

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

January 30, 2026

[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 12/02/2025 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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 66 **Waking Staff:** 50

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 12/02/2025

Inspection Dates and Department Representative

12/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 33

Secured Dementia Care Unit

In Home: Yes **Area:** entire home **Capacity:** 60 **Residents Served:** 33

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 33
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 33 **Have Physical Disability:** 0

Inspections / Reviews

12/02/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/26/2025

12/22/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/12/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/24/2025

Inspections / Reviews *(continued)*

01/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/12/2026

01/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

102h - Toilet Paper

1. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [REDACTED] at 09:20 AM, there was no toilet paper for the toilet in the hallway bathroom in the home's Berry Ridge hall.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

1. Berry's hallway bathroom was restocked with toilet paper on 12/2/25
2. Occupied resident rooms and resident hallway bathrooms were audited by the Executive Director to ensure toilet paper is stocked as required. Completed on 12/2/25
3. Executive Director educated housekeeping staff on regulation 102h – toilet paper on 12/3/25.
4. Executive Director/designee will audit occupied resident bathrooms and/or hallway resident bathrooms 1x/week for 3 weeks to ensure toilet paper is stocked as required starting the week of 12/22/25. The Executive Director will be responsible for submitting and reviewing findings at Adhoc QAPI meeting to be held on 1/20/26.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented [REDACTED] - 01/30/2026)

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], one loose red round pill was observed in the home's Dockside medication cart and one loose white oblong pill was observed in the home's Berry Ridge medication cart.

The following medication blister cards were observed punctured on the back:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

1. Loose pills inside of Dockside medication cart and Berry Ridge medication cart were disposed of by the Resident Services Coordinator on [REDACTED]. Blister packs for residents [REDACTED] and [REDACTED] were reviewed and identified punctured slots were disposed of by the Resident Services Coordinator.

183e Storing Medications (continued)

2. Resident Service Coordinator reviewed Cloverdale medication cart and Harvest medication carts for loose pills and blister pack punctures to ensure medications were stored in accordance with the manufacturer's instructions on 12/2/25.

3. Resident Services Coordinator/designee will educate Nurses and Medication Technicians on "Centralized Medication Storage in the Assisted Living Community" policy from PharMerica Pharmacy by 1/11/26.

4. Resident Services Coordinator/designee will audit medication carts and blister packs 2x's/week for 3 weeks to ensure medications are stored in accordance with manufacturer's instructions starting the week of 12/22/25.

Findings will be submitted and reviewed by the Adhoc QAPI committee on 1/20/26. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented [REDACTED] - 01/30/2026)

184b - Labeling OTC/CAM**3. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [REDACTED] a tube of [REDACTED] was observed in the home's Cloverdale medication cart and it was not labeled with a resident's name.

Plan of Correction

Accept [REDACTED] - 01/05/2026)

1. Zinc oxide paste skin protectant was labeled with the appropriate resident name on 12/2/25 and dated by the Resident Services Coordinator.

2. Resident Service Coordinator reviewed current medication carts to ensure any OTC/CAM were labeled with the resident name on 12/2/25, completed by the Resident Services Coordinator.

3. Resident Service Coordinator/designee will educate Nurses and Medication Technicians on "Non prescription (over the counter) medications policy from PharMerica Pharmacy by 1/11/26.

4. Resident Services Coordinator/designee will audit medication carts 2x's/week for 3 weeks to ensure OTC/CAM medications are labeled with the resident name. Findings will be submitted and reviewed by the Adhoc QAPI committee on 1/20/26. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented [REDACTED] 01/30/2026)