustible Storage

11. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 10:30 a.m. trash cans with combustible materials were being stored directly in front of gas-powered water heaters in the Maintenance Office.

Repeat violation: 3/21/24.

Plan of Correction

Accept (█) - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Building Service Coordinator to to remove the trash cans away from the gas-powered water heaters in the maintenance office.

To enhance the currently compliant operations, on 04/21/2025 the Building Service Coordinator will be educated on regulation 2600.125a., The building Service Coordinator will conduct a weekly check of combustible an flammable materials stored near heat sources or hot water heaters, with a completion date of 05/12/2025.

Effective 04/21/2025 the Building Service Coordinators will perform weekly checks through 05/12/2025 to maintain ongoing compliance with locating combustible and flammable materials away from heat sources or hot water heaters. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█) - 05/15/2025)

132c - Fire Drill Records

12. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill log indicates a fire drill was conducted on 12/17/24. The fire drill record did not include the actual time the drill was conducted.

Repeat violation: 3/21/24.

Plan of Correction

Accept (█) - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate

132c - Fire Drill Records (continued)

action was taken on 04/03/2025 by the Executive Director to Educate the Building Coordinator on 2600.132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

To enhance the currently compliant operations, on 04/21/2025 the Building Service Coordinator will audit fire drill logs for date, time, the amount of time it takes for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative, with a completion date of 05/12/2025. Effective 04/21/2025 the Building Service Coordinator will perform monthly audits through 06/02/2025 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/02/2025

Implemented () - 05/15/2025

132e - Fire Drill Sleeping Hours**13. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's fire drill log indicates a sleeping hour drill was conducted on 6/18/24 at 11:46 p.m. The next sleeping hour drill was not conducted until 3/23/25 at 5:10 a.m., more than six months later.

Plan of Correction

Accept () - 04/28/2025

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/23/2025 by the Building Service Coordinator, A fire drill was conducted in March due to missing a sleep hour fire drill in December 2024.

To enhance the currently compliant operations, on 04/21/2025 the Building Service Coordinator will be educated about regulation 2600.132.e. A fire drill shall be held during sleeping hours once every 6 months. The fire drill log was updated to reflect sleeping hour fire drill 6 months a part, with a completion date of 05/12/2025. Effective 04/21/2025 the Building Service Coordinator will perform biannually reviews through 05/12/2025 to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented () - 05/15/2025

132e - Fire Drill Sleeping Hours (*continued*)

183e - Storing Medications

14. 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

Resident #2 has an order for Oyster Shell Calcium, 1 tablet daily at 8am. The pharmacy label incorrectly states that the order is for 1 tablet twice daily.

The Novolog and Glargine insulin pens belonging to resident #3 were not labeled with the date they were opened for use and the initials of the person who opened the pens.

The Toujeo Solostar and Lispro insulin pens belonging to resident #4 were not labeled with the date they were opened for use and the initials of the person who opened the pens.

The Toujeo Solostar pen is to be discard 56 days after it is opened for use according to the manufacturer's instructions.

The Novolog, Glargine, and Lispro pens are to be discarded 28 days after they are opened for use according to the manufacturer's instructions.

Repeat violation: 3/21/24.

Plan of Correction**Accept () - 04/28/2025)**

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Resident Service Coordinator to to replace label on resident#2 Oyster Shell Calcium. The Novolog and Glargine insulin pens belonging to resident #3 had a open date placed on it with initials. The Toujeo Solostar and Lispro insulin pens belonging to resident #4 had an open date place on it with initials. To enhance the currently compliant operations, on 04/21/2025 the Resident Service Coordinator will educated all nurse's and med techs about regulation 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.

Weekly med carts will be conducted for 4 weeks by the resident service coordinator or designee to ensure all medications are properly labled, and have open dates with initials, with a completion date of 05/12/2025.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented () - 05/15/2025)

187a - Medication Record

15. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 has an order for Metoprolol 25mg, one tablet daily and Pravastatin Sodium 80mg, one tablet daily. The Medication administration record did not include a diagnosis or purpose for this medication.

Resident #5 has an order for Alprazolam .25mg, one tablet three times daily. The Medication administration record

187a - Medication Record (continued)

did not include a diagnosis or purpose for this medication.

Plan of Correction

Accept (█) - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Resident Service Coordinator to place diagnosis and purpose for the metoprolol 25mg, and Pravastatin sodium 80mg tablet, also diagnosis and purpose for resident#5 Alprazolam was added. The resident service coordinator will educate all nurse's and med techs about regulation 2600.187.a. A medication record shall be kept including the following for each resident for whom medications are administered: 2600.187.a.12. Diagnosis or purpose for the medication, including pro re nata (PRN).

To enhance the currently compliant operations, on 04/21/2025 the Resident Service Coordinator will conduct weekly med cart audits for missing diagnosis or purposes for medications for four weeks, with a completion date of 05/12/2025.

Effective 04/21/2025 the Resident Service Coordinator will perform weekly audits through 05/12/2025 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including diagnosis or purpose for the medication, including pro re nata (PRN). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█) - 05/15/2025)

187d - Follow Prescriber's Orders**16. Requirements**

2600.

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

Description of Violation

Resident #1 has an order for Allopurinol 100mg, two tablets daily. The medication was not administered on 3/16/25, 3/17/25, and 3/18/25 because the medication was not available in the home to be administered. Also resident #1 has an order for Aspirin 81mg, one tablet daily. The medication was not administered on 3/26/25.

Resident #2 has an order for Losartan Potassium 50mg, one tablet daily, hold for systolic blood pressure less than 110. On 3/17/25 at 9 a.m. the resident's systolic blood pressure was documented as 122 and the Medication Administration Record indicates the medication was held.

Resident #6 was not administered Docusate Sodium 10ml, Escitalopram 10mg, Levetiracetam 100mg, and Vitamin B-12 on 3/31/25 at 8 a.m.

Resident #7 was not administered Diclofenac Sodium 1% gel, Gabapentin 100mg, Lisinopril 20 mg, Prednisone 10mg, and Sertraline 25mg on 3/31/25 at 8 a.m.

Plan of Correction

Accept (█) - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Resident Service Coordinator to educate all nurse's and med techs on regulation 2600.187.d. The home shall follow the directions of the prescriber. by the Resident Service Coordinator.

To enhance the currently compliant operations, on 04/21/2025 the Resident Service Coordinator will Conduct weekly audits to make sure their are no missed signature, all medications are available as prescribed, all parameters are

187d - Follow Prescriber's Orders (continued)

followed as ordered, with a completion date of 05/12/2025.

Effective 04/21/2025 the Resident Service Coordinator will perform weekly audits through 05/12/2025 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█) - 05/15/2025)

233c - Key-Locking Devices**17. 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 home did not have the code for the keypad used to operate the door that exits the secure dementia unit into the lobby posted conspicuously as required.

The home did not have the code for the keypad used to operate the door that exits to the courtyard in the Blue House posted conspicuously as required.

The home did not have the code for the keypad used to operate the gate that exits the courtyard posted conspicuously as required.

The home did not have the code for the keypad used to operate the door located in the east corridor that exits to the courtyard posted conspicuously as required.

Plan of Correction

Accept (█) - 04/28/2025)

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Executive Director to posted codes in a visible area to exit the secure dementia unit into the lobby. All the codes for the courtyard gates to exit the secure dementia unit were moved to a visible area.

To enhance the currently compliant operations, on 04/21/2025 the Executive Director will conduct weekly audit to make sure all codes are posted in a visible area for four weeks, with a completion date of 05/12/2025.

Effective 04/21/2025 the Executive Director will perform weekly audits through 05/12/2025 to maintain ongoing compliance with ensuring that if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented (█) - 05/15/2025)

252 - Record Content

18. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.

Description of Violation

Resident #4's record did not include the resident's social security number.

Plan of Correction**Accept (█ - 04/28/2025)**

In response to the violation on 04/02/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2025 by the Executive Director to place social security number in the chart.

To enhance the currently compliant operations, on 04/21/2025 the Executive director or designee will educate administrative coordinator, and administrative assistant about regulation 2600.252. Content of Resident Records - Each resident's record must include the following information: 2600.252.1. Name, gender, admission date, birth date and Social Security number, Executive Director or designee will conduct an audit on all resident records for name, gender, admission date, birth date and Social Security number, with a completion date of 05/12/2025.

Effective 04/21/2025 the Executive Director will perform weekly audits through 05/12/2025 to maintain ongoing compliance with ensuring each resident's record includes, including name, gender, admission date, birth date and Social Security number. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/12/2025**Implemented (█ - 05/15/2025)**