

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARDEN COURTS OF MONROEVILLE PA, LLC

LEGAL ENTITY

To operate ARDEN COURTS OF MONROEVILLE

NAME OF FACILITY OR AGENCY

Located at 120 WYNGATE DRIVE, MONROEVILLE, PA 15146

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 56
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 56

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 21, 2010 until May 21, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 435520

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 07 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Barry A. Lazarus, Vice President
Arden Courts of Monroeville PA, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of Monroeville
120 Wyngate Drive
Monroeville, Pennsylvania 15146

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on March 16, 2010 and March 17, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

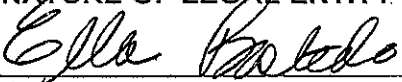
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Arden Courts of Monroeville 120 Wyngate Drive, Monroeville, PA 15146		CURRENT LICENSE NUMBER 435520
INSPECTION DATE(S) (Include all dates of the inspection) March 16, 2010 and March 17, 2010		REGIONAL REPRESENTATIVE D. McConnell and C. McGrail
SIGNATURE OF LEGAL ENTITY <i>Ella Bartolo</i>	DATE 4-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. McGrail</i>
		DATE 4/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
23a A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.	Resident #1, when admitted to the home on 5/9/09, had 2 previous hip fractures, a pelvis fracture, required 24-hour supervision and was a high fall risk. Administrator E confirmed that Resident #1 required either 24 hour supervision, which the facility could not provide, or a higher level of care due to the resident's 35 falls during the period of 5/9/09-2/12/10. Resident #1 fell at the home on the following dates in 2009: 5/19, 5/20, 5/22, 2 x's on 5/23, 3 x's on 5/27, 7/15, 3 x's on 4 x's on	4/23/10	RESIDENT #1 MOVED OUT OF THE FACILITY ON 2/12/10 FALLS INVESTIGATION TOOL WILL BE UTILIZED FOR RESIDENTS DEEMED A HIGH FALL RISK FALLS MANAGEMENT EDUCATION WILL BE CONDUCTED FOR ALL STAFF BY 4/23/10 SUPPORT PLAN INSERVICE WILL BE CONDUCTED FOR ALL STAFF BY 4/23/10	Steps have been taken to correct violation; full compliance is not verifiable 4/27/10 <i>MM</i> Date Initials (DPW)

APR 19 2010

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	<p>7/29, 8/4, 8/31, 9/9, 9/18, 9/22, 11/5, 2 x's on 11/7, 11/28, and 12/29.</p> <p>Resident #1 fell at the home on the following dates in 2010: 1/10, 1/12, 1/14, 2 x's 1/15, 1/22, 1/30, 2/1, and 2/6.</p> <p>Resident #1's fall on 2/6/2010 resulted in a facial fracture and the resident being admitted into the ER.</p>			

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SIGNATURE OF LEGAL ENTITY <i>Ella Bartolo</i>	DATE 4-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MCS</i>	DATE 4/27/10

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—	Staff person A, hired on 6/23/01, and staff person B, hired 9/22/08, did not receive training in emergency preparedness, resident rights, the older adult protective services act or falls and accident prevention for 2009.	4/14/10	STAFF PERSONS A & B WERE EDUCATED ON RESIDENT RIGHTS, OAPS ACT AND FALLS AND ACCIDENT PREVENTION ON 4/12, 4/13 & 4/14/10. INDIVIDUAL STAFF RECORDS WILL BE AUDITED QUARTERLY BY ADMINISTRATIVE SERVICES COORDINATOR AND DIRECTOR TO ASSURE ALL STAFF RECEIVE REQUIRED TRAINING ANNUALLY STAFF PERSON ALSO REEDUCATED ON EMERGENCY PREPAREDNESS	Steps have been taken to correct violation; full compliance is not verifiable 4/27/10 <i>MCS</i> Date Initials (DPW)

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10225.5102). (5) Falls and accident prevention.				

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	<ul style="list-style-type: none"> On 3/16/10 the trash can in the common bathroom across from resident bedroom #38 in Cottage House did not have a lid or covering. On 3/16/10 there was only a partial lid on the trash can in the common bathroom across from resident bedroom #9 in Country Lane. 	4/15/10	TRASH CANS WITH LIDS HAVE BEEN PLACED IN ROOM # 38 BATHROOM AND ROOM # 9 BATHROOM BUILDING SERVICES COORDINATOR WILL MONITOR FOR COMPLIANCE DURING DAILY ROUNDS	MCS 4/27/10

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130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's emergency procedures indicated that a fire watch would be in effect if the fire system became inoperable for a period of two hours or greater, not immediately.	4/23/10	FIRE WATCH PROCEDURE HAS BEEN REVISED TO STATE A FIRE WATCH WILL BE IN EFFECT IMMEDIATELY MAJORITY OF STAFF HAVE BEEN INSERVICED 3/29/10 & 3/30/10. REMAINDER WILL BE INSERVICED BY 4/23/10	MES 4/27/10

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The home does not evacuate all residents during each fire drill. Staff persons C and D indicated that residents, on a unit that is within a fire safe area away from the simulated fire, remain in their bedrooms during night time fire drills.	4/23/10	<p><i>STAFF PERSONS C & D HAVE BEEN REEDUCATED ON EVACUATING RESIDENTS DURING A FIRE DRILL</i></p> <p><i>MAJORITY OF STAFF HAVE BEEN INSERVICED 3/27/10 2010</i></p> <p><i>REMAINDER WILL BE INSERVICED BY 4/23/10</i></p> <p><i>ALL FIRE DRILLS WILL BE MONITORED TO ASSURE COMPLIANCE BY BUILDING SERVICES SUPERVISOR</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>4/27/10</i> <i>MCS</i></p> <p>Date / Initials (DPW)</p>

All residents will be evacuated to a designated meeting place during each fire drill. *MCS* 4/27/10

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185a 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.	Resident #2 had a physician order, dated 11/06/09, for <i>Risperdal</i> , an antipsychotic medication, to be given via intramuscular injection every two weeks. The last injection was administered on 2/27/09. The March 2010 Medication Administration Record (MAR) indicated that Resident #2 did not receive the injection on 3/13/10 because it was not available. The injection was not given as of 9:00 a.m., on 3/17/10.	4/23/10	RESIDENT #2 RECEIVED RISPERDAL ON 3-17-10 ALL LICENSED AND TRAINED STAFF WILL BE INSERVICED ON REGILLATION 185a BY 4/23/10 ALL LICENSED AND TRAINED STAFF WILL BE RETINSERVED ON MEDICATION TECHNICIAN MEDICATION PASS TOOL RSC WILL MONITOR DAILY RSS WILL MONITOR IN HER ABSENCE. RSC = RESIDENT SERVICES COORDINATOR RSS = RESIDENT SERVICES SUPERVISOR	Steps have been taken to correct violation; full compliance is not verifiable 4/27/10 <i>VACD</i> Date Initials (DPW)