

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

September 4, 2025

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS  
ARDEN COURTS OF KING OF PRUSSIA PA LLC  
[REDACTED]  
[REDACTED]

RE: ARDEN COURTS (KING OF PRUSSIA)  
620 WEST VALLEY FORGE ROAD  
KING OF PRUSSIA, PA, 19406  
LICENSE/COC#: 12995

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2025, 07/29/2025 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: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 07/29/2025

## Inspection Dates and Department Representative

07/28/2025 - On-Site: [REDACTED]  
 07/29/2025 - 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: 16

## 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: 1

## Inspections / Reviews

## 07/28/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/18/2025

## 08/22/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/29/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/30/2025

Inspections / Reviews *(continued)*

09/04/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Accept ( [REDACTED] - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/30/2025 by the Executive Director or designee, attempted to get the resident's signature. The resident refused to sign several times.

To enhance the currently compliant operations, on 07/30/2025 the Executive Director educated the memory care advisor, resident service coordinator, and the bussiness office assistance about regualtion 25b.

Effective 08/08/2025 the Executive Director will perform monthly reviews through 08/30/2025 to maintain ongoing compliance with having contract signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. 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] - 09/04/2025)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 7/28/2025, resident #2 did not receive medication management at 2:00 pm, as required by [REDACTED] support plan. According to staff interviews, these services could not be provided due to lack of available direct care staffing in the home.

Plan of Correction

Accept ( [REDACTED] - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the Resident servie coordinator to call in additional staff members to accomadate the need of the residents.

To enhance the currently compliant operations, on 08/08/2025 the Executive Director or desginee will will educate the RSC about regulation 60a, with a completion date of 08/15/2025.

**60a - Staff/Support Plan (continued)**

Effective 08/08/2025 the Resident service coordinator or designated person will perform daily reviews, with Friday's reviewing the staffing needs over the weekend, for four weeks through 08/30/2025 to maintain ongoing compliance with ensuring staffing is provided to meet the needs of the residents as specified in the resident's assessment and support plan. 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 (█) - 09/04/2025)

**63a - First Aid/CPR Training****3. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

On 7/26/2025, from 11pm-7am, 60 residents were present in the home. During this time there was two staff persons certified in CPR and only one staff person certified in First aid.

**Plan of Correction**

Accept (█) - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/30/2025 by the Executive Director to schedule a CPR and first aid class for 8/5/2025.

To enhance the currently compliant operations, on 08/08/2025 the Executive Director or designee will review daily staffing and ensure that two staff members with CPR and first aide are on each shift, with a completion date of 08/30/2025.

Effective 08/08/2025 the Executive Director or designee will perform daily reviews through 08/30/2025 to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. 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 (█) - 09/04/2025)

**63b - Current First Aid Training****4. Requirements**

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

**Description of Violation**

Staff person A was trained in CPR by National CPR foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

**63b - Current First Aid Training (continued)**

Repeat Violation: 9/30/2024

**Plan of Correction****Accept ( ) - 08/22/2025)**

*In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the Executive Director to to schedule employee A for the CPR and first aide class.*

*To enhance the currently compliant operations, on 08/08/2025 the Executive Director or desginee will educated RSC and ASC on regulation 63B, with a completion date of 08/15/2025.*

*Effective 08/08/2025 the Executive Director will perform monthly audits through 08/30/2025 to maintain ongoing compliance with ensuring current training in first aid and certification in obstructed airway techniques and CPR are provided by an individual certified as a trainer by a hospital or other recognized health care organization. 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 ( ) - 09/04/2025)****65e - 12 Hours Annual Training****5. 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 B completed 0 hours of annual training in training year 2024.*

**Plan of Correction****Accept ( ) - 08/22/2025)**

*In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/30/2025 by the Executive Director to educate the Adminastrative Coordinator, and the Resident service Coordinator about regulation 2600.65e*

*The Executive Director will audit all the files to identify any direct care staff that did not received their annual 12 hours of training, and schedule training sessions for those employees, with a completion date of 08/15/2025.*

**65e - 12 Hours Annual Training (continued)**

Effective 08/15/2025 the Executive Director 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: 08/30/2025

Implemented (█) - 09/04/2025)

**65f - Training Topics****6. 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 B did not receive training in medication self-administration training, instruction on meeting 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**

Accept (█) - 08/22/2025)

In response to the violation on 07/28/2025 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,

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

**65f - Training Topics (continued)**

*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 (█) - 09/04/2025)**

**65g - Annual Training Content****7. 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.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff person B 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), falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year 2024.*

**Plan of Correction**

**Accept (█) - 08/22/2025)**

*In response to the violation on 07/28/2025 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 schedule 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. § §*

**65g - Annual Training Content (continued)**

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 (█) - 09/04/2025)

**82c - Locking Poisonous Materials****8. 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**

Remedy Clinical Protect, with a manufacturer's label indicating "if swallowed get medical help or contact a poison center right away", was unlocked, unattended, and accessible to resident █ in room 15. Not all the residents of the home, including resident █, have been assessed as capable of recognizing and using poisons safely.

Gold Bond Original Strength Baby Powder with a manufacturer's label indicating "if swallowed, get medical help or contact a Poison Control Center immediately" was unlocked, unattended, and accessible to resident █ in room 15. Not all the residents of the home, including resident █ have been assessed as capable of recognizing and using poisons safely.

Medline Shaving Cream with a manufacturer's label indicating "keep out of reach of children" unlocked, unattended, and accessible to resident █ in room 31. Not all the residents of the home, including resident █ have been assessed as capable of recognizing and using poisons safely.

Repeat Violation: 8/5/2024, et al

**Plan of Correction**

Accept (█) - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the RSC to remove the Poisons materials from resident's █ and █ rooms.

To enhance the currently compliant operations, on 7/30/2025 the ED or designee will educate the Licenses nurses and direct care staff on regulation 2600.82c. with a completion date of 08/15/2025.

Effective 08/08/2025 the RSC or designated person will perform daily checks, five days a week, 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 (█) - 09/04/2025)

**85a - Sanitary Conditions**

**9. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 7/28/2025, at 9:39 am, resident #5 had a used incontinence product on top of [REDACTED] toilet.

On 7/28/2025, at 9:40 am, resident #5 had dried blood on [REDACTED] pillowcase and on the hospital bed mechanism.

**Plan of Correction**

Accept ( [REDACTED] ) - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the RSC to remove resident #5 incontinence product on top of [REDACTED] toilet and removed the pillowcase.

To enhance the currently compliant operations, on 07/30/2025 the Executive Director or designee will educate License nurses, and RCG about regulation 85a, with a completion date of 08/30/2025.

Effective 08/08/2025 the Executive director or designee will perform daily checks five days a week for four weeks checks 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] ) - 09/04/2025)

**88a - Surfaces****10. 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 7/28/2025, at 9:56 am, resident #3's bathroom door and closet door had water stains on the bottom of the doors.

**Plan of Correction**

Accept ( [REDACTED] ) - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/29/2025 by the BSC to replace the bathroom door and closet door.

To enhance the currently compliant operations, on 07/30/2025 the ED or designee will educate the BSC on regulation 88a, with a completion date of 08/08/2025.

Effective 08/08/2025 the BSC or designee will perform daily checks five days a week for 4 weeks checks through 08/30/2025 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair 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] ) - 09/04/2025)

95 - Furniture and Equipment

11. Requirements

2600.

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

Description of Violation

On 7/28/2025, at 9:38 am, resident #5's raised toilet seat was missing one non slip foot pad.

On 7/28/2025, at 9:46 am, the common bathroom in the dockside neighbor had a metal lever sticking out of the top of the bathtub that possibly be hazardous.

On 7/28/2025, at 10:16 am, resident #6's toilet was leaking and there was a nail sticking out of the toilet on the floor.

Plan of Correction

Accept (█ - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/30/2025 by the BSC to replace the missing non slip foot pad, the metal lever was removed from the bathtub, and resident #6 toilet was repaired and nail was removed.

To enhance the currently compliant operations, on 08/08/2025 the Executive director or designee will educate the BSC, and house keeping team on regulation 95, with a completion date of 08/15/2025.

Effective 08/08/2025 the BSC or designee will perform daily rounds five days a week for four weeks 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 (█ - 09/04/2025)

101j7 - Lighting/Operable Lamp

12. 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

Resident █ in room 56, resident █ in room 15, resident █ in room 46, and resident █ in room 11 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the BSC to place a light source in rooms 56, 15, 46, and 11

To enhance the currently compliant operations:

1. on 07/30/2025 the ED or designee will educated the BSC, RSC, and HSK team on regulation 2600.101j. with a

**101j7 - Lighting/Operable Lamp (continued)**

completion date of 8/15/2025.

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.

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

Implemented (█) - 09/04/2025)

**102h - Toilet Paper****13. Requirements**

2600.

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

**Description of Violation**

On 7/28/2025, at 9:30 am, there was no toilet paper for the toilet in the berry ridge common bathroom.

**Plan of Correction**

Accept (█) - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the Executive Director a roll of toilet paper was immediately place in berry ridge common bathroom.

To enhance the currently compliant operations, on 08/08/2025 the Executive director or designee will educate RSC, BSC, and direct care staff on regulation 102h, with a completion date of 08/15/2025.

Effective 08/08/2025 the Executive Director or designee will perform daily checks 5 days a week for four weeks, through 08/15/2025 to maintain ongoing compliance with providing toilet paper for every toilet. 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 (█) - 09/04/2025)

**102k - No Common Towel****14. Requirements**

2600.

102.k. Use of a common towel is prohibited.

**Description of Violation**

On 7/28/2025, there were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the common bathroom in berry ridge and dockside.

## 102k - No Common Towel (continued)

**Plan of Correction**

Accept (█) - 08/22/2025)

*In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the Building service Coordinator to place paper towels in paper towel holder in berry ridge and dockside.*

*To enhance the currently compliant operations, on 08/08/2025 the Executive Director or designee will Educate the RSC, BSC, housekeeping, and direct nursing staff member about regulation 102k, with a completion date of 08/15/2025.*

*Effective 08/08/2025 the Executive Director or designee will perform daily audits for 5 days a week for four weeks through 08/30/2025 to maintain ongoing compliance with prohibiting use of a common towel. 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 (█) - 09/04/2025)

## 103c - Food Protected

**15. Requirements**

2600.

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

**Description of Violation**

*On 7/28/2025, at 9:15 am, there was 7 uncovered plates of food containing eggs, grits, bacon, and hushpuppies stored in the non-operational oven in the berry ridge kitchen.*

*On 7/28/2025, at 9:15 am, at 9:16 am, there was one gallon of orchard pure 100% orange juice half full on top of the berry ridge kitchen counter with a label indicating "keep refrigerated".*

*On 7/28/2025, at 9:43 am, in the dockside kitchen there was an uncovered plate of pureed food containing eggs, avocado, and gravy stored in the microwave.*

*On 7/28/2025, at 9:56 am, in harvest glen kitchen there was a plate of food covered with a napkin that contained eggs, bacon, eggs, grits and hushpuppies stored in the microwave.*

## 103c - Food Protected (continued)

**Plan of Correction**

Accept (█) - 08/22/2025)

*In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the RSC discarded the 7 plates of food stored in the berry ridge kitchen oven. The gallon of orange juice that was on top of the kitchen counter in berry ridge was also discarded. The plate of uncovered food found in the microwave of dockside was also dicared.*

*To enhance the currently compliant operations, on 07/31/2025 the Executive Director or designee will educate the direct care staff about regulation 103c, with a completion date of 08/15/2025.*

*Effective 08/08/2025 the Executive Director or designee will perform daily checks five days a week for four weeks. reviews 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 (█) - 09/04/2025)

## 103f - Refrigerator/Freezer Temps

**16. 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**

*On 7/28/2025, at 9:43 am, the temperature in the dockside refrigerator was not reading a temperature.*

*Repeat Violation: 8/5/2024, et al*

**Plan of Correction**

Accept (█) - 08/22/2025)

*In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/30/2025 by the Executive Director to replace the thermometer in the dockside refrigerator.*

*To enhance the currently compliant operations, on 07/30/2025 the Executive Director or designee will educate the kitchen staff on regulation 103f, with a completion date of 08/15/2025.*

*Effective 07/30/2025 the Executive Director or designee will perform daily five days a week audits through 08/30/2025 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.*

103f - Refrigerator/Freezer Temps (*continued*)

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

Implemented (█) - 09/04/2025)

## 183e - Storing Medications

## 17. Requirements

2600.

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

## Description of Violation

*On 7/29/2025, there were two loose pills in Harvest Glen's medication cart.*

*Resident #8 is prescribed lorazepam 0.5mg. On 7/29/2025, the blister pack had a tear on pill number 8 and pill number 21.*

*Repeat Violation: 10/29/2024, 8/5/24 et al.*

## Plan of Correction

Accept (█) - 08/22/2025)

*In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the RSC to dispose of the two loose pills in the Harvest Glen medication cart, and to waste the Lorazepam 8 and 21.*

*To enhance the currently compliant operations, on 08/08/2025 the Executive director or designee will educate the license nurses, and med techs on regulation 183e, with a completion date of 08/15/2025.*

*Effective 08/08/2025 the RSC or designee will perform weekly audits x 4 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 (█) - 09/04/2025)

## 185a - Implement Storage Procedures

## 18. 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

*The home's controlled substance policy states "at the end of each shift, the outgoing and incoming nurses of designees will jointly verify the on-hand quantities of controlled substances with the total quantities recorded on patient specific controlled substance charting record."*

**185a - Implement Storage Procedures (continued)**

Resident #2 is prescribed Tramadol HCL 100 mg tablet take one tablet by mouth three times a day. On 7/29/2025, staff person C administered the medication at 8:00 am per July 2025 medication administration record (MAR). On July 29, 2025, the controlled substance record indicated 69 pills. However, 68 pills were present in the blister pack. The home stated that they spoke to staff person C and confirmed the medication was administered and the incorrect remaining balance was documented.

Repeat Violation: 8/5/2024, et al

**Plan of Correction**

Accept ( ) - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the RSC, spoke with staff person C confirmed the medications were administered; the RSC corrected the count.

To enhance the currently compliant operations, on 08/08/2025 the Executive Director or designee will educate the licenses nursing staff and med techs on regulation 185a, with a completion date of 08/15/2025.

Effective 08/08/2025 the RSC or designee will perform weekly audits x 4 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 ( ) - 09/04/2025)

**187b - Date/Time of Medication Admin.****19. 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 #2 is prescribed clonazepam 0.5 mg give one tab by mouth 3 times a day. Resident #2's July 2025 MAR does not include the initials of the staff person who administered the medication on 7/24/2025 at 8:00 pm.

However, the controlled substance record was signed as administered on 7/24/2025 at 8:00 pm by staff person D.

Resident #2 is prescribed clonazepam 0.5 mg given one tab by mouth 3 times a day. Resident #2's July 2025 MAR does not include the initials of the staff person who administered the medication on 7/28/2025 at 8:00 am. However, the controlled substance record was signed as administered on 7/28/2025 at 8:00 am by staff person E.

Resident #2 is prescribed tramadol HCL 100 mg tablet take one tablet by mouth three times a day. Resident #2's July 2025 MAR does not include the initials of the staff person who administered the medication on 7/28/2025 at 8:00 pm. However, the controlled substance record was signed as administered on 7/28/2025 at 8:00 pm by staff person F.

Resident #2 is prescribed tramadol HCL 100 mg tablet take one tablet by mouth three times a day. Resident #2's July 2025 MAR was initialed by staff person E on 7/28/2025 at 2:00 pm. However, the medication was not signed out on

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

the controlled substance record and based on the remaining medication count, the medication was not administered. During the interview staff person E stated that [REDACTED] signed because [REDACTED] assumed that the medication was administered by staff person G.

Resident #9 is prescribed Lorazepam 0.5 mg 1 tablet twice daily at 8:00 AM and 2:00 PM. However, on 7/23/2025, 7/24/2025, and 7/25/2025, the medication was not administered to resident #9. However, resident #9's July 2025 MAR was initialed as administered on 7/25/2025 at 2:00 pm and 8:00 pm.

Repeat Violation: 1/8/2025

**Plan of Correction**

Accept ( [REDACTED] - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the RSC to report the medication error for the Lorazepam not being administered on 7/23, 7/24, 7/25,

Staff person D initialed the MAR for 8 am clonazepam on 7/24/2025 for resident #2.

Staff person E initialed the MAR for 7/28/2025 for 8am clonazepam.

Staff person F initialed the MAR 8pm tramadol on 7/28/2025.

To enhance the currently compliant operations, on 08/08/2025 the Executive Director or designee will educate the licenses nurses and med techs on regulation 187b, with a completion date of 08/15/2025.

Effective 08/08/2025 the RSC or designee will perform weekly 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 ( [REDACTED] - 09/04/2025)

**187d - Follow Prescriber's Orders****20. Requirements**

2600.

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

**Description of Violation**

Resident #2 is prescribed tramadol HCL 100 mg tablet take one tablet by mouth three times a day. However, resident #2 was not administered tramadol on 7/28/2025 at 2:00 pm.

Resident #2 is prescribed clonazepam 0.5 mg given one tab by mouth 3 times a day. However, resident #2 was not administered clonazepam on 7/28/2025 at 2:00 pm.

Resident #10 is prescribed NovoLOG Flexpen according to the sliding scale: 200-250= 4 units, 251-300=6 units,

**187d - Follow Prescriber's Orders (continued)**

301-350= 8 units, 351-400= 10 units. Call Physician for below 60 and above 400. The Physician Order states that the resident should receive blood sugar checks before meals and at bedtime at 7:30 A.M., 11:30 A.M., 4:30 P.M., and 8:00 P.M. On 7/19/2025, the resident's blood sugar check on the glucometer read 277 and July 2025 MAR documentation shows the reading of 277. However, the resident was administered 4 units of insulin instead of 6 units of insulin.

Repeat violation: 1/8/2025

**Plan of Correction**

Accept ( ) - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/18/2025 by the RSC to report medication errors for resident#2 tramadol HCL 100mg tab not administered on 7/28/2025 at 2pm

Medication error for resident #2 clonazepam 0.5mg tab not administered on 7/28/2025 at 2pm

On 7/19/2025 the wrong insulin dosage was given. Resident received 4 units instead of 6 units.

To enhance the currently compliant operations, on 08/08/2025 the Executive Director or designee will educate all licenses nurses and med techs on regulation 187d, 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 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 ( ) - 09/04/2025)

**21. Requirements**

2600.

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

**Description of Violation**

Resident #9 is prescribed Lorazepam 0.5 mg 1 tablet twice daily at 8:00 AM and 2:00 PM. However, this medication was not administered to resident #9 on 7/23/2025, 7/24/2025, and 7/25/2025 because the medication was not available in the home.

**Plan of Correction**

Accept ( ) - 08/22/2025)

In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2025 by the RSC to report the medication error for resident#9 not receiving prescribed Lorazepam 0.5mg daily twice a day on 7/23, 7/24, and 7/25 due to medication not being available.

To enhance the currently compliant operations, on 08/08/2025 the Executive Director or designee will educate all licenses nurses and med techs about regulation 187d, with a completion date of 08/15/2025.

**187d - Follow Prescriber's Orders (continued)**

*Effective 08/08/2025 the RSC or designee will perform weekly audits 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 (█ - 09/04/2025)**

**236 - Staff Training****22. 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 B, who works in the Secure Dementia Care Unit (SDCU) completed 0 hours of training in dementia care during the 2024 training year.*

**Plan of Correction**

**Accept (█ - 08/22/2025)**

*In response to the violation on 07/28/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/30/2025 by the Executive Director to review staff person B training guide. The ED noted that staff person B was not employed for most of the year of 2024, and that she was still listed on the active employee roster.*

*To enhance the currently compliant operations, on 07/30/2025 the Executive Director will educate the RSC, and ASC on regulation 236, with a completion date of 08/15/2025.*

*Effective 08/08/2025 the Executive Director or designee will perform monthly audits through 08/30/2025 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 (█ - 09/04/2025)**