

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

November 6, 2025

[REDACTED]
ARDEN COURTS WARMINSTER OF HATBORO PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (WARMINSTER)
779 WEST COUNTY LINE ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12996

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/03/2025 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 (WARMINSTER) **License #:** 12996 **License Expiration:** 06/14/2026
Address: 779 WEST COUNTY LINE ROAD, HATBORO, PA 19040
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: ARDEN COURTS WARMINSTER OF HATBORO PA LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/29/2000 **Issued By:** COPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 82 **Waking Staff:** 62

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 09/03/2025

Inspection Dates and Department Representative

09/03/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 41

Secured Dementia Care Unit

In Home: Yes **Area:** All **Capacity:** 60 **Residents Served:** 41

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 41
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 41 **Have Physical Disability:** 0

Inspections / Reviews

09/03/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/04/2025

10/08/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/05/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 11/03/2025

Inspections / Reviews *(continued)*

11/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] the power of attorney for resident [REDACTED] received a call from resident [REDACTED]'s credit union reporting suspicious activity on the resident's account. The credit union reported that on [REDACTED] there was a deposit of one cent and a withdrawal of one cent on that date from resident [REDACTED] account to an account with Zeffy, which is an online fundraising platform. The credit union told resident [REDACTED] power of attorney the name of the Zeffy accountholder.

The power of attorney reported this information to the home on [REDACTED]. The name of the Zeffy accountholder who initiated the transaction from resident [REDACTED]'s account matched staff person A. Staff person A worked in the home from [REDACTED] until [REDACTED] and then went out of work on a leave of absence. Resident [REDACTED] was admitted to the home on [REDACTED] where for the first several months, the resident's checkbook, featuring their account and routing numbers, was in a bag in their bedroom, where staff person A provided care and had continual access until their leave of absence.

The home attempted to contact the staff person repeatedly about the allegations, but staff person A could not be reached. However, staff person A submitted a resignation letter by email on [REDACTED], which alluded to financial and personal difficulties that Staff Member. This type of transaction is used to verify a bank account via the fundraising platform. This action is considered an attempt to defraud Resident [REDACTED] of money by Staff Person A.

Plan of Correction

Accepted [REDACTED] 10/08/2025)

Staff member 'A' has been out of the community since 8/1/2025 and has since been terminated. Executive Director/ designee to complete education with all staff on resident protection policy by 10/22/2025.

Executive Director completed audit of current resident rooms on 9/3/2025, no other financial information was found within resident rooms.

Executive Director / designee to conduct in-service with staff on who to report to if financial misappropriation of a resident is suspected and what to do if financial information is found in a resident's room/ on resident's being. In-service to be completed by 10/22/2025.

All new admissions will be instructed not to leave any financial information or active bank cards in an accessible area within the community. Personal belongings inventory list will be reviewed in detail during contract signings to identify any financial information a resident would be moving into the community with. Executive Director / designee to complete audit of new admissions personal belongings inventory list 1x/week for 4 weeks to ensure any financial information for a resident is identified and secured prior to move in. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 10/22/2025. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] 11/06/2025)

95 - Furniture and Equipment

2. 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 10:28 am, the doorknob to resident [REDACTED] bedroom was loose and protruding from the inside of the resident's bedroom door.

Plan of Correction

Accept [REDACTED] 10/08/2025)

The doorknob for resident [REDACTED] bedroom was replaced on 9/3/2025 by Building Services Coordinator. Building Services Coordinator completed an audit check of all residential room door handles within the community to ensure door handles are in good repair and free of hazard on 9/3/2025.

Executive Director completed education on 9/4/2025 with Building Services Coordinator on regulation 2600.95; furniture must be in good repair and free of hazards.

Executive Director / designee to complete audit checking door handles throughout the home 1 time per week for 4 weeks to ensure door handles are in good repair and free of hazard. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 10/22/2025. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] - 11/06/2025)

185a - Implement Storage Procedures

3. 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

Resident [REDACTED] is prescribed one .5 MG tablet of [REDACTED] three times a day as needed. The home's narcotic log documenting the administration of this medication from [REDACTED] to [REDACTED] is confusing and illegible, with entries partly or fully crossed out on nine different lines.

The log indicates that a dose was given on [REDACTED] at 9:00 am, leaving 22 tablets remaining, but the date and time are struck through. The next line indicates a dose was given on [REDACTED] at 9:00 pm, but a note on the right margin indicates the pill was wasted, and the entire line is crossed out. The log indicates four pills were wasted between [REDACTED] and [REDACTED], but these lines were crossed out entirely, including the notations that read "wasted." Following a dose on [REDACTED] at 9:00 am, which left seven tablets, the next two lines show the count going to six and then five, with crisscrossed lines in place of any indication that doses were administered or wasted.

The final entry on the log shows a dose was given on [REDACTED] at 5:00 pm. The number 4 was written under "amount remaining," but the number was crossed out, with the number 6 circled next to it and the word "error" written above the 6. There were four pills remaining on [REDACTED] at 2:28 pm.

Plan of Correction

Accept [REDACTED] - 10/08/2025)

A reconciliation of the Lorazepam blister pack, the [REDACTED] count sheet and the MAR was completed for resident 1.

Executive Director / designee completed an audit of current narcotic log documentation sheets stored in each

185a Implement Storage Procedures (continued)

medication cart within the community to ensure documentation is legible and accurate.

Executive director / designee to complete education with LPNS / medtechs on regulation 2600.185a; in service to be completed by executive director / designee with LPNs and medtechs on how to properly document a wasted medication by 10/22/2025.

Executive Director / designee to complete audit of Narc count sheets 1x/week for 4 weeks to ensure legible documentation, documentation of refusals and documentation of wasted medications. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 10/22/2025. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented ([REDACTED] 11/06/2025)