



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 2, 2014**

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  
License #435520

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on March 21, 2014 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.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza". The signature is written in a cursive, flowing style.

Larry Mazza  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

Page 1 of 3

PCH Name: ARDEN COURTS OF MONROEVILLE		License Number: 43552
Address: 120 WYNGATE DRIVE, MONROEVILLE, PA 15148		County: Allegheny
Administrator: Ella Bostedo		Region: WEST
Legal Entity Name: ARDEN COURTS OF MONROEVILLE PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy C-2 LP 09/22/1998 Labor and Industry		ADG 2/2/2014
Staffing Hours Resident Support: 0                      Total Daily Staff: 110                      Waking Staff: 83		
Type of Inspection: Partial		BHA Docket Number:                      Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/21/2014: Garrigan, Laurie; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 56	Number of Residents who:	
Number of Residents Served: 55	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 55	
Area: Entire building is a lic. SDCU facility	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 56	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 55	Have a Mobility Need: 55	
Number of Current Hospice Residents: 23	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 50		

Violation Report: 43552 - 03/21/2014 - Garrigan, Laurie  
PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 55 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 #1's assessment, dated 5/1/13, indicates the resident is independent with transferring in/out of bed/chair and ambulates independently. However, the hospice plan of care update, completed 3/5/14, indicates the resident is no longer ambulating and needs an assist of 1-2 staff for all transfers. Also, the assessment does not indicate the resident is a fall risk. The resident had several falls as indicated in the following individual service notes:

- \*2/21/14 at 9:30 pm: "Resident was on the floor in her room caregiver heard her fall, the nurse checked her out no apparent injuries."
- \*1/11/14 at 5:30 am: "Resident found on floor in front of her bed. No c/o pain or injury."
- \*12/18/13 at 2:40 pm: "Res found on floor in country #13. She was sitting beside the bed. No c/o pain, denies hitting head, VSS & no apparent injuries noted @ this time."
- \*12/10/13 at 9:30 pm: "Resident was walking quickly in hallway, lost balance, and fell to floor. No injuries noted. No c/o pain or discomfort."

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.

- ① RESIDENT NO LONGER RESIDES IN OUR FACILITY
- ② ED AND RSC WILL REVIEW ALL RASPS TO ASSURE THE RASP INDICATES THE CURRENT LEVEL OF FUNCTIONING AND NEEDS. THIS WILL BE COMPLETED BY 9/20/14
- ③ DURING MORNING MEETINGS RESIDENT INCIDENTS SUCH AS FALLS WILL BE REVIEWED AND RASP WILL BE UPDATED AS APPROPRIATE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *8-24-14*

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

The above plan of correction is approved as of <u>8/25/14</u> (Date)	Plan of correction implementation status as of <u>8/25/14</u> (Date)
The above plan of correction was approved by <u><i>RM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43552 - 03/21/2014 - Garrigan, Laurie  
PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 5/2/13, indicates the resident is independent with transferring in/out of bed/chair and ambulates independently. However, the hospice plan of care update, completed 3/5/14, indicates the resident is no longer ambulating and needs an assist of 1-2 staff for all transfers. Also, the support plan does not indicate the fall risk precautions. The resident had several falls as indicated in the following individual service notes:

- \*2/21/14 at 9:30 pm: "Resident was on the floor in her room caregiver heard her fall, the nurse checked her out no apparent injuries."
- \*1/11/14 at 5:30 am: "Resident found on floor in front of her bed. No c/o pain or injury."
- \*12/18/13 at 2:40 pm: "Res found on floor in country #13. She was sitting beside the bed. ~~0~~ c/o pain, denies hitting head, VSS & ~~0~~ apparent injuries noted @ this time."
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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.

- ① RESIDENT NO LONGER RESIDES IN OUR FACILITY
- ② ED AND RSC WILL REVIEW ALL RASPS TO ASSURE RASP INDICATES RESIDENTS CURRENT LEVEL OF FUNCTIONING AND NEEDS THIS WILL BE COMPLETED BY 9/20/14
- ③ DURING MORNING MEETING RESIDENT INCIDENTS SUCH AS FALLS WILL BE REVIEWED AND RASP WILL BE UPDATED AS APPROPRIATE
- ④ RESIDENTS IDENTIFIED WILL HAVE FALL RISK PRECAUTIONS INCORPORATED ON THEIR SUPPORT PLAN AS APPROPRIATE

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ELLA POSTEDO ED*      Date *8-24-14*

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