



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: **JAN 11 2013**

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 (Department) licensing inspection on July 2, 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 Human Services Licensing so that compliance can be verified.



Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)

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

<b>PCH Name:</b> ARDEN COURTS OF MONROEVILLE		<b>License Number:</b> 435520
<b>Address:</b> 120 WYNGATE DRIVE, MONROEVILLE, PA 15146		<b>County:</b> Allegheny
<b>Administrator:</b> Ella Bostedo		<b>Region:</b> WEST
<b>Legal Entity Name:</b> ARDEN COURTS OF MONROEVILLE PA LLC		
<b>Legal Entity Address:</b> 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 09/22/1998 L & I		DEC 05 2012 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 106	<b>Waking Staff:</b> 80
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 07/02/2012: Whitney, Diane; Perry, Carole		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 08/13/2012: Whitney, Diane 08/16/2012: Whitney, Diane		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 56 <b>Number of Residents Served:</b> 53 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> 		<b>Number of Residents who:</b> 

Violation Report: 43552 - 07/02/2012 - Whitney, Diane  
PCH Name: ARDEN COURTS OF MONROEVILLE

DEC 05 2012

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 occupied bedroom #17 from 6-22-2012 through 6-24-2012. On 6-24-2012, resident #1 suffered an injury and was bleeding in the room. On 7-2-2012, bedroom #17 had red/brown splatter marks that appeared to be blood along the inside bottom of the bedroom door and along the bottom of the wall behind the bedroom door, a section approximately 8" X 1". The floor behind the bedroom door was coated with dust and a black crumb like substance.

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.

BSC OR DESIGNEE WILL COMPLETE DAILY ROUNDS (ATTACHED) WHICH INCLUDES BUILDING CLEANLINESS. BSC OR DESIGNEE WILL NOTE SPECIFIC ROOMS IN EACH HOUSE THAT HAVE BEEN INSPECTED FOR CLEANLINESS THIS PROCESS WILL BE INITIATED BY DEC 1, 2012 AND WILL BE ONGOING

A REPRESENTATIVE FROM ECO LAB WILL CONDUCT AN INSERVICE FOR THE BSC AND HOUSEKEEPERS REGARDING CHEMICAL SUPPLIES AND CLEANING PROCEDURES THIS INSERVICE WILL BE PRESENTED BY DECEMBER 31, 2012

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ella Bostedo*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

ELLA BOSTEDO - DIRECTOR

Date

12-5-12

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

The above plan of correction is approved as of

12/13  
(Date)

Plan of correction implementation status as of

1/2/13  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

DEC 05 2012

Violation Report: 43552 - 07/02/2012 - Whitney, Diane  
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE  
L. M. ...

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 6-22-2012. The Documentation of Medical Evaluation form was not dated.

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.

THE ED, RSC OR DESIGNEE WILL AUDIT RESIDENT DMES FOR CORRECT COMPLETION BY DECEMBER 23RD 2012 AND ONGOING (AUDIT COMPLETED 12/4/12)

THE ED WILL INSERVICE THE RSC, MARKETING DIRECTOR AND RSS'S REGARDING REGULATORY COMPLIANCE OF REGULATION 2600.141(a)(1) THE INSERVICE WILL BE COMPLETED BY DECEMBER 15, 2012.

ED = EXECUTIVE DIRECTOR  
RSC = RESIDENT SERVICES COORDINATOR  
RSS = RESIDENT SERVICES SUPERVISOR

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ella Bostedo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ELLA BOSTEDO ED* Date *12/5/12*

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

The above plan of correction is approved as of 1/2/13 (Date)

Plan of correction implementation status as of 1/2/13 (Date)

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

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

Violation Report: 43552 - 07/02/2012 - Whitney, Diane  
PCH Name: ARDEN COURTS OF MONROEVILLE

DEC 05 2012

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include a diagnosis or pupose for the medications: Aspirin 81mg, Trileptac 600mg, and Benedryl 25mg.

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.

THE ED WILL INSERVICE THE RESIDENT SERVICES COORDINATOR AND THE RESIDENT SERVICES SUPERVISORS REGARDING REGULATORY COMPLIANCE OF REGULATION 2600.187 (a) MEDICATION ADMINISTRATION RECORDS THE INSERVICE WILL BE CONDUCTED BY DECEMBER 15, 2012.

THE RESIDENT SERVICES SUPERVISORS WILL COMPLETE MEDICATION CARDS AUDIT (SEE ATTACHED) TO ENSURE COMPLETION OF RECORDS INCLUDING DIAGNOSIS OR PURPOSE. AUDITS WILL BE ONGOING.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ella Costedo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ELLA COSTEDO ED*      Date *12-5-12*

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

The above plan of correction is approved as of 11/2/13 (Date)

Plan of correction implementation status as of 11/2/13 (Date)

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

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