



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 1, 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 June 11, 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,

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: ARDEN COURTS OF MONROEVILLE		License Number: 43552
Address: 120 WYNGATE DRIVE, MONROEVILLE, PA 15146		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 L & I		WEST VIRGINIA HUMAN SERVICES COMMISSION
Staffing Hours	Client Support: 0	Total Daily Staff: 102
		Waking Staff: 77
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/11/2014: McConnell, Deb; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable 06/12/2014: McConnell, Deb 06/13/2014: McConnell, Deb 07/15/2014: McConnell, Deb		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 56 Number of Residents Served: 51 Secured Dementia Care Unit in Home: Yes Area: Facility SDCU Secured Dementia Unit Capacity, if Applicable: 56 Number of Residents Served in Secured Dementia Care Unit, if applicable: 51 Number of Current Hospice Residents: 27 Number of Hospice Residents in past year: 27	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 51 Have a Physical Disability: 0	

Violation Report: 43552 - 06/11/2014 - McConnell, Deb

PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Roxanol, 20mg/ml, 1ml sublingual every hour around the clock for pain. On 5/26/14, at 9:00 p.m., 10:00 p.m. and 11:00 p.m., the medication was not administered to the resident. There is no physician's order indicating a hold/change of the medication for 5/26/14.

Resident #1 is prescribed Haloperidol, 2mg/ml, 0.05 ml sublingual every 4 hours around the clock for agitation. The medication was not administered to the resident on 5/27/14, at 12:00 a.m. and 4:00 a.m. There is no physician's order indicating a hold/change of the medication for 5/27/14.

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 LICENSED NURSES AND MEDICATION TECHNICIANS HAVE BEEN REEDUCATED BY RESIDENT SERVICES COORDINATOR REGARDING REQUIREMENT TO OBTAIN A PRESCRIBER ORDER TO START, HOLD OR CHANGE A MEDICATION. (SEE ATTACHED)

② DURING WEEKLY MEDICATION ADMINISTRATION AUDITS RESIDENT SERVICES SUPERVISOR WILL NOTE ANY NEW, HELD OR CHANGED ORDERS. RESIDENT SERVICES SUPERVISOR WILL VERIFY THAT WRITTEN ORDERS WERE RECEIVED FOR ANY NEW, HELD OR CHANGED ORDERS (SEE ATTACHED)

③ RESIDENT SERVICES COORDINATOR WILL MONITOR THE AUDITS WEEKLY

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ella Costello

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

Ella Costello

Date

7-29-14

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

The above plan of correction is approved as of

7-31-14
(Date)

Plan of correction implementation status as of

7-31-14
(Date)

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

The above plan of correction was approved by

f
(Initials)

Violation Report: 43552 - 06/11/2014 - McConnell, Deb
 PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secure dementia care unit on 10/4/13. A written cognitive preadmission screening was not completed for this resident.

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 WRITTEN COGNITIVE SCREEN COMPLETED ON THE DEPARTMENT'S PREADMISSION SCREENING FORM WAS LOCATED IN THE RESIDENT FILE. IT IS DATED 10/4/13. THE RESIDENT WAS ADMITTED 10/4/13. THE COGNITIVE SCREEN IS ATTACHED. WE CURRENTLY HAVE A CHECK LIST SYSTEM THAT IS UTILIZED TO ASSURE ALL STATE REQUIRED DOCUMENTS ARE IN PLACE. ED AND RSC WILL BEGIN AUDITING CHARTS IN AUGUST TO ASSURE COMPLIANCE. THESE AUDITS WILL BE ONGOING.

Immediately - The administrator or designated staff person will review all current and newly admitted resident records to ensure a written cognitive preadmission screening is completed and documented on the Department's form within 72 hours prior to admission in accordance with regulation 2600.231(c), 7-29-14.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ELLA BOASTEDO** Date **7-29-14**

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