

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

June 2, 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 04/07/2026, 04/09/2026 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: 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:** 10/05/1998 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 68 **Waking Staff:** 51

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 04/09/2026

Inspection Dates and Department Representative

04/07/2026 - On-Site: [REDACTED]
 04/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 34

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 60 **Residents Served:** 34

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 34
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 34 **Have Physical Disability:** 0

Inspections / Reviews

04/07/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/04/2026

05/05/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/30/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/29/2026

Inspections / Reviews *(continued)*

06/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2026

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], at approximately 5:30 am, resident [REDACTED] was exhibiting aggressive behavior towards staff. Staff person A, working was on the Berry side of the home, redirected resident [REDACTED] back to the other area of the home (Cloverfield). Staff did not notify the nurse of the behavior resident [REDACTED] was exhibiting. At about 6:45 am, resident [REDACTED] returned back to the Berry side of the home, calling staff person A derogatory names and acting aggressive. Resident [REDACTED] got up from the living room and started arguing with resident [REDACTED]. Resident [REDACTED] pushed resident [REDACTED] with such force that resident [REDACTED] fell and struck their head against the handle of the medication cart, bending the handle in the process. Staff called 911 as the resident was bleeding from the head. Resident [REDACTED] went to the emergency room and received staples for scalp laceration.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 05/05/2026)

1. Resident [REDACTED] was seen by the nurse practitioner on 4/8/2026. No mental or physical distress noted from incident. Staff person A was educated on notifying the nurse of a resident behavior at the start of any negative behaviors on 4/4/26.
2. Resident [REDACTED] was placed on a 1:1 to ensure the safety of other residents. Resident [REDACTED] was sent to the Doylestown hospital for evaluation. Resident [REDACTED] was admitted to a Behavioral Health Hospital on 4/6/26 for a medication adjustment.
3. Executive Director or designee will complete education with Nurses, Medication Technicians and caregivers on 42b - Abuse and "Resident Protection" by 5/5/26.
4. Executive Director or designee will monitor resident environments 2 times per week for 4 weeks to ensure agitated residents are communicated immediately starting the week of 5/4/26. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 06/02/2026)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], [REDACTED] prescribed for individual [REDACTED], was in the home's medication cart; however, the medication was discontinued on [REDACTED]

On [REDACTED], [REDACTED] prescribed for individual # [REDACTED] was in the home's medication cart; however, the medication was discontinued on [REDACTED]

183d - Prescription Current (continued)

On [REDACTED] [REDACTED] prescribed for individual # [REDACTED] was in the home's medication cart; however, the medication was discontinued on [REDACTED].

On [REDACTED], [REDACTED] prescribed for individual [REDACTED], was in the home's medication cart; however, the medication was discontinued on [REDACTED].

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 05/05/2026)

1. Discontinued medications for individual [REDACTED] and individual [REDACTED] were removed and disposed of on 4/7/26
2. Medication carts on Berry Ridge, Cloverdale, Harvest Glen and Dockside were audited on 4/7/26. Any discharged medications identified were removed and disposed of.
3. The Executive Director or designee will complete education with nurses and medication technicians on Regulation 183d – Prescription Current by 5/5/26.
4. Executive Director or designee will audit discontinued medications 4 times per week for 4 weeks to ensure medications are removed from the home timely starting the week of 5/4/26. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 06/02/2026)

183e - Storing Medications

3. 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

Resident [REDACTED]'s blister pack of [REDACTED] tablet was torn on the foil at pill #12, the pill remained inside the packaging.

Resident [REDACTED]'s blister pack of [REDACTED] tablet was torn on the foil at pill #17, the pill remained inside the packaging.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] 05/05/2026)

1. Resident [REDACTED] pill #12 of levothyroxine and pill #17 of meclizine were disposed of on 4/7/26
2. Medication carts on Berry Ridge, Cloverdale, Harvest Glen and Dockside were audited on 4/7/26. Any identified tears in the foil were disposed of appropriately.
3. The Executive Director or designee will complete education with nurses and medication technicians on Regulation 183 – Storing Medications by 5/5/26.

183e - Storing Medications (continued)

4. Executive Director or designee will audit blister packs 4 times per week for 4 weeks to ensure medications are stored under proper conditions starting the week of 5/4/26. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 06/02/2026)

184a - Resident's Meds Labeled**4. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident # [REDACTED] does not include the correct prescribed dosage and instructions for administration. On [REDACTED], [REDACTED] order was changed from take 1 tablet by mouth 3 times a day to take 1 tablet 1 time per day at 8:00 am; a change of direction sticker was not placed on the medication's label.

The pharmacy label for resident [REDACTED] does not include the correct prescribed dosage and instructions for administration. On [REDACTED], the order was changed from take 1 tablet by mouth one time per day at 2:00 pm to take 1 tablet by mouth two time per day at 2:00 pm and 8:00 pm; a change of direction sticker was not placed on the medication's label.

The pharmacy label for resident [REDACTED] s [REDACTED] tablet does not include the correct prescribed dosage and instructions for administration. The order was changed to three times daily on [REDACTED] a change of direction sticker was not placed on the medication's label.

The pharmacy label for resident [REDACTED] [REDACTED] does not include the correct prescribed dosage and instructions for administration. The order was changed to every four hours daily on [REDACTED]; a change of direction sticker was not placed on the medication's label.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept ([REDACTED] - 05/05/2026)

1. A change in direction sticker was added to the [REDACTED] and 1mg for resident [REDACTED] and [REDACTED] for resident [REDACTED] on [REDACTED]
2. Medication carts on Berry Ridge, Cloverdale, Harvest Glen and Dockside were audited on 4/7/26 to ensure

184a - Resident's Meds Labeled (continued)

medications with changes had a change in direction sticker attached.

3. The Executive Director or designee will complete education with nurses and medication technicians on Regulation 184a – Resident's Meds Labeled by 5/5/26.

4. Executive Director or designee will audit medication changes 4 times per week for 4 weeks to ensure medications are stored under proper conditions starting the week of 5/4/26. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 06/02/2026)

185a - Implement Storage Procedures**5. 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

On [REDACTED], at approximately 7:51 am, according to the medication administration record, resident [REDACTED] was administered [REDACTED] tablet; take one tablet daily as needed. On [REDACTED] the count on resident [REDACTED]'s narcotic sheet remained unchanged.

Plan of Correction

Accept [REDACTED] 05/05/2026)

1. Resident [REDACTED] received their medication although the medication was not signed out on the narcotic sheet on 3/7/26.

2. Current residents with narcotics were audited to ensure documentation was completed on both the EMAR and narcotic sheet on 4/14/26

3. The Executive Director or designee will complete education with nurses and medication technicians on Regulation 185a – Implement Storage Procedures by 5/5/26.

4. Executive Director or designee will audit the narcotic sheet/logs 4 times per week for 4 weeks to ensure narcotics are documented correctly starting the week of 5/4/26. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 06/02/2026)

185b - Medication Procedures**6. Requirements**

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.

185b Medication Procedures (continued)

- 4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in [redacted] room.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include documentation of the receipt of controlled substances and prescription medications, a process to investigate and account for missing medications and medication errors. The home does not count the narcotics at every shift and lacks a plan for missing narcotics.

Plan of Correction

Accepted [redacted] - 05/05/2026)

- 1. Procedure named "Inventory of Controlled Substances" was developed and adopted on 5/1/26 to address documentation on receiving and counting narcotics every shift and plan for missing narcotics.
- 2. Current procedures named "Medication Reconciliation" and "Medication Treatment Guidelines" were reviewed on 4/30/26 and found to outline documentation of prescription medications and storage of medication procedure.
- 3. Executive Director or designee will audit the narcotic sheet/logs 4 times per week for 4 weeks to ensure narcotics are documented correctly starting the week of 5/4/26. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [redacted] - 06/02/2026)

187b - Date/Time of Medication Admin.

7. Requirements

- 2600.
- 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] tablet take one tab three times daily as needed. Resident # [redacted] medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 6:41 pm. Staff person B did sign the narcotics log.

Repeat Violation: [redacted] et al

Plan of Correction

Accepted [redacted] - 05/05/2026)

- 1. Resident [redacted] received the [redacted] as ordered. Staff member B who did not sign out the medication in the EMAR system completed a paper record of administration.
- 2. Medications from 4/7/26 to 4/14/26 were audited to determine if any other medications were missing initials. Medications that were found to be missing initials in the EMAR system were verified to have paper documentation.
- 3. The Executive Director or designee will complete education with nurses and medication technicians on Regulation 187b Date/time of medication administration by 5/5/26.

187b Date/Time of Medication Admin. (continued)

4. Executive Director or designee will audit EMAR documentation 4 times per week for 4 weeks starting the week of 5/4/26, to ensure medications are documented as required. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 06/02/2026)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED]; take one tablet by mouth every morning before breakfast. However, this medication was not administered to resident [REDACTED] on [REDACTED] at 7:00 am because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED]; take one tablet by mouth every morning before breakfast. However, this medication was not administered to resident [REDACTED] on [REDACTED] at 6:30 am because the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 05/05/2026)

1. Resident [REDACTED] and [REDACTED] medications were re ordered stat and available for administration for 4/1/26 as ordered.
2. Medications from 4/7/26 to 4/14/26 were audited on 4/15/26 to determine if any other medications were missing initials. Medications that were found to be missing initials in the EMAR system were verified to have paper documentation.
3. The Executive Director or designee will complete education with nurses and medication technicians on 187d Follow Prescriber's orders, Inventory of Controlled Substances, Medication Reconciliation and Medication and Treatment Guidelines by 5/5/26.
4. Executive Director or designee will audit EMAR documentation 4 times per week for 4 weeks starting the week of 5/4/26, to ensure medications are available as required. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 06/02/2026)

9. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] to be taken as one tablet by mouth twice a day at 2:00 pm and 8:00 pm. However, according to the narcotics log and medication count resident [REDACTED] was administered [REDACTED] on [REDACTED], and [REDACTED] at 8:00 pm.

Resident [REDACTED] is prescribed [REDACTED]. However, resident # [REDACTED] received [REDACTED] on [REDACTED]

187d - Follow Prescriber's Orders (continued)

at 8:00 am and 1:00 pm, and on [REDACTED], at 8:00 am.

Resident [REDACTED] is prescribed [REDACTED] topically; apply 1 ml every 4 hours. However, resident [REDACTED] did not receive [REDACTED] on [REDACTED] at 12:00 am and 4:00 am. According to resident [REDACTED]'s narcotic sheet, the medication was not deducted for those times.

Resident [REDACTED] is prescribed [REDACTED]; take .5ml by mouth or under the tongue every 4 hours around the clock. However, resident [REDACTED] did not receive [REDACTED] on [REDACTED], at 12:00 am and 4:00 am. According to resident # [REDACTED] narcotic sheet, the medication was not deducted for those times.

Resident [REDACTED] is prescribed [REDACTED]; take one tablet by mouth three times daily. However, resident [REDACTED] did not receive the [REDACTED] tab on [REDACTED], at 3:00 pm, because the administration time passed.

Plan of Correction**Accept [REDACTED] - 05/05/2026)**

1. Residents [REDACTED] and [REDACTED] receive identified medications through their hospice benefit. Issue was identified where hospice order recommendation was being submitted to outside pharmacy but was not getting updated in the EMAR system. Process with hospice was identified and fixed on 4/8/26. Resident [REDACTED] received the prescribed medication as ordered. Staff member B was educated on 187d – Follow prescribers orders on 4/24/26.
2. Current residents on hospice services were audited to ensure their medication matched the EMAR orders. Medications from 4/7/26 to 4/14/26 were audited to determine if any other medications were missing initials. Medications that were found to be missing initials in the EMAR system were verified to have paper documentation.
3. The Executive Director or designee will complete education with nurses and medication technicians on Regulation 187d – Follow Prescriber's orders, Inventory of Controlled Substances, Medication Reconciliation and Medication and Treatment Guidelines by 5/5/26.
4. Executive Director or designee will audit EMAR documentation 4 times per week for 4 weeks starting the week of 5/4/26, to ensure medications are documented as required. Findings will be submitted to the QAPI committee for review and recommendations.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] 06/02/2026)