

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

September 24, 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 05/22/2025 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 (KING OF PRUSSIA) **License #:** 12995 **License Expiration:** 12/29/2025
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:** COPA L & I

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/22/2025

Inspection Dates and Department Representative

05/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 60

Secured Dementia Care Unit

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

Hospice

Current Residents: 11

Number of Residents Who:

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

Inspections / Reviews

05/22/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/26/2025

07/02/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/18/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/07/2025

Inspections / Reviews *(continued)*

07/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/18/2025

09/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation*Direct care staff person A received only 7 hours of annual training in training year 2024.**Direct care staff person B received 0 hours of annual training in training year 2024.***Plan of Correction****Accepted** [REDACTED] - 07/08/2025)*In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/22/2025 by the Executive Director who reviewed training records. Direct care staff person A completed the required 12 hours of the annual training required. Direct care person B was on FMLA from 6/8/2024 -9/9/2024 and completed 6.5 of the required 12 hours of annual training required. Attendance and training records available.**To enhance the currently compliant operations, the Executive Director completed an in-service with coordinators on 6/20/2025 on Regulation 2600.65e.**To maintain ongoing compliance an audit of staff training will be completed by the Executive Director or designee with a completions date of 7/16/2025. Any violations will be reported appropriately and deficiencies will be corrected immediately, and findings will be documented and reviewed for continuous improvement purposes. Documentation will be available for review at any time.***Licensee's Proposed Overall Completion Date: 07/16/2025****Implemented** [REDACTED] - 09/22/2025)

82b - Poisonous Material Storage

2. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation*Cleaner with Bleach with manufacturer's label indicating "If inhaled get emergency medical help immediately " along with a 3/4 full bottle of Pedialyte, was stored in a cabinet above the microwave in the Dockside Kitchen.***Plan of Correction****Accepted** [REDACTED] - 07/08/2025)*In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/22/2025 by the Resident Service Coordinator who removed and discarded the cleaner with bleach and Pedialyte.**To enhance the currently compliant operations, the Executive Director completed in-service with the coordinators on 6/20/2025 on Regulation 2600.82b. The Executive Director or designee will in-service staff on Regulation 2600.82b with a completion date of 7/16/2025. Documentation of training will be available for review.*

82b Poisonous Material Storage (continued)

To maintain ongoing compliance with Regulation 2600.82b, the Building Services Coordinator or designee will perform daily rounds using BSC Daily Rounds Log and the Resident Service Coordinator or designee will complete RSS House Rounds checklist daily.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented (█) - 09/22/2025)

82c - Locking Poisonous Materials**3. 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

Aquaphor, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away", and Sparkle Fresh toothpaste with a manufacturer's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in room █. Not all the residents of the home, including Resident █ have been assessed capable of recognizing and using poisons safely.

Crest toothpaste, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", Microkrenz spray with a manufacture's label indicating "If swallowed, get medical attention of contact a Poison Control Center right away", and, Periguard with a manufacturer's label indicating "In case of accidental ingestion contact a physician or Poison Control Center right away ", was unlocked, unattended, and accessible to residents in room █. Not all the residents of the home, including Resident █ have been assessed capable of recognizing and using poisons safely.

Dial antibacterial defense soap, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away", Clorox bleach foamer with a manufacture's label indicating "If bleach is swallowed, call a poison control center or doctor immediately", and, Fabuloso all purpose cleaner with a manufacturer's label indicating "In case of accidental ingestion contact a physician or Poison Control Center right away "If ingested, rinse mouth and drink water, then contact a Poison Control Center or doctor immediately ", was unlocked, unattended, and accessible to residents in room █. Not all the residents of the home, including Resident █, have been assessed capable of recognizing and using poisons safely.

█, █ all with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in room █. Not all the residents of the home, including Resident █, have been assessed capable of recognizing and using poisons safely.

Ecolab dishwasher rinse additive , with a manufacture's label indicating "if swallowed Rinse mouth. Get medical attention if symptoms occur", and Ecolab Super Trump with a manufacturer's label indicating "If swallowed: Rinse

82c - Locking Poisonous Materials (continued)

mouth. Do NOT induce vomiting. Immediately call a Poison Center/Doctor", was unlocked, unattended, and accessible to residents in the Harvest Glen kitchen. Not all the residents of the home, including residents [REDACTED] and [REDACTED] have been assessed capable of recognizing and using poisons safely.

Repeat violation: [REDACTED]

Plan of Correction

Accepted [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/22/2025 by the Resident Service Coordinator who removed the Aquaphor, Sparkle Fresh toothpaste, Crest toothpaste, Microkrenz spray, Periguard, Dial Antibacterial Defense soap, Clorox bleach foamer, Fabuloso, Zinc Oxide ointment, Antifungal powder, and Monistat Powder Gel from resident's rooms. The Building Services Coordinator locked the cabinet where the Ecolab dishwasher rinse and Super Trump were located.

To enhance the currently compliant operations, the Executive Director completed in-service with the coordinators on 6/20/2025 on Regulation 2600.82c. The Executive Director or designee will in-service staff on Regulation 2600.82c with a completion date of 7/16/2025. Included in the in-services is review of process to secure residents toiletries safely. Every resident has a basket in the laundry room with the poisonous items. The new PCH DHS 2136 DME will be reviewed with Section number 4 clearly stating whether a resident can or cannot safely use or avoid poisonous materials.

Documentation of training will be available for review.

To maintain ongoing compliance with Regulation 2600.82c. the Building Services Coordinator will perform weekly rounds, 5 days a week, using BSC Rounds Log, the Resident Service Coordinator or designee will complete RSS House Rounds checklist, 5 days a week, and the Resident Services Coordinator or designee will be reviewing completion of the Caregiver End of Shift checklist, which includes daily room inspections. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of rounds will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)

85a - Sanitary Conditions**4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED]:

- at 9:26 AM, there was an overwhelming stench of urine coming from the heating/air conditioning unit in room 30 when it was turned on.
- at 9:30 AM, there was blood on the floor and a mixture of blood and feces smeared on the toilet seat in the

85a Sanitary Conditions (continued)

bathroom of room [REDACTED]

- at 9:58 AM, there was a used adult incontinence brief on the floor inside the entrance door of room [REDACTED].
- at 10:05 AM, there was dried blood on the interior wall next to the entrance door and on the door exterior, next to the doorknob, of room [REDACTED].
- at 10:25 AM, there were red and cream colored dried on spills on the main shelf and door shelf of the freezer in the Dockside kitchen.
- at 10:29 AM, there was evidence of brownish/orange spill that had been there for a while, on both shelves in the cabinet under the counter in the Dockside kitchen.
- 10:49 AM, there was a strong odor of urine, urine caked on at the base of the toilet and, dried up urine on the floor in front of the toilet in the bathroom of room [REDACTED].
- a strong odor of urine was present in the halls of Berry Bridge and Dockside.

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, on 5/22/2025 the Building Services Coordinator removed the heating / air conditioning unit in room [REDACTED] and replaced it with a new unit. The Housekeeper cleaned rooms [REDACTED] and [REDACTED] to address all issues. A resident caregiver cleaned the under counter cabinets and freezer in Dockside kitchen to address spills. The Building Services Coordinator addressed areas of hall smelling of urine by shampooing carpets in the halls of Berry Ridge and Dockside. A new carpet extractor was ordered on 5/20/2025 to help combat when residents urinate on the carpet.

To enhance the currently compliant operations, the Executive Director completed in service with the coordinators on 6/20/2025 on Regulation 2600.85a The Executive Director or designee will in service staff on Regulation 2600.85a with a completion date of 7/16/2025. Included in the in services is review of process to complete and submit work orders when there is an issue in a resident's room or area of the building.

Documentation of training will be available for review.

To maintain ongoing compliance with Regulation 2600.85a the Building Services Coordinator will perform rounds, 5 days a week, using BSC Rounds Log, the Resident Services Coordinator or designee will perform rounds, 5 days a week, using the RSS Rounds Log and and the Resident Services Coordinator or designee will be reviewing completion of the Caregiver End of Shift checklist, which includes daily room inspections. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of rounds will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)

88a - Surfaces**5. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED], the baseboard in the bathroom of room [REDACTED] was not secured to the wall.

88a - Surfaces (continued)

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, on 5/22/2025 the Building Services Coordinator immediately repaired the baseboard in room [REDACTED].

To enhance the currently compliant operations, the Executive Director completed in-services with the coordinators on 6/20/2025 on Regulation 2600.88a. The Executive Director or designee will in-service staff on Regulation 2600.85a with a completion date of 7/16/2025. Included in the in-services is review of process to complete and submit work orders when there is an issue in a resident's room or area of the building.

Documentation of training will be available for review.

To maintain ongoing compliance with Regulation 2600.85a the Building Services Coordinator will perform rounds, 5 days a week, using BSC Rounds Log, the Resident Services coordinator or designee will perform rounds, 5 days a week, using the RSS Rounds Log and the Resident Services Coordinator or designee will be reviewing completion of the Caregiver End of Shift checklist, which includes daily room inspections. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of rounds will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)

95 - Furniture and Equipment

6. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED]:

- there was an overwhelming stench of urine coming from the heating/air conditioning unit in room [REDACTED] when it was turned on.
- there was a large tear in a chair in the Harvest Glen common room.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, on 5/22/2025 the Building Services Coordinator removed the heating / air conditioning unit in room [REDACTED] and replaced it with a new unit. [REDACTED] also discarded the torn chair in Harvest Glen.

To enhance the currently compliant operations, the Executive Director completed in-service with the coordinators on 6/20/2025 on Regulation 2600.95. The Executive Director or designee will in-service staff on Regulation 2600.95 with a completion date of 7/16/2025. Included in the in-services is review of process to complete and submit work

95 Furniture and Equipment (continued)

orders when there is an issue in a resident's room or area of the building.
Documentation of training will be available for review.

To maintain ongoing compliance with Regulation 2600.95 the Building Services Coordinator will perform rounds, 5 days a week, using BSC Rounds Log, the Resident Services Coordinator or designee will perform rounds, 5 days a week, using the RSS Rounds Log and and the Resident Services Coordinator or designee will be reviewing completion of the Caregiver End of Shift checklist, which includes daily room inspections. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of rounds will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)

101j3 - Bed/Linens/Pillows/Blankets**7. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident [REDACTED] has sheets with smeared feces.

The bed for resident [REDACTED] has sheets with a wet spot and a brown spot of feces.

The bed for resident [REDACTED] does not have bedding.

The bed for resident [REDACTED] has sheets with blood and brown spots.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing on 5/22/2025 a resident caregiver assigned to area replaced the linens and bedding in rooms [REDACTED] & [REDACTED] and placed bedding and linens in room [REDACTED].

To enhance the currently compliant operations, the Executive Director completed in service with the coordinators on 6/20/2025 on Regulation 2600.101j3. The Executive Director or designee will in service staff on Regulation 2600.101j3 with a completion date of 7/16/2025.

Documentation of training will be available for review.

To maintain ongoing compliance with Regulation 2600.101j3 the Resident Services Coordinator or designee will perform rounds, 5 days a week, using the RSS Rounds Log and and the Resident Services Coordinator or designee will be reviewing completion of the Caregiver End of Shift checklist, which includes daily room inspections. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of rounds will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

101j3 Bed/Linens/Pillows/Blankets (continued)

Implemented [REDACTED] - 09/22/2025)

102h Toilet Paper

8. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [REDACTED] there was no toilet paper for the toilets in the bathrooms of rooms [REDACTED] and [REDACTED].

Plan of Correction [REDACTED] Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing on 5/22/2025 a resident caregiver place toilet paper in rooms [REDACTED] & [REDACTED]

To enhance the currently compliant operations, the Executive Director completed in-service with the coordinators on 6/20/2025 on Regulation 2600.102h. The Executive Director or designee will in-service staff on Regulation 2600.102h with a completion date of 7/16/2025.

Documentation of training will be available for review.

To maintain ongoing compliance with Regulation 2600.102h the Resident Services Coordinator or designee will perform rounds, 5 days a week, using the RSS Rounds Log and the Resident Services Coordinator or designee will be reviewing completion of the Caregiver End of Shift checklist, which includes daily room inspections. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of rounds will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)

102j Towels/Wash Cloths Access

9. Requirements

2600.
102.j. Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

Description of Violation

On [REDACTED] residents in rooms [REDACTED] and [REDACTED] did not have access to a towel in their rooms. Residents do not have access to the home's linen supply.

Plan of Correction [REDACTED] Accept [REDACTED] 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing on 5/22/2025 a resident caregiver placed towels in rooms [REDACTED] & [REDACTED]

To enhance the currently compliant operations, the Executive Director completed in-service with the coordinators on 6/20/2025 on Regulation 2600.102j. The Executive Director or designee will in-service staff on Regulation 2600.102j with a completion date of 7/16/2025.

Documentation of training will be available for review.

102j - Towels/Wash Cloths Access (continued)

To maintain ongoing compliance with Regulation 2600.102j the Resident Services Coordinator or designee will perform rounds 5 days a week, using the RSS Rounds Log and and the Resident Services Coordinator or designee will be reviewing completion of the Caregiver End of Shift checklist, which includes daily room inspections. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of rounds will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)

103c - Food Protected**10. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [REDACTED] at 9:27 AM, there was a gallon jug, half full, of diet decaf iced tea and gallon jug, a quarter full, of lemonade stored in the cabinet underneath the counter in the Cloverdale kitchen; both had labels indicating "keep refrigerated".

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing on 5/22/2025 the Resident Services Coordinator discarded the jug of ice tea and lemonade from the cabinet underneath the counter in Cloverdale's kitchen.

To enhance the currently compliant operations, the Executive Director completed in-service with the coordinators on 6/20/2025 on Regulation 2600.103c. The Executive Director or designee will in-service staff on Regulation 2600.103c with a completion date of 7/16/2025.

Documentation of training will be available for review.

To maintain ongoing compliance with Regulation 2600.103c the Resident Services Coordinator or designee will perform round, 5 days a week, using the RSS Rounds Log and and the Resident Services Coordinator or designee will be reviewing completion of the Caregiver End of Shift checklist, which includes daily kitchen inspections and cleaning. The Food Service Coordinator or designee will complete rounds, 5 days a week, using the Food Service Rounds Checklist. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of rounds will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)

103e - Left Overs**11. 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.

103e - Left Overs (continued)

Description of Violation

On [REDACTED] at 10:18 AM, there was an unlabeled, undated container of sliced cheese in the Berry Bridge refrigerator.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing on 5/22/2025 the Resident Services Coordinator discarded the container of sliced cheese from Berry Ridge's refrigerator. To enhance the currently compliant operations, the Executive Director completed in-service with the coordinators on 6/20/2025 on Regulation 2600.103e. The Executive Director or designee will in-service staff on Regulation 2600.103e with a completion date of 7/16/2025. Documentation of training will be available for review.

To maintain ongoing compliance with Regulation 2600.103e the Resident Services Coordinator or designee will perform rounds, 5 days a week, using the RSS Rounds Log and and the Resident Services Coordinator or designee will be reviewing completion of the Caregiver End of Shift checklist, which includes daily kitchen inspections and cleaning. The Food Service Coordinator or designee will complete rounds, 5 days a week, using the Food Service Rounds Checklist. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Documentation of rounds will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] 09/22/2025)

184a - Resident's Meds Labeled

12. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident [REDACTED] does not include the prescribed correct dosage and instructions for administration. The pharmacy label reads, take 1 tablet by mouth every night at bedtime. On [REDACTED], the order was changed to take 1 tab by mouth every morning and at bedtime. There was no order direction change sticker on the medication indicating this change.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/22/2025 by the Resident Services Coordinator who placed a change of order sticker on the medication label.

To enhance the currently compliant operations, the Executive Director in-serviced coordinators on 6/20/2025 on Regulation 2600.184a. The Resident Services Coordinator or designee will in-service Nurses and Medication Technicians on Regulation 2600.0184a with a completion date of 7/16/2025.

184a Resident's Meds Labeled (continued)

To maintain ongoing compliance with Regulation 2600.184a the Resident Services Coordinator or designee will perform weekly Medication Cart audits and MOR Reviews . Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of Medication Cart weekly audits will be noted in the quarterly Quality Management minutes. All Documentation will be available for review.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)

185a - Implement Storage Procedures**13. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On the following dates and times, the glucometer readings for resident [REDACTED] were incorrectly recorded in the resident's medication administration record (MAR):

- on [REDACTED] at 7:00 AM, the glucometer reading was [REDACTED], however a blood sugar of [REDACTED] was recorded in the MAR.
- on [REDACTED] at 4:00 PM, the glucometer reading was [REDACTED] however a blood sugar of [REDACTED] was recorded in the MAR.
- on [REDACTED] at 8:00 PM, the glucometer reading was [REDACTED], however a blood sugar of [REDACTED] was recorded in the MAR.
- on [REDACTED] at 11:00 AM, the glucometer reading was [REDACTED], however a blood sugar of [REDACTED] was recorded in the MAR.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/22/2025 by the Resident Services Coordinator who inspected the glucometer.

To enhance the currently compliant operations, the Executive Director in serviced coordinators on 6/20/2025 on Regulation 2600.185a. The Resident Services Coordinator or designee will in service Nurses and Medication Technicians on Regulation 2600.0185a and review of Blood Glucose Monitoring Flow Sheet and Healthcare Professional Operator's Manual of the glucometer with a completion date of 7/16/2025.

To maintain ongoing compliance with Regulation 2600.185a the Resident Services Coordinator or designee will perform weekly MOR Reviews and a Glucometer Audit. 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.

Licensee's Proposed Overall Completion Date: 07/16/2025

185a - Implement Storage Procedures (continued)

Implemented ([redacted] - 09/22/2025)

187b - Date/Time of Medication Admin.

14. 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] tab, take 1 tablet by mouth twice a day as needed. Resident [redacted] May 2025 medication administration record does not include the initials of the staff person who administered [redacted] tab on the following dates and times however, the medication was signed out in the controlled substance log:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Repeat violation: [redacted]

Plan of Correction

Accepted [redacted] - 07/08/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/22/2025 by the Resident Services Coordinator investigating what staff inappropriately did not sign out on the controlled substance log.

To enhance the currently compliant operations, the Executive Director in-serviced coordinators on 6/20/2025 on Regulation 2600.187b. The Resident Services Coordinator or designee will in-service Nurses and Medication Technicians on Regulation 2600.0187b with a completion date of 7/16/2025.

To maintain ongoing compliance with Regulation 2600.187b the Resident Services Coordinator or designee will perform weekly Medication Cart audits and MOR Reviews . Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Documentation of Medication Cart weekly audits will be noted in the quarterly Quality Management minutes. All Documentation will be available for review.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [redacted] 09/22/2025)

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident ■ is prescribed ■ injection as per sliding scale: 200-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; <60 or >400 call doctor. On ■ at 11:00 AM, the glucometer reading was ■, however a blood sugar of ■ was recorded in the MAR. This recording error resulted in a medication error. Resident ■ was administered ■ of ■ instead of the 10 units that should have been administered.

Plan of Correction

Accept ■ - 07/08/2025)

In response to the violation on ■ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/22/2025 by the Resident Services Coordinator who called physician and responsible party to report the medication error. An incident report was faxed to DHS on 5/23/2025.

To enhance the currently compliant operations, the Executive Director in-serviced coordinators on 6/20/2025 on Regulation 2600.187d. The Resident Services Coordinator or designee will in-service Nurses and Medication Technicians on Regulation 2600.0187d and review the Healthcare Professional Operator's manual with a completion date of 7/16/2025.

To maintain ongoing compliance with Regulation 2600.187d the Resident Services Coordinator or designee will perform weekly Glucometer Audits to ensure documented readings and documentation match. 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.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented ■ - 09/22/2025)

227g -Support Plan Signatures

16. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident ■'s responsible party participated in the development of resident ■'s support plan on ■. However, the resident's responsible party did not sign the support plan.

Plan of Correction

Accept ■ 07/08/2025)

In response to the violation on ■ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/22/2025 by the Resident Services Coordinator who will follow up with the responsible party, review plan and obtain signature.

To enhance the currently compliant operations, the Executive Director completed an in-service with coordinators on 6/20/2025 on Regulation 2600.227g.

An audit of Resident Support Plans will be completed by 7/16/2025 by the Resident Services Coordinator or designee to maintain ongoing compliance. Any violations will be reported appropriately and deficiencies will be corrected

227g Support Plan Signatures (continued)

immediately, and findings will be documented and reviewed for continuous improvement purposes. Documentation will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)

236 - Staff Training**17. Requirements**

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff persons A, B and C, who work in the Secure Dementia Care Unit (SDCU), had 0 out of 6 required additional hours of training in dementia care during the 2024 training year.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/22/2025 by the Executive Director who reviewed training records. Direct care staff person A, B & C completed the 6 hours of annual dementia training needed. Attendance and training records available.

To enhance the currently compliant operations, the Executive Director completed an in service with coordinators on 6/20/2025 on Regulation 2600.236.

An audit of staff training will be completed by 7/16/2025 by Executive Director or designee to maintain ongoing compliance. Any violations will be reported appropriately and deficiencies will be corrected immediately, and findings will be documented and reviewed for continuous improvement purposes. Documentation will be available for review at any time.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/22/2025)