

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARDEN COURTS NORTH HILLS OF PITTSBURGH PA, LLC

To operate ARDEN COURTS OF NORTH HILLS

Located at 1125 PERRY HIGHWAY, PITTSBURGH, PA 15237

ADDRESS OF SATELLITE SITE

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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 18, 2012 until May 18, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 435530

Robert E. Robinson

ISSUING OFFICER

R.C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

JUN 01 2012

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

RE: Arden Courts of North Hills
1125 Perry Highway
Pittsburgh, Pennsylvania 15237

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on May 17, 2012 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2800**

PCH Name: ARDEN COURTS OF NORTH HILLS		License Number: 435630
Address: 1125 PERRY HIGHWAY, PITTSBURGH, PA 15237		County: Allegheny
Administrator: Joan Ealy		Region: WEST
Legal Entity Name: ARDEN COURTS NORTH HILLS OF PITTSBURGH PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43804		
Certificate(s) of Occupancy		
R-1 Other 12/09/1996 Ross TWP.	C-2 LP 11/12/1996 L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 66	Waking Staff: 25
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/17/2012: Phillips, Joseph; Finner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAY 22 2012</p> <p>Western Field Office Adult Residential Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 66 Number of Residents Served: 43 Secured Dementia Care Unit in Home: Yes Area: The entire facility is SDCU Secured Dementia Unit Capacity, if Applicable: 56	Number of Residents who: <div style="background-color: black; width: 150px; height: 100px; margin: 10px 0;"></div>	

Violation Report: 43553 - 05/17/2012 - Phillips, Joseph
PGH Name: ARDEN COURTS OF NORTH HILLS

1. REGULATION 55 Pa.Code §2800
2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The left armrest on resident #2's wheelchair is torn with foam padding protruding through.

RECEIVED

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Western Field Office
Adult Residential Licensing

A. ARMREST HAD NEW VINYL REPLACED.

B. DURING WEEKLY WHEELCHAIR CLEANING, WHEELCHAIRS WILL BE MONITORED FOR NEED OF REPAIRS AND HAZARDS.

- NEED OF REPAIRS AND HAZARDS WILL BE REPORTED ON WORK ORDERS AND SUBMITTED TO THE BUILDING SERVICES COORDINATOR.

- ANY OBVIOUS HAZARD WILL BE REPORTED IMMEDIATELY TO THE BUILDING SERVICES COORDINATOR.

C. WHEELCHAIRS, WALKERS, AND PROSTHETIC DEVICES WILL BE MONITORED BY DIRECT CARE STAFF AND THE BUILDING SERVICE COORDINATOR.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Jean L. Early*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEAN L. EARLY, EXECUTIVE DIRECTOR Date 5/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-22-12 (Date)

The above plan of correction was approved by *JL* (Initials)

Plan of correction implementation status as of 5-22-12 (Date)

- Fully Implemented 5-22-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

1. REGULATION 56 Pa.Code 52600

2600.187(a) - 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 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.

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Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 indicates Warfarin sodium 7.5mg 1 orally; 7.5mg Sunday, Tuesday, Thursday and Saturday Monday, Wednesday and Friday 7.5mg 1/2 tab 3.75; however, the medication blister pack indicates 7.5mg 1 orally every Monday, Wednesday, Friday and Saturday and 1/2 3.75 mg orally every Sunday, Tuesday and Thursday.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A. BLISTER PACKS HAD DIRECTIONS CHANGE REFER TO CHART LABELS PLACED IMMEDIATELY.

B. THERE IS A MANDATORY INSERVICE FOR ALL MED PASSERS SCHEDULED FOR 5-23-12. WE WILL STRESS THAT THE MEDICATION LABEL MUST MIRROR INSTRUCTIONS ON THE MAR.

See page 3A

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JOAN L. GALLY, EXECUTIVE DIRECTOR Date 5-22-12

DEPARTMENT, USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-22-12 (Date)

Plan of correction implementation status as of 5-22-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

RECEIVED

Violation Report 43553 - 05/17/2012 - Phillips, John

PCH Name: Arden Courts of North Hills

Regulation 55 Pa. Code 2600.187(a) Plan of Correction Continue

Western Field Office
Adult Residential Licensing

B. (CONT.)

- ALL MEDICATION WILL BE CHECKED AGAINST THE MAR FOR CORRECTNESS PRIOR TO BEING PLACED IN THE MED CART.
- WEEKLY MED CART AUDITS WILL BE DONE BY NURSING SUPERVISORS.

C. - MED PASSERS AND NURSING SUPERVISORS WILL MONITOR MEDICATION LABEL VERSUS MAR FOR CORRECTNESS DURING EACH MEDICATION PASS. ANY INCONSISTENCIES WILL BE REPORTED TO THE NURSING SUPERVISOR PRIOR TO MEDICATION ADMINISTRATION.

- WEEKLY MED CART AUDITS WILL BE MONITORED BY THE RESIDENT SERVICES SUPERVISOR. IN ADDITION RSC WILL CONDUCT RANDOM SPOT CHECKS TO ENSURE THE MAR MIRRORS MEDICATION LABELS.

Joan L. Ealy

JOAN L. EALY, EXECUTIVE DIRECTOR

5-22-12