

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARDEN COURTS OF JEFFERSON HILLS PA LLC
LEGAL ENTITY

To operate ARDEN COURTS OF JEFFERSON HILLS
NAME OF FACILITY OR AGENCY

Located at 380 WRAY LARGE ROAD, JEFFERSON HILLS, PA 15025
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE 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 60
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 60

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 January 25, 2013 until January 25, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 435510

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



JAN 09 2013

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 (Department) licensing inspection on November 21, 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.

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

Sincerely,

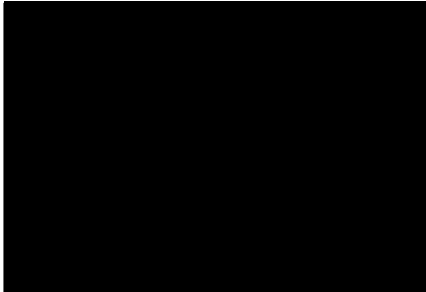
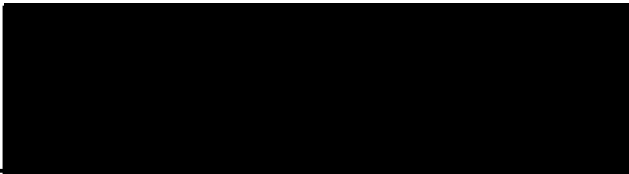
A handwritten signature in black ink, appearing to be "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

DEC 7 2012

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

PCH Name: ARDEN COURTS OF JEFFERSON HILLS		Western Field Office Adult Residential License Number: 435510
Address: 390 WRAY LARGE ROAD, JEFFERSON HILLS, PA 15025		County: Allegheny
Administrator: Kristen Kahler		Region: WEST
Legal Entity Name: ARDEN COURTS OF JEFFERSON HILLS PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43804		
Certificate(s) of Occupancy C-2 LP 07/02/2009 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 118 Working Staff: 89		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/21/2012: Williams, Jason; Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 59 Secured Dementia Care Unit in Home: Yes Area: Entire Home Secured Dementia Unit Capacity, if Applicable: 60	Number of Residents who: 	
		

DEC 7 2012

Violation Report: 43561 - 11/21/2012 - Williams, Jason
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 was not signed by the resident's spouse who is the payer.

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 contract for resident #1 will be signed by the resident's spouse who is the payer by 12/31/2012.

The Executive Director, Marketing Director, and Resident Services Coordinator will be re-inserviced regarding Regulation 2600.25(b) by 12/7/2012.

Contracts for current residents will be audited for compliance with signatures by the Executive Director or a designee by 12/31/2012 and ongoing.

All new resident contracts will be audited for compliance with signatures by the Executive Director or designee as of 12/7/2012 and ongoing. (Audit attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kristin Kahler

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

Kristin Kahler, Executive Director

Date *12-7-2012*

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

The above plan of correction is approved as of 12-11-12
(Date)

Plan of correction implementation status as of 12-11-12
(Date)

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

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

DEC 7 2012

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Violation Report: 43551 - 11/21/2012 - Williams, Jason
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION #5 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

There was a tube of Soothe and Cool moisture barrier ointment in the unlocked tub room in the Garden Path wing of the building. The label indicated to call a poison control center if swallowed. None of the residents of the home are capable of safely using or avoiding poisonous materials due to this being a secure dementia care unit.

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 tube of Soothe and Cool moisture barrier ointment was removed immediately from the unlocked tub room in the Garden Path wing by the Building Services Coordinator.

Staff will be in-serviced regarding Regulation 2600.82(c) – Poisonous materials shall be kept locked and inaccessible to residents. The Executive Director and/or Resident Services Coordinator will review with staff by 12/15/2012.

The Resident Services Coordinator, Resident Services Supervisor, or designee will complete daily rounds to ensure that poisonous materials are kept locked and inaccessible to residents. (Rounds attached)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kristin Kahler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Kahler, Executive Director* Date *12-7-12*

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

The above plan of correction is approved as of 12-11-12
(Date)

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

Plan of correction implementation status as of 12-11-12
(Date)

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

DEC 7 2012

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Violation Report: 43561 - 11/21/2012 - Williams, Jason
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2800
2800.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There is no source of light accessible by the bedside in room 40. The nearest source of light is a lamp at the foot of the bed beyond the reach of the resident from bedside.

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 push light has been mounted on the wall beside the bed in room 40 (within the reach of the resident). This was completed by the Building Services Coordinator on November 30, 2012.

Daily Rounds completed by the Building Services Coordinator or designee will include monitoring for an operable lamp or other source of lighting that can be turned on bedside.
Date-12/10/12 and on-going (Rounds tool attached)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kristin Kahler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Kahler, Executive Director* Date *12-7-12*

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

The above plan of correction is approved as of 12-11-12
(Date)

Plan of correction implementation status as of 12-11-12
(Date)

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

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

DEC 7 2012

Violation Report: 43551 - 11/21/2012 - Williams, Jason
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

-At 10:42 AM, the refrigerator in the Garden Path kitchenette measured 44° Fahrenheit.

-At 11:09 AM, the freezer in the Boathouse Cove kitchenette measured 18° Fahrenheit.

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.

Staff will be in-serviced regarding Regulation 103(f) – Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers. This will be completed by 12/15/2012.

The temperatures of the refrigerators and freezers will be documented in the AM and PM by the Food Services Coordinator or designee. Any non-compliance with the regulated temperatures will be reported to the Building Services Coordinator via a work order. Date – 12/15/12 and on-going. (Temperature Log attached)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristin Kahler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristin Kahler Executive Director* Date *12-7-12*

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

The above plan of correction is approved as of 12-11-12 (Date)

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

Plan of correction implementation status as of 12-11-12 (Date)

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

DEC 7 2012

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Violation Report: 43551 - 11/21/2012 - Williams, Jason PCH Name: ARDEN COURTS OF JEFFERSON HILLS	Western Field Office Adult Residential Licensing
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1. REGULATION 65 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #2 had a new medical evaluation completed on 9/28/12 as the resident began receiving hospice services. This medical evaluation changed the resident's diet from regular to a mechanical soft diet. However, the new assessment that the home completed on the same day still lists the diet as regular.

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 assessment for resident #2 was revised to reflect the mechanical soft diet (attached).

Nursing staff will be in-serviced by the Executive Director regarding Regulation 2600.225(c) by 12/31/2012.

Resident assessments will be audited for correct diet information. This audit will be conducted by the Resident Services Coordinator by 12/31/12 and ongoing.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kristin Kahler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kristin Kahler, Executive Dir.</i>	Date <i>12-7-12.</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12-11-12</u> (Date) The above plan of correction was approved by <u><i>KYP</i></u> (Initials)	Plan of correction implementation status as of <u>12-11-12</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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