

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

May 20, 2025

[REDACTED]
ARDEN COURTS SUSQUEHANNA OF HARRISBURG PA LLC
[REDACTED]

RE: ARDEN COURTS (SUSQUEHANNA)
2625 AILANTHUS LANE
HARRISBURG, PA, 17110
LICENSE/COC#: 32431

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/01/2025, 04/02/2025 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 (SUSQUEHANNA) **License #:** 32431 **License Expiration:** 04/23/2026
Address: 2625 AILANTHUS LANE, HARRISBURG, PA 17110
County: DAUPHIN **Region:** CENTRAL

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 01/28/2000 **Issued By:** Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 126 **Waking Staff:** 95

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 04/02/2025

Inspection Dates and Department Representative

04/01/2025 On Site: [REDACTED]
 04/02/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 63

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 64 **Residents Served:** 64

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 63
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 63 **Have Physical Disability:** 0

Inspections / Reviews

04/01/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/24/2025

Inspections / Reviews *(continued)*

05/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/15/2025

05/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

82c - Locking Poisonous Materials

3. 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

On [REDACTED] at approximately 10:00 AM, unlocked, unattended and accessible cabinets in the kitchen in the Boathouse neighborhood contained the following items:

- Soft soap fresh breeze scent was observed in the bottom cabinet next to a container of frosted flakes.
- Nivea [REDACTED] hydration deodorant
- Polydent denture cleaner
- Moisturizing hand sanitizer
- Shaving cream
- Aftershave

The product labels for the Nivea, Polydent, hand sanitizer, shaving cream and aftershave states to keep out the reach of children and/or if swallowed call poison control.

On [REDACTED] at 11:20 AM the following items were observed unlocked, unattended and accessible in the Resident [REDACTED] medicine cabinet, on the sink in the bathroom and under the sink in the cabinet:

- 7oz Tube of Medline Remedy Essential Barrier Ointment
- 7.5oz bottle of Softsoap
- 3-4oz Tubes of Renew Dimethicone Skin Protectant
- 1.4oz of Lady Speed Stick
- 8fl oz bottle of McKesson Shampoo and Body Wash
- 4oz Tube of Renew Skin Repair Cream

The product labels for various of these items state "Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center Right away." Residents of the home have been assessed and deemed incapable of recognizing and using poisons safely.

On [REDACTED] at 11:32 AM, there was a 1.4oz of Lady Speed Stick deodorant observed on the sink in Resident [REDACTED] bathroom. The product Label states "Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away."

On [REDACTED] at 11:54 AM there were two bottles of Clear One Lemon and Coconut Ginger hand soap on the sink and in the medicine cabinet in Resident #3's bathroom. The product labels states "Keep out the reach of children. In case of eye contact flush with a lot of water. Call a physician if swallowed."

All residents living in the home have been assessed and deemed incapable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 04/30/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Resident Services Coordinator immediately to ensure all items were locked up appropriately.

82c Locking Poisonous Materials (continued)

On 4/15/2025, a thorough audit was completed in all resident rooms to ensure all under sink cabinets were in good working order and all locks were functional.

To enhance the currently compliant operations:

1. on 4/14/2025, the Building Services Coordinator or designee will ensure all items are properly locked and secure at all times completion date of 8/15/2025.
2. on 04/28/2025 the Executive Director or designee will provide training to all staff on locking poisonous materials.

Effective 4/28/2025 the Building Services Coordinator will perform inspections of all storage areas weekly through 06/27/2025 to maintain ongoing compliance with locking poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented [REDACTED] - 05/20/2025)

85a - Sanitary Conditions**4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 11:25 AM, there was a black substance observed inside Resident [REDACTED] toilet bowl.

Plan of Correction

Accept (AS - 04/30/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the housekeeper to clean the toilet bowl in resident [REDACTED] room.

To enhance the currently compliant operations, on 04/22/2025 the Building Services Coordinator implemented a cleaning checklist for all housekeeping staff.

Effective 5/1/2025, the Executive Director will perform quality checks through building rounds to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] 05/20/2025)

88a - Surfaces**5. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] at 9:49 AM there was no drain cover observed in the bathroom shower in the Cottage Place neighborhood exposing a large drain hole which could present a hazard to residents using the shower.

88a Surfaces (continued)

Plan of Correction

Accept [REDACTED] - 04/30/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Regional Maintenance Specialist (interim Maintenance Director) to replace the missing drain.

To enhance the currently compliant operations, on 4/22/2025 the Maintenance Director completed audits of all shower rooms to ensure all drains covers were intact.

Effective 5/1/2025, the Executive Director will perform quality checks through building rounds to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] - 05/20/2025)

95 - Furniture and Equipment

6. Requirements

2600.

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

Description of Violation

On [REDACTED] at 9:55 AM the kitchen cabinet in Cottage Place neighborhood has a very loose bracket which caused the cabinet door to hang below the bottom of the cabinet.

On [REDACTED] at 9:55 AM the kitchen cabinet in the Boathouse neighborhood has a very loose bracket which caused the cabinet door to hang below the bottom of the cabinet.

Plan of Correction

Accept [REDACTED] - 04/30/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Regional Maintenance Specialist (interim Maintenance Director) to repair the loose cabinet brackets.

To enhance the currently compliant operations, on 4/22/2025 the Maintenance Director completed audits of all cabinets in all house kitchen/pantry areas.

95 - Furniture and Equipment (continued)

Effective 5/1/2025, the Executive Director will perform quality checks through building rounds to maintain ongoing compliance with 2600.95. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] - 05/20/2025)

103c - Food Protected**7. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [REDACTED] at 11:12am, there was one container of grab n' snack chocolate pudding and Yoplait light strawberry/banana yogurt both labeled with date [REDACTED] observed opened in the Boathouse neighborhood medication cart.

Plan of Correction

Accept [REDACTED] - 04/30/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the nursing supervisor to discard the yogurt and chocolate pudding, which were both cold, at an appropriate temperature, and being used to mix with medications during the medication pass.

The yogurt was dated 3/28/2025 because that is the date it was placed in the kitchen refrigerator on Boathouse. This was confirmed by our Dietary Director. The yogurt and pudding cups were removed from the refrigerator and opened on 4/2/25 during an active medication pass.

Effective 4/25/2025, an in-service will be completed with all medication technicians and nurses by the Resident Services Coordinator (DON), to educate all staff to discard of any remaining food that is used to assist with med passes on the houses.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented [REDACTED] - 05/20/2025)

183e - Storing Medications**8. 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] at 11:13am, there was a [REDACTED] tablet and small white round pill observed loose inside the Boathouse Medication Cart.

Plan of Correction

Accept [REDACTED] - 04/30/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Resident Services Coordinator (DON) to remove the loose two pills from the Boathouse Medication Cart.

183e - Storing Medications (continued)

To enhance the currently compliant operations, on 4/28/2025 the Resident Services Coordinator (DON) will in-service all nurses and med techs on 183e with a completion date of 5/1/2025.

Effective 5/1/2025 the Resident Services Coordinator (DON) or designee (LPN Supervisor) will perform medication cart audits through 8/1/2025 to maintain ongoing compliance with 183e. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [REDACTED] - 05/20/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident [REDACTED] Blood Sugar (BS) is ordered to be checked via glucometer four times daily before meals, and at bedtime.

DX: [REDACTED] The resident is also ordered the following sliding scale insulin medications:

- [REDACTED] Inject Units subcutaneously at bedtime using the following sliding scale coverage: Less than 250=0 units; 251-300=2 Units; 301-350=4 Units; 351-400=6 Units; 401-450=8 units; 451-500=10 units; greater than 501 call on-call md DX: [REDACTED]
- [REDACTED], inject 3 times a day before meals sliding scale coverage; 150-100=2 units; 201-250=4 Units; 251-300=6 Units; 301-350=8 Units; 351-400=10 units; 451-500=10 units; greater than 501 call on-call md DX: [REDACTED]

On [REDACTED] at 11:30 AM, the resident's BS measured at [REDACTED] and at 4:30 PM measured at [REDACTED], in which 8 units were required to be administered; however, the resident was administered 10 Units each time.

Resident [REDACTED] was prescribed [REDACTED] Crush Tablets and mix with [REDACTED] apply to [REDACTED] BID (Twice Daily). Start date [REDACTED] However, the medication was discontinued 01/27/25 and on 01/29/25 the physician assessed the resident and decreased the order to change every other day. However, there are no staff initials indicating the medication was otherwise administered during the month of February 2025.

Resident [REDACTED] is prescribed [REDACTED] with [REDACTED], apply to [REDACTED]. Change every other day or if bandage falls off / change on shower days. On [REDACTED] to [REDACTED] during the 3:00pm to 11:00pm shift, the bandage was changed once daily; [REDACTED] to [REDACTED], the bandage was changed twice on these dates.

Resident [REDACTED] is prescribed [REDACTED] take 1 tablet by mouth at bedtime, however the medication does not appear on the MAR for March 2025, nor was there documentation otherwise showing the medication has been discontinued.

Plan of Correction

Accept [REDACTED] - 04/30/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Resident Services Coordinator (DON) to audit MARS and TARS. At that time, resident [REDACTED] has continued to receive insulin as prescribed by the physician orders. Resident [REDACTED] no longer resided in the community at time of survey, so we could not repair actions for resident [REDACTED]

187d - Follow Prescriber's Orders (continued)

To enhance the currently compliant operations, on 4/28/2025 the Resident Services Coordinator (DON) will inservice all med techs and LPN supervisors on 187d with a completion date of 4/30/2025.

Effective 5/1/2025 the Resident Services Coordinator (DON) or designee (LPN supervisor alternative) will perform MAR and TAR audits daily at shift change through 6/2/2025 to maintain ongoing compliance with 187d. MAR and Tar order reviews will additionally be completed weekly by the Resident Services Coordinator (DON) beginning 5/1/2025 through 8/1/2025. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented () - 05/20/2025

225a - Assessment 15 Days**10. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] has a partial denture which was observed in a container in the boathouse kitchen cabinet. Resident [REDACTED] assessment dated [REDACTED] does not include the need for the partial denture.

Resident [REDACTED] assessment dated [REDACTED], does not include an assessment for using the telephone, writing correspondence, Agitation, Aggression, and Hallucinations. Each either indicate assessment codes "N/A" or "E."

Plan of Correction

Accept () 04/30/2025

Resident [REDACTED] is on Hospice and due to comfort, does not wear the partial denture. The denture was removed from the cabinet and provided to the POA.

Resident [REDACTED] no longer resides in the home.

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the new Resident Services Coordinator to look into the partial denture for Resident [REDACTED]

To enhance the currently compliant operations, on 4/28/2025 the Executive Director and Resident Services Coordinator (DON) will audit all support plans to ensure accuracy with a completion date of 5/5/2025.

Effective 5/1/2025 the Executive Director and Resident Services Coordinator (DON) or designee will perform support plan audits through 8/1/2025 to maintain ongoing compliance with 225a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

225a Assessment 15 Days (continued)

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [REDACTED] - 05/20/2025)

227g -Support Plan Signatures

11. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident [REDACTED] support plan dated [REDACTED] did not include [REDACTED] signature, the signature of the POA, nor did the support plan include the signature of the assessor.

Resident [REDACTED] was assessed unable to participate in the development of [REDACTED] support plan on [REDACTED]. However, the assessor did not sign the support plan.

Plan of Correction

Accept [REDACTED] - 04/30/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Executive Director to ensure all support plans were signed or otherwise notated "unable to sign".

Effective 5/1/2025 the Executive Director will perform chart audits of all RASPs to maintain ongoing compliance with 227g. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] - 05/20/2025)

231c - Preadmission Screening

12. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on 07/25/23. However, Resident [REDACTED] written cognitive preadmission screening was not completed.

Plan of Correction

Accept [REDACTED] - 04/30/2025)

Resident [REDACTED] no longer resides in the home.

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, action was taken on [REDACTED] by the Executive Director to audit all resident charts.

231c - Preadmission Screening (continued)

To enhance the currently compliant operations, on 5/1/2025 the Executive Director will in-service all administrative and nursing staff on 231c with a completion date of 5/1/2025.

Effective 5/1/2025 the Executive Director or designee will perform preadmission paperwork audits to maintain ongoing compliance with 231c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (████) - 05/20/2025)

233c - Key-Locking Devices**13. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) to exit to the courtyards and patios in Country Lane, Garden Path, Cottage Place and Boathouse neighborhoods.

Plan of Correction

Accept (████) - 04/30/2025)

In response to the violation on (████) by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on (████) by the Administrative Services Assistant to ensure all codes were posted on the keypads.

To enhance the currently compliant operations, on 4/22/2025, the Building Services Coordinator completed an audit of all keypads to ensure codes were conspicuously posted.

Effective 5/1/2025, the Executive Director will perform compliance checks through building walk throughs to maintain ongoing compliance with 233.c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (████) - 05/20/2025)