



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2016

Mr. Barry A. Lazarus, Vice President
Arden Courts North Hills of Pittsburgh PA, LLC
333 North Summit Street
Toledo, Ohio 43604

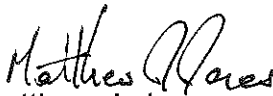
RE: Arden Courts of North Hills
1125 Perry Highway
Pittsburgh, Pennsylvania 15237
License #: 435530

Dear Mr. Lazarus:

As a result of the Department of Human Services' annual licensing inspections on May 18, 2015, May 22, 2015 and July 8, 2015 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,


Matthew J. Jones
Director ^{SH}

Enclosure
License Inspection Summary

RECEIVED

DEC 18 2015

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Violation Report: 43653 - 05/18/2015 - Miller-Linhart, Alden
PCH Name: Arden Courts of North Hills

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive fire safety training conducted by a fire safety expert or by a staff person trained by a fire safety expert during the 2014 training year.

Direct care staff person B did not receive fire safety training conducted by a fire safety expert or by a staff person trained by a fire safety expert during the 2014 training year.

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.

Direct care staff person A received Fire Safety training conducted by a safety expert on 5/27/15 (9 days after inspection.)

Direct care staff person B received Fire Safety training conducted by a safety expert on 5/27/15 (9 days after inspection.)

The Building Services Coordinator will monitor to make sure all staff receives annual fire safety training. Those failing to complete annual fire safety training will be taken off of the schedule until completed.

See attached Attendance Record dated 5/27/15.

Within 30 days of receipt of the approved plan of correction: The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(g) during the 2015 training year. If any staff has not completed the required training topics in accordance with regulation 2600.65(g), the training will be completed within 30 days of receipt of the approved plan of correction. Documentation of all staff training shall be kept in each staff persons record. 12-28-15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Joan L. Early*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOAN L. EARLY, Executive Director* Date *11/14/15*

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

The above plan of correction is approved as of 12-28-15 (Date)

The above plan of correction was approved by J (Initials)

Plan of correction implementation status as of 12-28-15 (Date)

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

DEC 18 2015

Violation Report: 43553 - 05/18/2015 - Miller-Linhart, Alden
PCH Name: Arden Courts of North Hills

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
On 5/18/15, none of the required emergency telephone numbers were posted on or by the Cottage Place kitchenette telephone.
On 5/18/15, none of the required emergency telephone numbers were posted on or by the telephone in bedroom #23.

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.

On 5/19/15 the required emergency telephone numbers were posted on Cottage Place kitchenette telephone.
On 5/19/15 the required emergency telephone numbers were posted on the telephone in bedroom in room #23.
The Building Services Coordinator will monitor monthly for the required emergency telephone numbers to be posted on all telephone with an outside line.

Within 30 days of receipt of the approved plan of correction: All staff persons will be educated that emergency telephone numbers in accordance with regulation 2600.91 shall be posted on or by each telephone. Documentation of education shall be kept in the staff record. 12-28-15 ✓

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joan L. Galy*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **JOAN L. GALY, EXECUTIVE DIRECTOR** Date **11/14/15**

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The above plan of correction is approved as of 12-28-15
(Date)

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

Plan of correction implementation status as of 12-28-15
(Date)

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

Violation Report: 43883 - 05/18/2015 - Miller-Linhart, Alden
 PCH Name: Arden Courts of North Hills

1. REGULATION 55 Pa.Code §2800
 2800.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

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2a. DESCRIPTION OF VIOLATION
 On 5/18/15, there was no had soap in the bathroom of bedroom #22.
 On 5/18/15, there was no had soap in the bathroom of bedroom #25.

DEC 18 2015

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

On 5/25/15 a soap dispenser was placed in the bathroom of bedroom #22.
 On 5/25/15 a soap dispenser was placed in the bathroom of bedroom #25.
 The Building Services Coordinator will monitor monthly for soap dispensers to be within reach of each bathroom sink.
 See attached PO Detail for proof of purchase of Hand Soap Pump(s).

Within 30 days of receipt of the approved plan of correction: All staff persons will be educated on the need to maintain soap at each bathroom sink, including the health risk involved in not providing soap for proper hand washing and the use of shared soap. Documentation of education shall be kept in the staff record. 12-28-15

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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Plan of correction implementation status as of 12-28-15
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

DEC 18 2015

Violation Report: 43553 - 05/18/2015 - Miller-Linhart, Alden
PCH Name: Arden Courts of North Hills

WEST REGION FIELD OFFICE
Human Services 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

On 5/18/15 at 10:36 a.m., the temperature inside the Boat House kitchen freezer measured 20 degrees Fahrenheit.
On 5/18/15 at 11:15 a.m. the temperature inside the Garden Path kitchen freezer measured 12 degrees Fahrenheit. At 4:29 p.m. the temperature measured 20 degrees Fahrenheit.
On 5/18/15 at 11:15 a.m. the temperature inside the Garden Path kitchen refrigerator measured 42 degrees Fahrenheit. At 4:29 p.m. the temperature measured 50 degrees Fahrenheit.
On 5/22/15 at 2:20 p.m. the temperature inside the Boat House kitchen freezer measured 40 degrees Fahrenheit.
On 5/22/15 at 2:20 p.m. there was no thermometer in the Boat House kitchen refrigerator.
On 5/22/15 at 2:44 p.m. the temperature inside the Boat House kitchen refrigerator measured 47 degrees Fahrenheit.
On 5/22/15 at 2:47 p.m. the temperature inside the Garden Path kitchen freezer measured 18 degrees 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.

On 6/1/15 a new thermometer was placed inside Boat House kitchen freezer.
On 6/1/15 a new thermometer was placed inside Garden Path house kitchen freezer.
On 6/1/15 a new thermometer was placed inside Garden Path house kitchen refrigerator.
On 6/1/15 a new thermometer was placed inside Boat House kitchen freezer.
On 6/1/15 a new thermometer was placed inside Boat House kitchen refrigerator.
Food Service Staff will monitor refrigerator and freezer temperatures at a minimum of one time daily.
See attached PO Detail for proof of purchase of Refrigerator/Freezer Thermometers.
See attached Temperature records for the month of 6/15 for both Garden Path and Boat House Cove Refrigerators and Freezers. Proof that all temperatures fall within guidelines.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joan L. Ealy*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JOAN L. EALY EXECUTIVE DIRECTOR* Date *11/14/15*

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The above plan of correction is approved as of <u>12-29-15</u> (Date)	Plan of correction implementation status as of <u>12-29-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<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

Within 30 days of receipt of the accepted plan of correction, All staff persons involved in food storage and preparation will be educated on safe food storage to include storing food off of the floor and storing food at temperatures in accordance with regulation 2600.103(b). Documentation of education shall be kept in the staff record. *12-29-15*

DEC 18 2015

Violation Report: 43553 - 05/18/2015 - Miller-Linhart, Alden
PGH Name: Arden Courts of North Hills

WEST REGION FIELD OFFICE
Human Services Licensure

1. REGULATION 55 Pa.Code §2600
2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION
On 5/18/15, the closest smoke detector to Boat House bedroom #46 measured 19 feet away.
On 5/18/15, the closest smoke detector to Boat House bedroom #48 measured 18 feet away.

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 temporary operable automatic smoke detector was installed on the date of survey.

A permanent operable automatic smoke detector was integrated in to the Fire Alarm System on 6/23/15.

See attached invoices from Valley Security Systems and ABC Fire Extinguisher Co. for proof that smoke detector was integrated in to the Fire Alarm System.

Immediately: The administrator or designated staff person will ensure that all smoke detectors are tested in accordance with regulation 2600.130f. 12-28-15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joan L. Eally*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JOAN L. EALLY, EXECUTIVE DIRECTOR Date 11/14/15

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The above plan of correction is approved as of 12-28-15
(Date)

Plan of correction implementation status as of 12-28-15
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

DEC 18 2015

Violation Report: 43563 - 05/18/2015 - Miller-Linhart, Alden
PCH Name: Arden Courts of North Hills

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B administered insulin medication to resident #1 on 5/16/15. However, direct care staff person B has not completed diabetic education within the past twelve months. The most recent diabetic education completed by direct care staff person B was on 3/11/14.

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.

Staff person B received her recertification for Diabetes Education and Insulin Injection Training on 5/23/15.

A staff member who fails to complete the Department approved course will be removed from the medication pass schedule until successful training is completed.

The Resident Services Coordinator will complete monthly monitoring for staff that has Successful completion of a Department approved medication administration course that includes the passing of a written performance based competency test within the past 2 years, as well as successful completion of a department approved diabetes patient education program within the past 12 months.

See attached Certificate of Completion of Diabetes Education & Insulin Injection Training for Staff person B.

See attached attendance record for Diabetes Education & Insulin Injection Training for Staff person B.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JOAN L. EALY EXECUTIVE DIRECTOR** Date **11/14/15**

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The above plan of correction was approved by <u>JL</u> (Initials)	<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