



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 11, 2011

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

RE: Arden Courts of Jefferson Hills
380 Wray Large Road
Jefferson Hills, Pennsylvania 15025

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on March 18, 2011 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Cybil Bomberger", with a long horizontal flourish extending to the right.

Cybil Bomberger
Regional Licensing Director

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ARDEN COURTS OF JEFFERSON HILLS, 380 WRAY LARGE ROAD JEFFERSON HILLS, PA 15025		CURRENT LICENSE NUMBER 435510	
INSPECTION DATES (Include all dates of the inspection) 03/18/2011		REGIONAL REPRESENTATIVE Doug Hoover, Tom Roth	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kristin Kahler, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Kristin M. Kahler</i>	DATE <i>3-30-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bambery</i>	DATE <i>5/10/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<p>The medical evaluation for resident #1, dated 2/10/11, is blank for immunization history.</p> <p>The medical evaluation for resident #1, dated 2/28/11, is blank for immunization history, allergies, diet and body positioning.</p> <p align="center">PCH Division Central Region Field Office</p> <p align="center">APR 4 2011</p> <p align="center">RECEIVED</p>	<p><i>3-2-11</i></p> <p><i>4-6-11</i></p> <p><i>4-6-11 and ongoing</i></p>	<p>A new and complete medical evaluation cannot be completed as the resident #1 was discharged on 3/2/11.</p> <p>The nursing staff will be in-serviced by the ED on 4/6/11, regarding regulation 141a – required, complete medical evaluation information. (Training plan and attendance record attached)</p> <p>Medical Evaluations will be audited for completeness by the ED or designee on an on-going basis. (Audit Tool attached)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>5/10/11 CB</i></p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ARDEN COURTS OF JEFFERSON HILLS, 380 WRAY LARGE ROAD JEFFERSON HILLS, PA 15025		CURRENT LICENSE NUMBER 435510	
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SIGNATURE OF LEGAL ENTITY <i>Kristin M. Kahler</i>	DATE 3-30-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 5/10/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			<u>Cont'd</u>	

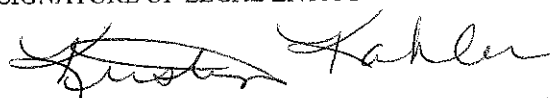
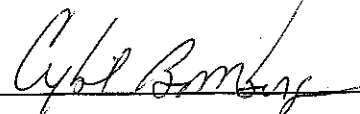
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SIGNATURE OF LEGAL ENTITY <i>Kristin M. Keller</i>	DATE 3-30-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 5/10/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Resident #1 had a physician's order for Morphine Sulfate, 2 mg. (0.1 mL) to be given every hour as needed. Staff A wrote the order on the medication administration record (MAR) as: Morphine Sulfate, 2 mg. (1.0 mL) . The incorrect dose was recorded on the MAR on 2/28/11.	3-1-11 3-1-11 3-1-11	The order for resident #1 (Morphine Sulfate, 2 mg. (0.1 mL) was clarified and corrected on the MAR 3/1/11. (Corrected MAR attached) The physician and family member were notified of the incorrect dose of Morphine Sulfate, 2 mg. (0.1 mL) on 3/1/11. (Documentation attached) The medication error was reported to DPW per regulation 16b (13) – Reporting Incidents and Conditions on 3/1/11. (Reportable Incident form attached)	
Steps have been taken to correct violation; full compliance is not yet achieved. Date <u>5/10/11</u> Initials <u>OB</u>				

cont'd
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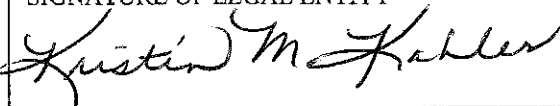
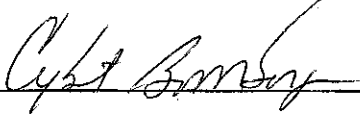
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		3-2-11 and 3-30-11 4-6-11 and ongoing	Staff A was counseled on 3/2/11 and in-serviced by the Interim RSC on 3/30/11 regarding the incorrect dose pertaining to resident #1 and regulation 187a – medication record. (Counsel, Training plan and attendance record attached) A Medication Cart Audit will be completed by the nurses on a weekly basis to ensure compliance with regulation 187a. (Audit tool attached)	

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	Resident #1 had a physician's order for Morphine Sulfate, 2 mg. (0.1 mL) to be given every hour as needed. Staff B administered 1.0 mL of Morphine Sulfate at 2:15 AM on 3/1/11 which was not the dose prescribed by the physician.	3-1-11 3-1-11 3-1-11	The order for resident #1 (Morphine Sulfate, 2 mg. (0.1 mL) was clarified and corrected on the MAR 3/1/11. (Corrected MAR attached) The physician and family member were notified of the incorrect dose of Morphine Sulfate, 2 mg. (0.1 mL) on 3/1/11. (Documentation attached) The medication error was reported to DPW per regulation 16b (13) – Reporting Incidents and Conditions on 3/1/11. (Reportable Incident form attached) <i>Cont'd</i> ↓	Steps have been taken to correct violation, full compliance is not yet achieved. <i>5/10/11 CB</i> Date Initials (Dr)

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187d The home shall follow the directions of the prescriber.	Resident #1 had a physician's order for Morphine Sulfate, 2 mg. (0.1 mL) to be given every hour as needed. Staff B administered 1.0 mL of Morphine Sulfate at 2:15 AM on 3/1/11 which was not the dose prescribed by the physician.	3-30-11 4-6-11 and ongoing	Staff B was in-serviced by the Interim RSC on 3/30/11 regarding the incorrect dose pertaining to resident #1 and regulation 187d – medication record. (Training plan and attendance record attached) A Medication Cart Audit will be completed by the nurses on a weekly basis to ensure compliance with regulation 187d. (Audit tool attached)	

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225a 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.	An assessment was never done for resident #1 who was admitted on 2/10/11.	3-2-11 4-6-11 4-6-11 and ongoing.	A resident assessment cannot be completed as resident #1 was discharged on 3/2/11. The nursing staff will be in-serviced by the ED 4/6/11 regarding regulation 225a-initial resident assessment. (Training plan and attendance record attached). The PA Audit Tool will be completed by the ED or designee to ensure the initial resident assessment is completed timely. (Audit tool attached).	Steps have been taken to correct violation; full compliance is not verifiable 5/10/11 Date Initials (DPW)

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The facility identified a red open sore above resident #1's buttocks on 2/28/11 by using a body assessment tool. The support plan for resident #1, dated 2/28/11, did not identify the sore and/or treatment.	3-2-11 4-6-11 4-6-11 and ongoing	The support plan cannot be revised to include the "red open sore" as Resident #1 was discharged on 3/2/11. The nursing staff will be in-serviced by the ED on 4/6/11 regarding regulation 227d - support plans/revisions. (Training plan and attendance record attached). Nursing staff will communicate updated resident items during daily Kick-Off meeting. The Support Plan will be revised accordingly by the Nursing Staff, ED, or designee. (Kick-Off Meeting template attached).	Steps have been taken to correct violation; full compliance is not verifiable 5/10/11 <i>CB</i> Date Initials (DPW)

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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234e The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.	<p>The 2/10/11 support plan for resident #1 documents that the resident was unable to sign because of "cognitive impairment." Individual service notes from the facility, dated 2/10/11, document that the resident is "high functioning." Staff C is the only signature on the support plan.</p> <p>The 2/28/11 support plan for resident #1 documents that the resident was unable to sign because of "cognitive impairment." Staff C is the only signature on the support plan.</p> <p>On both support plans, neither the resident or designated person participated in the development of the support plans.</p>	3-29-11	Staff C was in-serviced by the EDS on March 29, 2011, regarding regulation 234e –involvement of the resident or the resident’s designated person in the involvement of the development and revisions of the support plan. (Training plan and attendance record attached).	