

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

March 24, 2026

[REDACTED]  
ARCADIA AT LIMERICK POINTE LLC  
[REDACTED]  
[REDACTED]

RE: ARCADIA AT LIMERICK POINTE  
51 WEST ARCADIA DRIVE  
LIMERICK, PA, 19468  
LICENSE/CO# #: 14795

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2026 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:** ARCADIA AT LIMERICK POINTE **License #:** 14795 **License Expiration:** 05/18/2026  
**Address:** 51 WEST ARCADIA DRIVE, LIMERICK, PA 19468  
**County:** MONTGOMERY **Region:** SOUTHEAST

## Administrator

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

## Legal Entity

**Name:** ARCADIA AT LIMERICK POINTE LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** I-1 **Date:** 04/12/2021 **Issued By:** Limerick Township

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 107 **Waking Staff:** 80

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident **Exit Conference Date:** 01/23/2026

## Inspection Dates and Department Representative

01/14/2026 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 122 **Residents Served:** 75

## Secured Dementia Care Unit

**In Home:** Yes **Area:** Memory Care Unit **Capacity:** 48 **Residents Served:** 32

## Hospice

**Current Residents:** 8

## Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 75  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 32 **Have Physical Disability:** 0

## Inspections / Reviews

01/14/2026 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/20/2026

02/24/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 03/23/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/01/2026

Inspections / Reviews *(continued)*

03/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/23/2026

03/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 15b - Supervisor Plan

## 1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

## Description of Violation

On [REDACTED] the home suspended staff person A for an allegation of abuse. The home did not develop and implement a plan of supervision and reinstated staff person A back to the home on [REDACTED].

## Plan of Correction

Accept [REDACTED] - 02/24/2026)

**Immediate Action** - On Tuesday, January 20, 2026 Executive Director, Director of Nursing, and all Department Directors reviewed 2600.15b and appendices about reportable incidents and abuse reporting in the RCG. The review focused on the steps involved in abuse allegation, reporting procedures, suspension, and supervision upon return to work.

**Preventative Action** - Moving forward any reports of alleged abuse will be immediately communicated to the Executive Director, Director of Nursing, or designee, following suspension and investigation and if the allegations are unfounded, an approved supervision plan by the Regional Department of Human Services will be implemented prior to the employee's return to work.

**Compliance Monitoring** - Any future reports of alleged abuse cases will be immediately reviewed by the Executive Director, Director of Nursing and Designee. The home shall immediately report suspected abuse of a resident in accordance with Older Adult Protective Services Act. The Executive Director will comply with the guidelines regarding restrictions on staff persons. Any reports of alleged abuse will be reported and reviewed at quarterly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented [REDACTED] - 03/24/2026)

## 16c - Written Incident Report

## 2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED], staff person B reported an allegation of abuse involving staff person A to staff person C. The home did not report this incident to the department until [REDACTED].

## 16c Written Incident Report (continued)

**Plan of Correction**

Accepted [REDACTED] 02/24/2026)

**Immediate Action** On Tuesday, January 20, 2026 Executive Director, Director of Nursing, and all Department Directors reviewed 2600.16.c and the appendix relating to abuse and abuse reporting and reportable incidents focusing on the steps involved in abuse allegation and reporting to the Personal Care Home regional office within 24 hours of the incident.

**Preventative Action**

All future reports of alleged abuse cases will be immediately reviewed by the Executive Director and the home shall immediately report suspected abuse of a resident in accordance with Older Adult Protective Services Act and comply with the guidelines regarding reporting within 24 hours of the incident.

**Compliance Monitoring** Any reports of suspected abuse will be reported and reviewed at each quarterly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented [REDACTED] 03/24/2026)

## 202 - Prohibitions

## 3. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move [REDACTED] arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompt [REDACTED] escorting or guiding a resident to assist in the ADLs or IADLs.

**Description of Violation**

On [REDACTED] while resident [REDACTED] was seated in their wheelchair, staff person A tilted the wheelchair backwards against the sofa in the common area with the resident's feet left dangling. Resident [REDACTED] was unable to get up from this position for an undetermined amount of time.

**Plan of Correction**

Accepted [REDACTED] - 03/13/2026)

**Immediate Action -**

**202 Prohibitions (continued)**

All staff will continue to receive training regarding restraints and other means of prohibition during their initial orientation and annually thereafter. Documentation of this training will be maintained in each employee's file. The Director of Nursing (DON)/designee will review prohibitions and restraints as part of the new hire orientation.

**Preventative Action** - All direct caregivers were retrained on regulations 2600.202, what is prohibited, and considered restraints. Documentation of this training will be maintained in each employee's file. This training was by the DON on Thursday, January 29, 2026

Each direct care staff person working in a secured dementia care unit will continue to 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. Human Resources (HR) will audit the above training compliance and report the findings at Quality Assurance (QA) meetings.

**Compliance Monitoring** - HR audit of all direct care staff new hires for the first quarter of 2026 will be reported at the Quarterly QA meeting scheduled for INSERT HERE. The audits for the subsequent three months of new hires and annual training (April through June) will be reported in the QA meeting scheduled for July 2026. This audit system is in place for the four quarters of 2026 for new hires and annuals and will remain ongoing.

The administrator or designee shall observe staff to resident interactions for residents who require mental health or behavioral care (SCDU) and services for at least two residents a week for three months and biannually thereafter to ensure the residents are receiving the care and services indicated in the resident's support plans and the use of positive interventions is implemented. Documentation of monitoring shall be kept

Licensee's Proposed Overall Completion Date: 03/21/2026

Implemented [REDACTED] - 03/24/2026)