

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 07/23/2025 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:** 05/10/1995 **Issued By:** Commonwealth of Pennsylvania, L&I

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 07/23/2025

Inspection Dates and Department Representative

07/23/2025 - 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

07/23/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/16/2025

08/21/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/29/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 09/07/2025

Inspections / Reviews *(continued)*

09/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2025

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.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A received only 4 hours of annual training in training year 2024.

Plan of Correction**Accept** [REDACTED] - 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/30/2025 by the Executive Director to Educate the Administrative Coordinator, and the Resident service Coordinator about regulation 2600.65e.

To enhance the currently compliant operations, on 08/12/2025 the Executive Director or designee, will audit the 2024 staff files to identify any direct care staff that did not receive their annual 12 hours of training, and schedule training sessions for those employees, with a completion date of 08/15/2025.

Effective 08/15/2025 the Executive Director or designee, will perform monthly reviews through 09/05/2025 to maintain ongoing compliance with ensuring direct care staff persons have at least 12 hours of annual training relating to their job duties, and ensuring Staff person orientation is included in the 12 hours of training for the first year of employment, and ensuring on the job training for direct care staff persons counts for 6 out of the 12 training hours required annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [REDACTED] - 09/24/2025)

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.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, instruction on meeting

65f Training Topics (continued)

the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2024.

Plan of Correction**Accepted (████ - 08/21/2025)**

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/30/2025 by the Executive Director to educate the Administrative Coordinator, and the Resident service Coordinator on regulation 2600.65f, and 2600.65.f.1 thru 7.

To enhance the currently compliant operations, on 08/12/2025 the Executive Director will Conduct an audit of all direct care staff members and review the training topics to ensure that direct care staff members received the required training topics for the 2024 annual training year, with a completion date of 08/30/2025.

Effective 08/15/2025 the Executive Director will perform monthly reviews through 09/05/2025 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented (████ - 09/24/2025)**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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102),

65g - Annual Training Content (continued)

falls and accident prevention during training year 2024.

Plan of Correction

Accept ([REDACTED] - 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/30/2025 by the ED to educate the RSC, and ASC on regulation 2600.65g 1 thru 5.

To enhance the currently compliant operations, on 08/12/2025 the Executive Director will conduct an audit of staff files for the 2024 training year for the training topics of Fire safety, emergency preparedness, resident rights, Older adult protective services, and falls and accident prevention. Any staff member found to not have received these training will be scheduled for training for the 2024 training year, with a completion date of 08/30/2025.

Effective 08/15/2025 the ED will perform monthly reviews through 09/05/2025 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented ([REDACTED] - 09/24/2025)

82c - Locking Poisonous Materials**4. 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

The following items, with a manufacturer's label including a statement to seek medical help or contact a Poison Control Center if ingested, was unlocked, unattended, and accessible to residents;

- [REDACTED] in the bathroom cabinet in room [REDACTED]
- [REDACTED] in the bathroom in room [REDACTED]
- [REDACTED] on the bureau in room [REDACTED]
- [REDACTED] in a cabinet in the Cloverdale kitchenette.

The home is a secured dementia care unit and the residents are not capable of recognizing and using poisons safely.

Repeat Violation: [REDACTED] et. al.

Plan of Correction

Accept ([REDACTED] - 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the ED to educate the RSC, on regulation 2600.82c.

82c - Locking Poisonous Materials (continued)

To enhance the currently compliant operations, on 07/28/2025 the ED or designated person will provide education to the direct care staff, on regulation 2600.82c about any poisonous materials in resident's rooms, and common spaces, with a completion date of 08/15/2025.

Effective 08/08/2025 the RSC or designated person will perform five days a week checks, for four weeks through 08/30/2025 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/24/2025)

85a - Sanitary Conditions**5. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

- On [REDACTED] at approximately 10:19 AM, a strong odor of urine was found when entering room [REDACTED]. The odor was caused by soiled clothing in the resident's hamper.

- On [REDACTED] at approximately 10:23 AM, a light brown, hardened food substance was found on a refrigerator shelf in the Dockside kitchenette.

Plan of Correction

Accept [REDACTED] - 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2025 by the RSC, room [REDACTED] soiled clothing in the resident's hamper was placed in the washer machine. The RSC cleaned the light brown, hardened food substance from the dockside kitchenette.

To enhance the currently compliant operations, On 7/28/2025 ED or designated person will educate the Direct care staff, house keeping staff, and building service coordinator on regulation 85A with a completion date of 08/15/2025.

Effective 08/08/2025 the RSC will perform daily checks five days a week for four weeks, through 08/30/2025 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/24/2025)

95 - Furniture and Equipment**6. Requirements**

2600.

95 - Furniture and Equipment (continued)

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

Description of Violation

- On [REDACTED] at approximately 10:23 AM, the dishwasher in the Dockside kitchenette was leaking onto the floor.
- On [REDACTED] at approximately 10:38 AM, the dishwasher in the Berry Ridge kitchenette was also leaking water.

Plan of Correction**Accept [REDACTED] - 08/21/2025)**

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 07/30/2025 by the ED to educate the BSC, RSC, and house keeper on regulation 2600.95. with a completion date of 8/15/2025.
2. on 07/23/2025 the BSC attempted to Repair the leaking dishwasher. It was found that the dishwasher on dockside could not be repaired and a new dishwasher was ordered. The dishwasher on Berry ridge was repaired.
3. New dishwasher was installed on 8/5/2025.

To enhance the currently compliant operations, on 08/08/2025 the BSC or designee will conduct daily checks five days a week for four weeks, of all equipment, and furniture to make sure they are in good repair, and are also clean and free of hazard, with a completion date of 08/30/2025.

Effective 08/08/2025 the BSC or designee will perform daily checks through 08/30/2025 to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] 09/24/2025)**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 the resident residing in room 5 does not have a pillow case.
- The sheets on the bed in room [REDACTED] were stained with several brown, possibly fecal matter, spots.

Plan of Correction**Accept [REDACTED] - 08/21/2025)**

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2025 by the RSC to put a pillow case on bed in room 5, and clean sheets on the bed in room 18.

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

To enhance the currently compliant operations, on 07/28/2025 the ED or designee will educate the RSC, and direct care staff, on regulation 2600.101j. with a completion date of 8/15/2025. The RSC or designated person will perform daily checks five days a week for pillows, bed linens, and blankets on beds and that they are clean and in good repair, with a completion date of 08/30/2025.

Effective 08/08/2025 the RSC or designated person will perform daily checks five days a week for four weeks through 08/30/2025 to maintain ongoing compliance with ensuring each resident has in their bedroom pillows, bed linens and blankets that are clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/24/2025)

101j7 - Lighting/Operable Lamp**8. Requirements**

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

- The resident in room [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

- The resident in room [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

- The resident in room [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

- The resident in room [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

- The resident in room [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2025 by the BSC to place a light source in rooms [REDACTED], and [REDACTED]

To enhance the currently compliant operations:

1. on 07/30/2025 the ED educated the BSC, RSC, and HSK team on regulation 2600.101j. with a completion date of 8/15/2025.
2. on 8/8/2025 the BSC or designee will perform daily rounds five days a week for four weeks, checking resident rooms for an operable lamp or other light source that can be turned on at bedside, with a completion date of 08/30/2025.

The overall completion date is 08/30/2025.

101j7 Lighting/Operable Lamp (continued)

Effective 08/08/2025 the BSC or designee will perform daily rounds five days a week checks through 08/30/2025 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/24/2025)

103c - Food Protected**9. Requirements**

2600.

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

Description of Violation

On [REDACTED] at 10:24 AM, an open, half full bottle of apple juice was found in the cabinet above the microwave in the Dockside kitchenette. The label on the apple juice states to "refrigerate after opening".

On [REDACTED] at 10:38 AM, an uncovered, unlabeled and undated plate of mini pancakes were found in the refrigerator of the Berry Ridge kitchenette.

Plan of Correction

Accept [REDACTED] - 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the RSC to removed the half full bottle of apple juice from the cabinet and place in the trash bin, The mini pancakes were disgarded that were in the berry ridge kitchenette.

To enhance the currently compliant operations:

1. on 07/28/2025 the ED or designated person will educate the direct care staff on regulation 2600.103c, with a completion date of 8/15/2025
2. on 08/08/2025 the RSC or designee will perform daily checks five days a week for four weeks, that all food is being stored as per food label, and any food item in the refrigerator has an apportiate cover on it and labeled, with a completion date of 08/30/2025.

The overall completion date is 08/30/2025.

Effective 08/08/2025 the RSC or designee will perform daily checks five days a week for four weeks through 08/30/2025 to maintain ongoing compliance with ensuring food is protected from contamination while being stored, prepared, transported and served. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/24/2025)

183b - Meds and Syringes Locked

10. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at 9:57 AM, the medication cart was unlocked, unattended, and accessible in the Harvest Glen wing of the home.

Plan of Correction**Accept [REDACTED] - 08/21/2025)**

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 07/23/2025 by the RSC to lock the med cart

To enhance the currently compliant operations:

1. on 07/28/2025 the ED or designated person, will educate the RSC, med techs, and nurse about regulation 2600.183b, with a completion date of 08/15/2025.
2. on 08/08/2025 the RSC or designated person, will conduct daily audits five days for four weeks that the medication cart is locked and secure when unattended, with a completion date of 08/30/2025

The overall completion date is 8/30/2025.

Effective 08/08/2025 the RSC will perform daily checks five days a week for four weeks through 08/30/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/24/2025)**183d - Prescription Current****11. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED] (ML) prescribed for resident [REDACTED], was listed on the resident's July 2025 medication administration record (MAR); however, the medication was discontinued on 05/29/25.

Repeat Violation: [REDACTED]

Plan of Correction**Accept [REDACTED] - 08/21/2025)**

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2025 by the RSC to to discontinue the medication on the July MAR.

To enhance the currently compliant operations:

1. on 07/30/2025 the Ed or designated person will educate the nurses about regulation 2600.183d, with a completion date of 08/15/2025.

183d - Prescription Current (continued)

2. on 08/08/2025 the RSC or designee will conduct an audit of the pharmacy profile for each resident and make sure that all medication orders printed on the MAR are current prescriptions. This audit will occur monthly with a completion date of 08/30/2025.

The overall completion date is 08/30/2025.

Effective 08/08/2025 the RSC will conduct an audit of the pharmacy profile for each resident and make sure that all medication orders printed on the MAR are current prescriptions, through 08/30/2025 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/24/2025)

183e - Storing Medications**12. 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 [REDACTED] has a [REDACTED] for a straight order; Inject [REDACTED] subcutaneously at bedtime.. The pen has a "Date Opened" sticker, and the bag the pen is stored in has a "Date Opened" sticker. Both stickers are not completed. Per manufacturer's instructions, [REDACTED] pens should be discarded 28 days after opening.

- Resident [REDACTED] also has a [REDACTED] to be used on a sliding scale. The pen has a "Date Opened" sticker that is not completed. Per manufacturer's instructions, a [REDACTED] should be discarded 28 days after opening.

Repeat Violation: [REDACTED], et. al.

Plan of Correction

Accept [REDACTED] - 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2025 by the RSC to discard both of the insulin pens, and new pens were reordered.

To enhance the currently compliant operations:

1. on 07/28/2025 the ED or designated person will educate the nurses, and med techs on regulation 2600.183e, with a completion date of 08/15/2025.
2. on 08/08/2025 the RSC will perform weekly audits for four weeks on all prescription medications in medications carts, that are not in blister packs, for date opened stickers, and ensure they are being filled out with the correct information, with a completion date of 08/30/2025.

The overall completion date is 08/30/2025.

183e - Storing Medications (continued)

Effective 08/08/2025 the RSC will perform weekly audits for four weeks through 08/30/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with 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: 08/30/2025

Implemented [REDACTED] - 09/24/2025)

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 [REDACTED], the following transcription errors were found between resident [REDACTED]'s glucometer and resident [REDACTED]'s MAR record:

- On [REDACTED] at 5:21 PM, the glucometer reading of [REDACTED] was documented in the 4:30 PM time slot as [REDACTED].
- On [REDACTED] at 12:01 PM, the glucometer reading of [REDACTED] was documented in the 11:30 AM time slot as [REDACTED] (this resulted in the wrong amount of insulin being administered),
- On [REDACTED] at 9:10 AM, the glucometer reading of [REDACTED] was documented in the 7:30 PM time slot as [REDACTED].

Plan of Correction

Accept [REDACTED] 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 07/24/2025 the RSC reported the medication error that occurred on 7/19/2025. The 12:01 Pm glucometer reading was incorrect and the wrong insulin was given.

To enhance the currently compliant operations, on 07/28/2025 the ED or designated person will educate the License nurses, and med techs on regulation 183b with a completion date of 08/15/2025.

Effective 08/08/2025 the RSC or designee will perform daily audit five days a week for four weeks audits through 08/30/2025 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/24/2025)

14. Requirements

2600.

185a Implement Storage Procedures (continued)

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

Resident [REDACTED] is prescribed the following medications;

- [REDACTED] Insert contents of 1 enema rectally as needed for [REDACTED],
- [REDACTED] Inject 1 MG as needed for [REDACTED]

On [REDACTED] these medication(s) were not available in the home.

Plan of Correction

Accept ([REDACTED] 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2025 by the RSC to reorder the Enema, and the Gluagon emergency Kit.

To enhance the currently compliant operations, on 07/28/2025 the Executive Director or designee will educate the Licenses nurses and med techs on regulation 183b, with a completion date of 08/15/2025.

Effective 08/08/2025 the RSC or designee will perform weekly audits for four weeks through 08/30/2025 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented ([REDACTED] - 09/24/2025)

187b - Date/Time of Medication Admin.**15. 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 blood glucose monitoring four times a day using resident [REDACTED] glucometer. A blood glucose measurement of [REDACTED] was completed on [REDACTED] at 4:30 PM. Resident [REDACTED]'s July 2025 medication administration record (MAR) does not include the initials of the staff person who performed this reading and subsequent insulin administration.

Resident [REDACTED] is prescribed [REDACTED] Give one tablet every other day. Resident [REDACTED] July 2025 MAR does not indicate who administered this medication on 07/07/25 at 8:00 AM.

Resident [REDACTED] is prescribed [REDACTED] 1 drop left eye three times daily. Resident [REDACTED] July 2025 MAR does not indicate who administered this medication on [REDACTED] at 8:00 PM

Repeat Violation: [REDACTED]

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

Plan of Correction

Accept (█ - 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the ED to educate the RSC. The RSC or designee person will educate the license nurses and med techs about regulation 2600.187b, with a completion of 8/15/2025.

To enhance the currently compliant operations:

1. on 08/08/2025 the RSC will perform weekly audits of the MAR, for four weeks for any missing documentation of medication administration, with a completion date of 08/30/2025.

The overall completion date is 08/30/2025.

Effective 08/08/2025 the RSC will perform weekly audits for four weeks audits through 08/30/2025 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented (█ - 09/24/2025)

187d - Follow Prescriber's Orders

16. Requirements

2600.

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

Description of Violation

Resident █ is prescribed blood glucose monitoring four times a day; before meals and at bedtime and administer insulin using the █ based on a sliding scale of 200-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units and 351-400 = 10 units (Call prescriber if under 60 or over 400). The home has interpreted these times to be 7:30 AM, 11:30 AM, 4:30 PM and 8:00 PM. On █, several errors were found in the administration of this order:

- On █ at 12:01 PM, a glucometer reading of █ was documented as █. Based on the sliding scale directions, the resident was administered █ units of insulin when the resident should have received 6 units.
- On █, the 7:30 AM reading was taken at 9:10 AM.
- On █ the 8:00 PM reading was taken at 10:23 PM.

Repeat Violation: █

Plan of Correction

Accept (█ - 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2025 by the RSC to report the medication error.

To enhance the currently compliant operations:

1. The Ed or designated person will educate the licensed nurses and med techs on regulation 187d. With a completion date of 8/15/2025.

The overall completion date is 08/30/2025.

187d Follow Prescriber's Orders (continued)

Effective 08/08/2025 the RSC or designee will perform daily reviews for five days a week for four weeks, audits of the MAR through 08/30/2025 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: 08/30/2025

Implemented ([REDACTED] 09/24/2025)

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 person A, who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the 2024 training year.

Plan of Correction

Accept ([REDACTED] 08/21/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/07/2025 by the ED to educate the RSC, and the ASC on regulation 2600.236.

To enhance the currently compliant operations:

1. on 08/08/2025 the ED or designated staff person will conduct and audit of all the direct care staff 6 hours of annual dementia care and services, with a completion date of 08/15/2025.
2. on 08/15/2025 the ED or designated person will schedule any direct care staff person that is missing the 6 hours of annual dementia training for the 2024 annual training year, with a completion date of 08/30/2025.

The overall completion date is 08/30/2025.

Effective 08/15/2025 the Ed or designated person will perform monthly audits through 09/05/2025 to maintain ongoing compliance with ensuring that each direct care staff person working in a secured dementia care unit has 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). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented ([REDACTED] - 09/24/2025)