

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

September 18, 2026

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
ARDEN COURTS WARMINSTER OF HATBORO PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (WARMINSTER)
779 WEST COUNTY LINE ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12996

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2026, 07/31/2026 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: 06/14/2027

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: 82

Waking Staff: 62

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 07/31/2026

Inspection Dates and Department Representative

07/30/2026 - On-Site: [REDACTED]

07/31/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 41

Secured Dementia Care Unit

In Home: Yes

Area: Entire Home

Capacity: 60

Residents Served: 41

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 41

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 41

Have Physical Disability: 0

Inspections / Reviews

07/30/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/04/2026

09/10/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/16/2026

Inspections / Reviews *(continued)*

09/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2026

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

A bottle of mouthwash, with a manufacture's label indicating "Keep out of reach of children and in case of accidental ingestion get medical help or contact poison control center immediately", was unlocked, unattended, and accessible to resident #1. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Repeated violation 10/16/25, 08/07/25 et.al

Plan of Correction

Accept ([REDACTED]) - 09/09/2026)

- 1. The bottle of mouthwash was removed immediately from resident #1's room and placed in a safe and secured location, inaccessible to residents on 7/30/26. Resident #1's room was found to be missing the locking mechanism for the bathroom cabinet. Maintenance director installed locking hardware on resident #1's room on 7/30/26.*
- 2. Maintenance Director completed an audit of the community to check for any poisonous materials left unlocked, unattended or accessible to ensure safe keeping on 7/30/26. Maintenance Director also audited current resident rooms to ensure a locking mechanism is in place and working on 7/30/26. Identified rooms in need of a locking mechanism were noted and installation of identified rooms were fully completed on 8/11/26 by the Maintenance Director.*
- 3. Executive Director/designee completed educating nursing, housekeeping, maintenance and lifestyle enrichment staff on regulation 82c on 8/28/26.*
- 4. Executive Director/designee will audit resident accessible areas 2x/week for 4 weeks to ensure poisonous materials are secured, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.*

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented ([REDACTED]) - 09/18/2026)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 07/30/26 at 9:30 am, the courtyard gate has a keypad that is not working properly after entering the code the gate would not unlock.

Plan of Correction

Accept ([REDACTED]) - 09/09/2026)

- 1. The courtyard gate had the keypad replaced on 7/30/26.*
- 2. Maintenance Director completed an audit of the community doors with keypads to ensure keypads were working properly on 7/30/26.*
- 3. Executive Director educated the Maintenance Director on regulation 95 on 7/31/26.*
- 4. Maintenance Director/designee will audit doors with keypads 1x/week for 4 weeks to ensure they are working properly, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26*

95 - Furniture and Equipment (continued)

for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026)

125b - Combustible Restrictions**3. Requirements**

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 07/30/26, a shaving cream bottle with a warning label flammable was unlocked, unattended, and accessible to resident #1.

Plan of Correction

Accept () - 09/09/2026)

1. The bottle of shaving cream was removed immediately from resident #1's room and placed in a safe and secured location, inaccessible to residents on 7/30/26. Resident #1's room was found to be missing the locking mechanism for the bathroom cabinet. Maintenance director installed locking hardware on resident #1's room on 7/30/26.

2. Maintenance Director completed an audit of the community to check for any combustible materials left unlocked, unattended or accessible to ensure safe keeping on 7/30/26. Maintenance Director also audited current resident rooms to ensure a locking mechanism is in place and working on 7/30/26. Identified rooms in need of a locking mechanism were noted and installation of identified rooms were fully completed on 8/11/26 by the Maintenance Director.

3. Executive Director/designee completed educating nursing, housekeeping, maintenance and lifestyle enrichment staff on regulation 125b on 8/28/26.

4. Maintenance Director/designee will audit resident accessible areas 2x/week for 4 weeks to ensure combustible materials are secured, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026)

141b1 - Annual Medical Evaluation**4. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on (). The resident's previous medical evaluation was completed on ().

Resident #3's most recent medical evaluation was completed on (). The home was not able to provide 2025's medical evaluation.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept () - 09/09/2026)

1. Resident #2 had a medical evaluation completed on () and will not be able to be corrected as it was due in (). Resident #2's annual medical evaluation will be due in (). Resident #3 had a medical evaluation on () and will not be able to be corrected to address the 2025 medical evaluation. Resident #3 no longer resides at the community.
2. Executive director completed an audit of current residents on () to identify any residents in need of an annual medical evaluation. Any resident identified to be outstanding will receive an updated annual medical evaluation by 8/6/2026.
3. Executive Director/designee completed educating the Director of Nursing on regulation 141b1 on 7/31/26.
4. Executive Director/designee will audit annual medical evaluations 1x/week for 4 weeks to ensure annual medical evaluations are completed timely, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026)

161d - Dietary Needs

5. Requirements

2600.

- 161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #4 and resident#5 were prescribed a mechanical soft diet. According to their medical evaluation. On 07/30/26 at 12:30 pm, the residents were served potatoes with skin and cabbage salad with dressing. Staff member A was not aware that any of the residents in the Cloverfield unit were on a special diet.

Plan of Correction

Accept () - 09/09/2026)

1. Resident #4 and resident #5 had already consumed their meals. Residents #4 and #5 were reviewed by the Director of Nursing and did not experience any negative effects. Staff A was educated immediately on regulation 161d and the current resident diet list.
2. Executive Director audited current resident diets to ensure they are matching the MD diet order on 7/30/26. Current resident diet list was provided to dietary, nursing and lifestyle enrichment staff on 7/30/26.
3. Executive Director/designee completed educating dietary, nursing and lifestyle enrichment on 8/28/26 on regulation 161d and mechanical and puree diet guidelines.
4. Executive Director/designee will audit resident diets 3x/week for 4 weeks to ensure residents are receiving their diet as ordered, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026)

183d - Prescription Current

6. 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 07/31/26, Memantine HCL 10mg Tablet, and Melatonin 3mg Tablet prescribed for individual #2, was in the home's medication cart; however, the medication was discontinued on 07/24/26.

On 07/31/26, Meloxicam 15mg Tablet prescribed for individual #2, was in the home's medication cart; however, the medication was discontinued on 07/25/26.

On 07/31/26, Magnesium Glycinate 100mg prescribed for individual #3, was in the home's medication cart; however, the medication was discontinued on 07/30/26.

Repeated Violation 04/07/26 et.al., 08/07/25 et.al

Plan of Correction

Accept () - 09/09/2026)

1. Resident #2's medications, memantine hcl and meloxicam, were removed and destroyed on 7/31/26. Resident #3's medication, magnesium glycinate was removed and destroyed on 7/31/26.

2. Director of nursing/designee completed auditing current resident medications and removed any discontinued medications from storage on 8/13/26.

3. Director of Nursing/designee completed educating nurses and medication technicians on 8/28/26 on regulation 183d.

4. Director of Nursing/designee will audit resident discharged medications orders 3x/week for 4 weeks to ensure medications are removed as ordered, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026)

183e - Storing Medications

7. 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 07/31/26, resident #6 is prescribed Insulin Lispro 100 unit/ml and Lantus Solostar 100 unit/ml were in the medication's cart. The pens did not have an open date when first used. According to the manufacturer's instructions the pens should be discarded 28 days after opening.

On 07/31/26, resident #7 is prescribed General Tears 0.1%—instill one drop four times daily as needed. The eyedrops

183e - Storing Medications (continued)

were opened with no opening date, and the medication was in the medication cart. According to the manufacturer's instructions, the drops should be discarded 30 to 90 days after opening.

Repeated Violation 04/07/26 et.al., 10/16/25, 09/30/25, 08/07/25 et.al

Plan of Correction

Accept () - 09/09/2026)

1. Resident #6's insulin was replaced and dated. Resident #7's eye drops were replaced and dated.
2. Director of nursing/designee completed auditing current resident medications to ensure opened insulin or eye drops are dated on 8/13/26.
3. Director of Nursing/designee completed educating nurses and medication technicians on 8/28/26 on regulation 183e.
4. Director of Nursing/designee will audit medication storage 3x/week for 4 weeks to ensure medications are stored and dated correctly, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026)

184a - Resident's Meds Labeled**8. Requirements**

2600.

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

Description of Violation

The pharmacy label for resident #3's Senna 8.6 mg tablet; take one tablet by mouth on Monday, Thursday and as needed does not match the medication administration record. The home failed to place a change of order sticker on the medication.

Repeated Violation 04/07/26 et.al., 10/16/25, 08/07/25 et.al

Plan of Correction

Accept () - 09/10/2026)

1. Resident #3's medication, senna, was provided a change of order sticker on the medication label on 7/31/26
2. Director of nursing/designee completed auditing current resident medications to ensure medication labels match the medication order on 8/13/26.
3. Director of Nursing/designee completed educating nurses and medication technicians on 8/28/26 on regulation 184a.
4. Director of Nursing/designee will audit medication labels 3x/week for 4 weeks to ensure medication labels match the order, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026)

185a - Implement Storage Procedures

9. 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

Resident #3 is prescribed Oxycodone 5mg tablet as needed. On 07/31/26 this medication was not available in the home.

Plan of Correction

Accept () - 09/10/2026)

- 1. Resident #3's oxycodone as needed order, was ordered STAT on 7/31/26 to ensure it would be available as ordered.*
- 2. Director of Nursing/designee completed auditing current resident medications to ensure medications are available as ordered on 8/13/26.*
- 3. Director of Nursing/designee completed educating nurses and medication technicians on 8/28/26 on regulation 185a.*
- 4. Director of Nursing/designee will audit narcotic medication orders 3x/week for 4 weeks to ensure medication is available as ordered, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.*

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026)

10. 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 07/31/26, resident#8 is prescribed Morphine Sulf 100mg/5ml; take .25ml (5mg) by mouth every 6 hours and every 3 hours as needed. However, the narcotic count was off. The narcotic sheet indicated that there were 24 pre-filled syringes remaining, and the actual count was 25.

On 07/31/26, resident#8 is prescribed Morphine 20mg/ml; take 0.25ml (5mg) by mouth every 6 hours. However, the narcotic count was off. The narcotic sheet indicated that there were 20 pre-filled syringes remaining, and the actual count was 19.

On 07/31/26 at 11:55 am, a pre-filled syringe of Lorazepam Intensol 2mg/ml that was prescribed to resident#8 was found in the top drawer of the medication's cart. The narcotic was not secured in the narcotic box. The medication was not signed out of the narcotic log for the 12pm administration.

Repeated Violation 04/07/26 et.al., 12/02/25, 09/03/25, 08/07/25 et.al

Plan of Correction

Accept () - 09/10/2026)

- 1. Resident #8's morphine 100mg and 20mg orders were rectified. Staff member wrote count down on the wrong count paper (100mg syringe count paper instead of 20mg count paper).*

185a Implement Storage Procedures (continued)

2. Director of Nursing/designee completed auditing current resident narcotic medications to ensure medications correctly documented on count sheets and administration records on 8/13/26.
3. Director of Nursing/designee completed educating nurses and medication technicians on 8/28/26 on regulation 185a.
4. Director of Nursing/designee will audit narcotic medication orders and documentation 3x/week for 4 weeks to ensure medication is documented correctly, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026

187a - Medication Record**11. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #6 is prescribed Insulin Lispro 100 unit/ml according to sliding scale with meals: 100 150 4u, 151 200 7u, 201 250 9u, 251 300 11u and over 300 13u. This medication was administered from 07/24/26 through 07/30/26; however, the unit for the sliding scale is not included on resident #6's medication administration record.

Plan of Correction

Accept () - 09/10/2026

1. Resident #6's insulin had the sliding scale added to the medication administration record on 7/31/26.
2. Director of Nursing/designee completed auditing current resident residents on insulin, to ensure correct instructions are included, on 8/13/26.
3. Director of Nursing/designee completed educating nurses and medication technicians on 8/28/26 on regulation 187a.
4. Director of Nursing/designee will audit medication documentation 3x/week for 4 weeks to ensure medication is documented as ordered, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026

187d - Follow Prescriber's Orders**12. Requirements**

2600.

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

Description of Violation

Resident #2 is prescribed Midodrine HCL 2.5 mg Tablet; take 1 tablet by mouth daily hold for SBP > 120. However, resident #2 was administered Midodrine HCL 2.5 mg tablet, when the SBP > 120 on the following dates:

187d - Follow Prescriber's Orders (continued)

07/04/26 at 9:30am, the SBP was 155.
 07/05/26 at 9:30am, the SBP was 170.
 07/10/26 at 9:30am, the SBP was 124.
 07/14/26 at 9:30am, the SBP was 126.
 07/18/25 at 9:30am, the SBP was 125.
 07/25/26 at 9:30am, the SBP was 159.

Resident #6 is prescribed Insulin Lispro 100 unit/ml, inject 100/ml subcutaneous according to sliding scale with meals: 100-150=4u, 151-200=7u, 201-250=9u, 251-300=11u and over 300=13u. However, resident #6 was administered Insulin Lispro from 07/24/26 through 07/30/26 at 8am, 12pm and at 5pm, without having their blood sugar measured for the sliding scale.

Resident #8 is prescribed Morphine Sulf 100mg/5ml; take 0.25ml by mouth every 6 hours around the clock. However, resident #8 was not administered Morphine Sulf on 07/31/26 at 12am and 3am. The medication administration record was initialed as given, but the narcotic was not signed out of the narcotic log.

Resident #8 is prescribed Lorazepam 2mg/ml; take 0.25ml by mouth every 6 hours around the clock. However, resident #8 was not administered Lorazepam 2mg/ml on 07/29/26 at 12pm, 07/31/26 at 12am and 3am. The medication administration record was initialed as given, but the narcotic was not signed out of the narcotic log.

Repeated Violation 04/07/26 et.al

Plan of Correction

Accept () - 09/10/2026

1. Resident #2 had their order instructions for midodrine hcl 2.5mg tablet were updated on 8/18/26 to include clearer instructions for medication administration with blood pressure readings. Resident #6's insulin order was updated to include sliding scale parameters on 7/24/26. Resident #8 refused medication on 7/31/26 at 12am and 3am, however the refusal was not documented corrected. Resident #8 additionally refused lorazepam on 7/29/26 at 12pm and 7/31/26 at 12am and 3pm.
2. Director of Nursing/designee completed auditing current resident narcotic documentation to ensure accurate documentation, on 8/14/26.
3. Director of Nursing/designee completed educating nurses and medication technicians on 8/28/26 on regulation 187d.
4. Director of Nursing/designee will audit narcotic medication documentation 3x/week for 4 weeks to ensure medication is documented as ordered, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/18/2026

225c - Additional Assessment**13. Requirements**

2600.

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

225c - Additional Assessment (continued)

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 #2's current assessment was completed on [REDACTED] and on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction**Accepted [REDACTED] - 09/10/2026)**

1. Resident #2 had their assessment completed on [REDACTED] and will not be able to be corrected as it was due in [REDACTED]. Resident #2's next annual medical evaluation will be due in [REDACTED].
2. Executive director completed an audit of current residents on 8/3/26 to identify any residents in need of an annual assessment. Any resident identified to be outstanding will receive an updated annual assessment by 8/6/2026.
3. Executive Director/designee completed educating the Director of Nursing on regulation 225c on 7/31/26.
4. Executive Director/designee will audit annual assessments 1x/week for 4 weeks to ensure annual assessments are completed timely, starting on the week of 8/15/26. Findings will be submitted to the QAPI committee meeting on 9/16/26 for review and recommendations. The Executive Director will be responsible for submitting and reviewing the findings.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented [REDACTED] - 09/18/2026)