



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 24 2014

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  
License #: 435510

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on October 24, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period January 25, 2014 to January 25, 2015 was issued on October 9, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

<b>PCH Name:</b> ARDEN COURTS OF JEFFERSON HILLS	<b>License Number:</b> 43551
<b>Address:</b> 380 WRAY LARGE ROAD, JEFFERSON HILLS, PA 15025	<b>County:</b> Allegheny
<b>Administrator:</b> Kristen Kahler	<b>Region:</b> WEST

**RECEIVED**

FEB 10 2014

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

**Legal Entity Name:** ARDEN COURTS OF JEFFERSON HILLS PA LLC  
**Legal Entity Address:** 333 NORTH SUMMIT STREET, TOLEDO, OH 43604

**Certificate(s) of Occupancy**  
 C-2 LP  
 07/02/1999  
 L&I

**Staffing Hours**      **Total Daily Staff:** 118      **Waking Staff:** 00  
**Resident Support:** 0      **BHA Docket Number:**      **Notice:** Unannounced

**Type of Inspection:** Full

**Reason(s) for Inspection(s)**  
 Renewal, Complaint, Incident

**On-Site Inspections Dates and Department Representatives On-Site**  
 10/24/2013: Miller-Linhart, Alden; Glidden, Michelle; Georgoulis, Karen

**Off-Site Inspection Dates and Inspectors, if Applicable**

**Other Details**      **Random Indicators:**  
**Partial or Full Triggers:**

<b>Resident Demographic Data as of Inspection Dates</b>	
<b>Licensed Capacity:</b> 60	<b>Number of Residents who:</b>
<b>Number of Residents Served:</b> 59	<b>Receive Supplemental Security Income:</b> 0
<b>Secured Dementia Care Unit In Home:</b> Yes	<b>Are 60 Years of Age or Older:</b> 59
<b>Area:</b> Entire facility	<b>Have Mental Illness:</b> 0
<b>Secured Dementia Unit Capacity, if Applicable:</b> 60	<b>Have an Intellectual Disability:</b> 0
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 59	<b>Have a Mobility Need:</b> 59
<b>Number of Current Hospice Residents:</b> 14	<b>Have a Physical Disability:</b> 0
<b>Number of Hospice Residents In past year:</b> 55	

FEB 10 2014

Violation Report: 43551 - 10/24/2013 - Miller-Linhart, Alden  
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

**1. REGULATION 55 Pa.Code §2600**  
2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**  
Resident #1 was admitted to the SDCU on 3/29/13. Resident #1's the medical evaluation, dated 3/29/2013, does not indicate the need for secure dementia care.

**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.

This resident has since been discharged from the facility. All current residents' medical evaluations will be reviewed to ensure that they indicate the need for secure dementia care. This review will be completed by the Resident Services Coordinator by February 28, 2014. The facility's Marketing Director and nurses will be inserviced on Regulation 2600.231 (b) and the need for the medical evaluation to indicate the need for secure dementia care. This inservice will be completed by the Executive Director by February 28, 2014 (see attached). Upon admission, the Executive Director will review the medical evaluation for each resident to ensure that they indicate the need for secure dementia (see attached audit tool).

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) *Kristin Kahler, Executive Director* Date *2-6-14*

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

The above plan of correction is approved as of 2-11-14  
(Date)

Plan of correction implementation status as of 2-11-14  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *2-11-14*
- Partially Implemented - Inadequate Progress
- Not Implemented