

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

January 9, 2026

[REDACTED]
ARDEN COURTS OF YARDLEY PA LLC
[REDACTED]

RE: ARDEN COURTS (YARDLEY)
493 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 12997

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/30/2025 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 (YARDLEY) **License #:** 12997 **License Expiration:** 04/30/2026
Address: 493 STONY HILL ROAD, YARDLEY, PA 19067
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/24/1995 **Issued By:** CWOPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 90 **Waking Staff:** 68

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 10/30/2025

Inspection Dates and Department Representative

10/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 66	Residents Served: 45		
Secured Dementia Care Unit			
In Home: Yes	Area: memory care	Capacity: 66	Residents Served: 45
Hospice			
Current Residents: 7			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 45		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 45	Have Physical Disability: 0		

Inspections / Reviews

10/30/2025 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 11/23/2025
12/01/2025 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 12/16/2025	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 12/06/2025

Inspections / Reviews *(continued)*

12/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/17/2025

01/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [REDACTED] at 12:30pm, Resident [REDACTED] was observed naked from the waist down standing in their room beside their bed facing the doorway, while staff person A was changing a soiled brief.

Plan of Correction

Accept [REDACTED] - 12/04/2025)

1. On 10/30/25 Staff Person A was educated on resident's dignity and respect.
2. On 10/30/25 the Executive Director completed an audit by walking the community units and found no other residents whose privacy was compromised.
3. By 12/4/25 Executive Director/Designee will educate the wellness staff on regulation 2600.42c - Dignity/Respect.
4. Beginning on 12/2/25, Resident Services Coordinator/Designee will audit 5 residents daily 5 times a week for 4 weeks to ensure resident's privacy is maintained while care is being provided. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 12/4/25.

Licensee's Proposed Overall Completion Date: 12/16/2025

Implemented [REDACTED] - 01/09/2026)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

A Criminal background check (PA PATCH) for Staff person B, hired on [REDACTED] was not performed until [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/01/2025)

1. On 10/30/25 Employee staff person B's background check was ran and received.
2. On 11/12/25 current employees were reviewed to ensure criminal background checks were on file.
3. By 12/4/25 Executive Director/Designee will educate the Administrative Service Coordinator on regulation 2600.51- criminal history checks.
4. Beginning on 11/2/25, Administrative Service Coordinator/ designee will audit new hires criminal history checks 1 time a week for 1 month to ensure criminal history checks are completed timely. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 12/4/25

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [REDACTED] - 01/09/2026)

82c - Locking Poisonous Materials

3. Requirements

82c - Locking Poisonous Materials (continued)

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

Sparkle toothpaste with manufacturer's label indicating "If you accidentally swallow more than used, seek medical attention or contact poison control", was stored unlocked, unattended and accessible in Resident [redacted] bathroom.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 12/01/2025)

- . On 10/30/25 Resident [redacted] lockbox of poisonous materials was immediately locked by the Executive Director.
- . On 10/30/25 Executive Director completed environmental round audit of the community to check for any poisonous materials left unlocked, unattended or accessible to ensure safe keeping.
- . By 12/4/25 Resident Services Coordinator /designee will educate nursing and housekeeping staff on regulation 82c – locking poisonous materials.
- . Beginning on 11/2/25, Resident Services Coordinator / Designee to complete community rounds 1x/week for 4 weeks to ensure environmental safety and that no poisonous material is accessible within the home. Findings will be submitted and reviewed by the QAPI committee. Next QAPI meeting date is 12/4/25.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] - 01/09/2026)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted] did not include medication regimen, contraindicated medications, or medication side effects .

Plan of Correction

Accept [redacted] 12/01/2025)

1. On 11/28/2025 Resident [redacted] medication list was attached to the DME.
2. On 11/28/2025 Executive Director/Designee audited current residents' Medical Evaluation forms to ensure the medication list was included.
3. By 12/4/25 Executive Director/Designee will educate the Memory Care Advisor and Resident Services

141a 1-10 Medical Evaluation Information (continued)

Coordinator on regulation 2600.141a(1) – Medical Evaluation.

4. Beginning on 12/2/25, Resident Services Coordinator / Designee will audit Medical Evaluations for new admissions to ensure they have the medication list included 1 time a week for 1 month. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 12/4/25

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [REDACTED] - 01/09/2026)

182c - Medication Administration**5. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [REDACTED] at approximately 12:30pm, Staff person A was observed removing unlabeled medications cups from the medication cart. While administering medications to Resident [REDACTED] and Resident [REDACTED] the staff person did not identify the residents or complete documentation in accordance with § 2600.187 (relating to medication records).

Plan of Correction

Accept [REDACTED] - 12/04/2025)

1. On 10/30/25 the Executive Director educated staff person A on regulation 2600.182c – medication administration in addition to ensuring one resident's medications is poured and administered at a time.
2. On 10/30/25 the Resident Services Coordinator observed staff person A during a medication pass to ensure the medication technician was administering medications accordingly.
3. By 12/4/25 Executive Director/Designee will educate the medication technician and LPNs on 2600.182c – medication administration in addition to ensuring one resident's medications is poured and administered at a time.
4. Beginning on 12/2/25, Resident Services Coordinator / Designee will visually observe medication passes for 2 staff members daily five times a week for 4 weeks to ensure that the medication technicians and/or LPNs are administering medications per regulation 2600.182c – medication administration in addition to ensuring one resident's medications is poured and administered at a time 5 times a week for 1 month. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 12/4/25

Licensee's Proposed Overall Completion Date: 12/16/2025

Implemented [REDACTED] - 01/09/2026)

225c - Additional Assessment**6. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED]

225c - Additional Assessment (continued)

's bed is equipped with a bedside mobility device. However, the resident's assessment and support plan, dated [REDACTED], does not include the following:

- An assessment of the resident's ability to use this device safely
- The specific need for the device
- The intended use and any risks associated with the use
- The resident's ability to use the device safely for the purpose it was intended
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines

Resident [REDACTED]'s bed is equipped with a bedside mobility device. However, the resident's assessment and support plan, dated [REDACTED] does not include the following:

- An assessment of the resident's ability to use this device safely
- The specific need for the device
- The intended use and any risks associated with the use
- The resident's ability to use the device safely for the purpose it was intended
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines

Plan of Correction

Accept [REDACTED] - 12/01/2025)

1. On 11/3/25 the Executive Director removed the bedside mobility devices for resident [REDACTED] & [REDACTED]
2. On 11/3/25 Executive Director/Designee audited current residents' rooms to ensure residents did not have a bedside mobility device in place and if they did have one in place that the resident had an order, the risk vs. benefit was documented and the device was listed on the resident's support plan.
3. By 12/4/25 Executive Director/Designee will educate the Resident Services Coordinator on 2600.225a ensuring that residents who have a bedside mobility device in place have an order, the risk vs. benefit is documented and the device is listed on the resident's support plan.
4. Executive Director/Designee will audit resident's rooms for bedside mobility devices 1 time a week for 1 month. If a bedside mobility device in place, Executive Director/Designee will review that the resident has an order, risk vs. benefit was documented and the device was listed on the resident's support plan. Findings will be submitted and reviewed by the QAPI committee. The next QAPI meeting will be on 12/4/25

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented ([REDACTED] - 01/09/2026)