

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

December 9, 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 10/16/2025 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:** CWOPA- L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 78 **Waking Staff:** 59

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 10/16/2025

Inspection Dates and Department Representative

10/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 39

Secured Dementia Care Unit

In Home: Yes **Area:** entire home **Capacity:** 60 **Residents Served:** 39

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: NA **Are 60 Years of Age or Older:** 39
Diagnosed with Mental Illness: 39 **Diagnosed with Intellectual Disability:** NA
Have Mobility Need: 39 **Have Physical Disability:** NA

Inspections / Reviews

10/16/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/03/2025

11/04/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/01/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 11/30/2025

Inspections / Reviews *(continued)*

12/09/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82c - Locking Poisonous Materials

1. 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

Head and Shoulders Shampoo, with a manufacture's label indicating "If swallowed, get medical help or contact Poison Control Center right away", was unlocked, unattended, and accessible to Resident [REDACTED]. Not all the residents of the home, including Resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [REDACTED] and [REDACTED] et al.

Plan of Correction

Accept [REDACTED] 11/04/2025)

1. Resident [REDACTED] head and shoulders was removed and stored in a secure locked area
2. Current resident rooms and public areas were reviewed to ensure any poisonous materials were safely locked
3. Nursing and housekeeping staff were educated on regulation 82c – Locking Poisonous materials
4. Executive Director/designee will audit resident areas 1x/week for 4 weeks to ensure poisonous materials are not accessible to residents starting on the week of 11/3/25. Findings will be submitted to the QAPI committee meeting on 11/28/25 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented ([REDACTED] - 12/09/2025)

183e - Storing Medications

2. 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 [REDACTED], an unopened bottle of [REDACTED] for Resident [REDACTED] was found in the medication cart. According to the manufacturer's instructions, this medication should remain refrigerated until opened.

On [REDACTED] an undated and opened bottle of [REDACTED] for Resident [REDACTED] was found lying in the medication cart, according to the manufacturer's instruction this medication should be stored upright after opening and should be discarded 30 days after opening.

Repeat Violation: [REDACTED]

Plan of Correction

Accept ([REDACTED] 11/04/2025)

1. Resident [REDACTED] bottle of [REDACTED] was disposed of and reordered as it was not dated or stored in a refrigerator
2. Current resident medications were reviewed to ensure proper storage and dating

183e Storing Medications (continued)

3. Nurses and Medication Technicians will be educated on "Medication and Treatment Guidelines" by the Resident Services Coordinator or designee

4. Resident Services Coordinator/designee will audit resident medication storage areas 1x/week for 4 weeks to ensure medications are stored appropriately starting on the week of 11/3/25. Findings will be submitted to the QAPI committee meeting on 11/28/25 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented (█) - 12/09/2025)

184a - Resident's Meds Labeled**3. 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 █s █ tablet does not include accurate prescribed dosage and instructions for administration. The pharmacy label reads "Take 1 tablet by mouth every morning for █". The physician's order reads "Take 1 tablet by mouth at bedtime for █"

The pharmacy label for resident █ tablet does not include accurate prescribed dosage and instructions for administration. The pharmacy label reads "Take 1 tablet by mouth at bedtime for █". The physician's order reads "Take 1 tablet by mouth in the morning for █"

Repeat Violation: █

Plan of Correction

Accept █ - 11/04/2025)

1. Resident █'s medications were reviewed with the attending physician to clarify both orders of █

2. Current residents with orders for █ were reviewed to ensure accurate administration and dosage instructions

3. Nurses and medication technicians were educated on the "Medication and Treatment Guidelines" policy

4. Resident Services Coordinator/designee will audit resident medication labels 1x/week for 4 weeks to ensure medications have accurate administration and dosage instructions starting on the week of 11/3/25. Findings will be submitted to the QAPI committee meeting on 11/28/25 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented (█) - 12/09/2025)

225a - Assessment 15 Days**4. Requirements**

2600.

225a - Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment for Resident [REDACTED], dated [REDACTED], does not indicate the resident has a dietary need. However, the residents most recent medical evaluation dated [REDACTED] indicates the resident has special diet: no added sodium.

Plan of Correction**Accept [REDACTED] - 11/04/2025)**

1. Resident [REDACTED]s received a RASP addendum to include a dietary need of "no added sodium"
2. Current resident diet orders were reviewed to ensure resident RASPs include any special diet needs
3. Resident Services Coordinator was educated on regulation 225a – Assessment 15 days
4. Executive Director/designee will audit resident diets 1x/week for 4 weeks to ensure the RASP includes dietary needs starting on the week of 11/3/25. Findings will be submitted to the QAPI committee meeting on 11/28/25 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [REDACTED] - 12/09/2025)