



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 25, 2016

Mr. Martin D. Allen, Director
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
Certificate/License #435510

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on June 9, 2015; July 7, 2015 and October 6, 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,

A handwritten signature in black ink that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: Arden Courts of Jefferson Hills		License Number: 43551
Address: 380 Wray Large Road, Jefferson Hills, PA 15025		County: Allegheny
Administrator: Kristin Kahler		Region: WEST
Legal Entity Name: Arden Courts of Jefferson Hills, LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		RECEIVED
Certificate(s) of Occupancy C2 LP 07/02/1999 L&I		APR 16 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 118	Waking Staff: 89
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/09/2015: Marini, Michael		
07/07/2015: Marini, Michael; Park, Beth		
10/06/2015: 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 facility Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 59 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: 58 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 59 Have a Physical Disability: 0	

Violation Report: 43551 - 06/09/2015 - Marini, Michael
PCH Name: Arden Courts of Jefferson Hills

WEST REGION FIELD OFFICE
Human Services Licensing

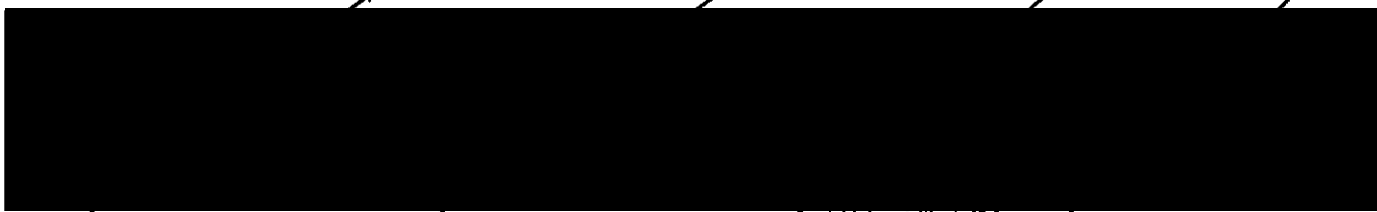
1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 5-23-15 at 9:00 PM, staff person A was preparing resident #1 for bed. While resident #1 was on the toilet, staff person B entered the bathroom and tried to administer resident #1's evening medications which were crushed in chocolate pudding. Resident #1 spit the pudding with the medications out of his/her mouth, and the pudding splattered onto resident #1, staff person A and staff person B. Staff person B threw the spoon, still covered with pudding, at resident #1 and struck him/her in the head. Staff person B then grabbed resident #1's head and pushed it against the bathroom wall. Resident #1 was upset and crying and sustained a bruise above the left eye. As staff person B left he/she shouted, "You're disgusting. Just put [him/her] to bed. [He/She's] just going to keep spitting."

The home failed to report this incident to the area Agency on Aging until 5-28-15 at 12:00 PM.



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.

See attached.

See pages 2^a + 2^b of 6

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kristin M. Kahler

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

Kristin Kahler, Executive Director

Date *4-15-16*

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

The above plan of correction is approved as of 4/19/16
(Date)

Plan of correction implementation status as of 4/19/16
(Date)

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

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

2nd of 6

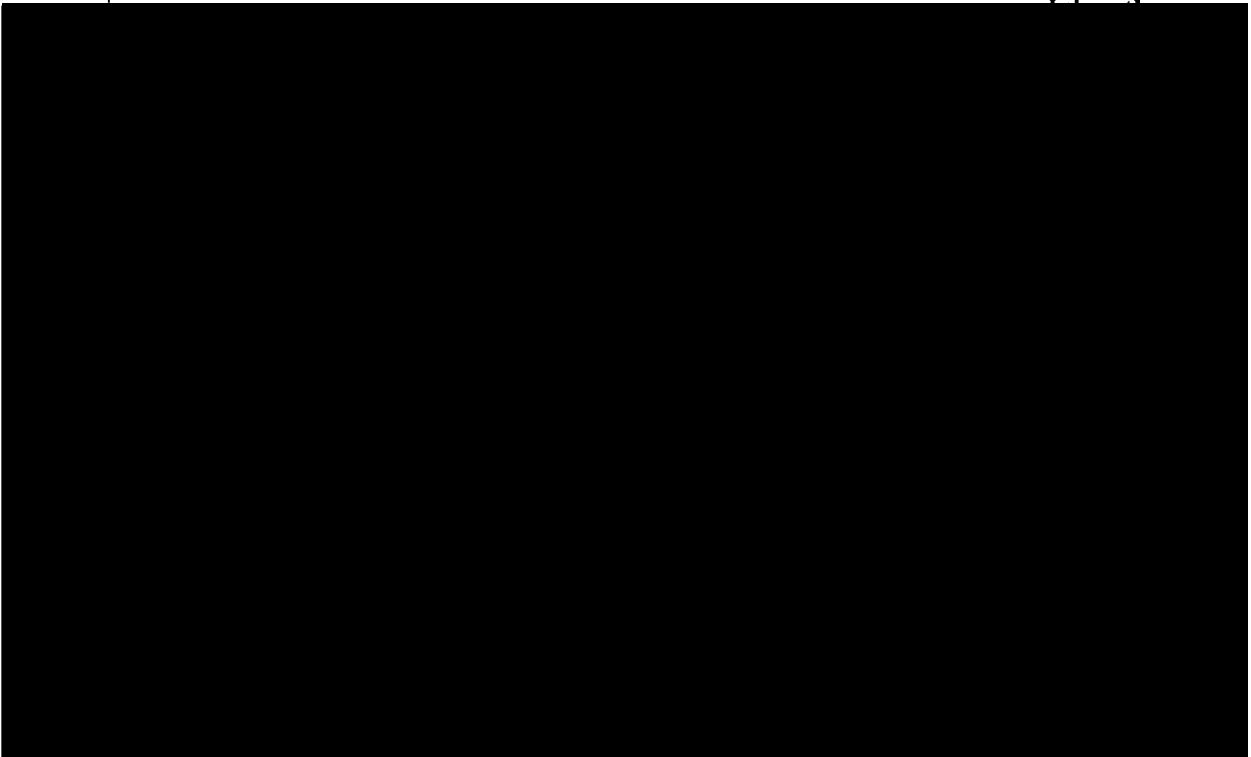
15 (a)

The allegation of abuse (5/23/2015) was reported via hand-written note to the Executive Director. The Executive Director found the note on 5/26/2015. The Executive Director reported the allegation of abuse to the Area Agency on Aging on 5/26/2015. The resident's responsible party and physician were also contacted on 5/26/2015
Attachment – Report to the Area Agency on Aging – Written report sent on 5/28/15 noting the verbal report made on 5/26/2015.

Staff person B was suspended on 5/26/2015 due to the allegation of abuse. Staff person B was terminated on 6/9/2015.

Staff person A is no longer employed by the community as of 11/1/2015.

A body assessment was completed on resident #1 on 5/26/2015. Results indicated a bruise. No treatment was needed. The resident did not voice any recollection of the event.
Attachments – documentation of body assessment



Kristin Kahler
4-15-14

Kristin Kahler, Executive Director
JK, 4/15/14

26 of 6

15(a) cont'd.

Allegheny County Area Agency on Aging conducted an in-service on 06/19/2015 regarding regulation 15 (a) re. immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and 6 Pa. Code sections 15.21 - 15-27 and comply with the requirements regarding restrictions on staff persons.

Attachment - attendance record of in-service

Resident incidents, i.e. allegation of abuse, are discussed during the Morning Stand-Up Meeting to ensure timely reporting compliance and implementation of a plan of supervision or suspension of a staff person involved in the incident. Reporting procedures and supervision/suspension action, including discussion at the daily Morning Stand-Up Meeting, were reviewed during an in-service with coordinators by the Executive Director on 4/14/2016

Attachment - attendance record of in-service

Kristin Kahler
4-15-16.

Kristin Kahler, Executive Director

pd, 4/15/16

Violation Report: 43551 - 08/09/2015 - Marini, Michael
PCH Name: Arden Courts of Jefferson Hills

WEST REGION FIELD OFFICE
Human Services Licensing

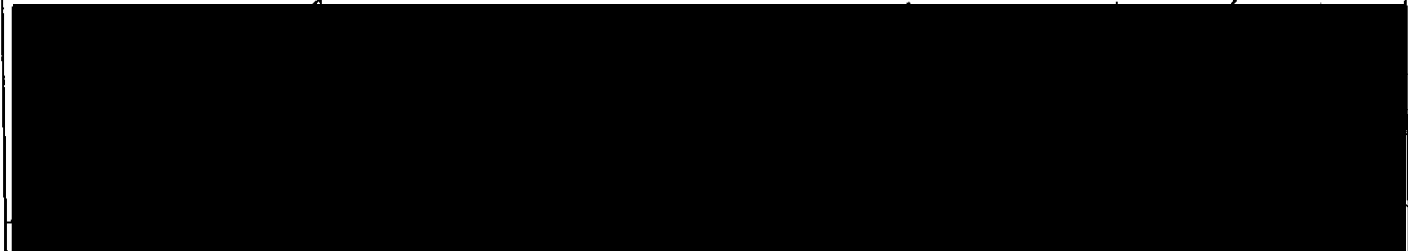
1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 6-23-15 at 9:00 PM, staff person A was preparing resident #1 for bed. While resident #1 was on the toilet, staff person B entered the bathroom and tried to administer resident #1's evening medications which were crushed in chocolate pudding. Resident #1 spit the pudding with the medications out of his/her mouth, and the pudding splattered onto resident #1, staff person A and staff person B. Staff person B threw the spoon, still covered with pudding, at resident #1 and struck him/her in the head. Staff person B then grabbed resident #1's head and pushed it against the bathroom wall. Resident #1 was upset and crying and sustained a bruise above the left eye. As staff person B left he/she shouted, "You're disgusting. Just put [him/her] to bed. [He/She's] just going to keep spitting."

Staff person B was suspended on 5-26-15; however, staff person B worked in the home without supervision from 2:57 PM to 11:07 PM on 5-24-15, prior to the Department's investigation of the incident.



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.

See attached

See pages 3^a & 3^b of 6

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kristin M. Kahler

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

Kristin Kahler, Executive Director

Date *4-15-16*

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

The above plan of correction is approved as of

4/19/16
(Date)

Plan of correction implementation status as of

4/19/16
(Date)

The above plan of correction was approved by

PK
(Initials)

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

3^a of 6

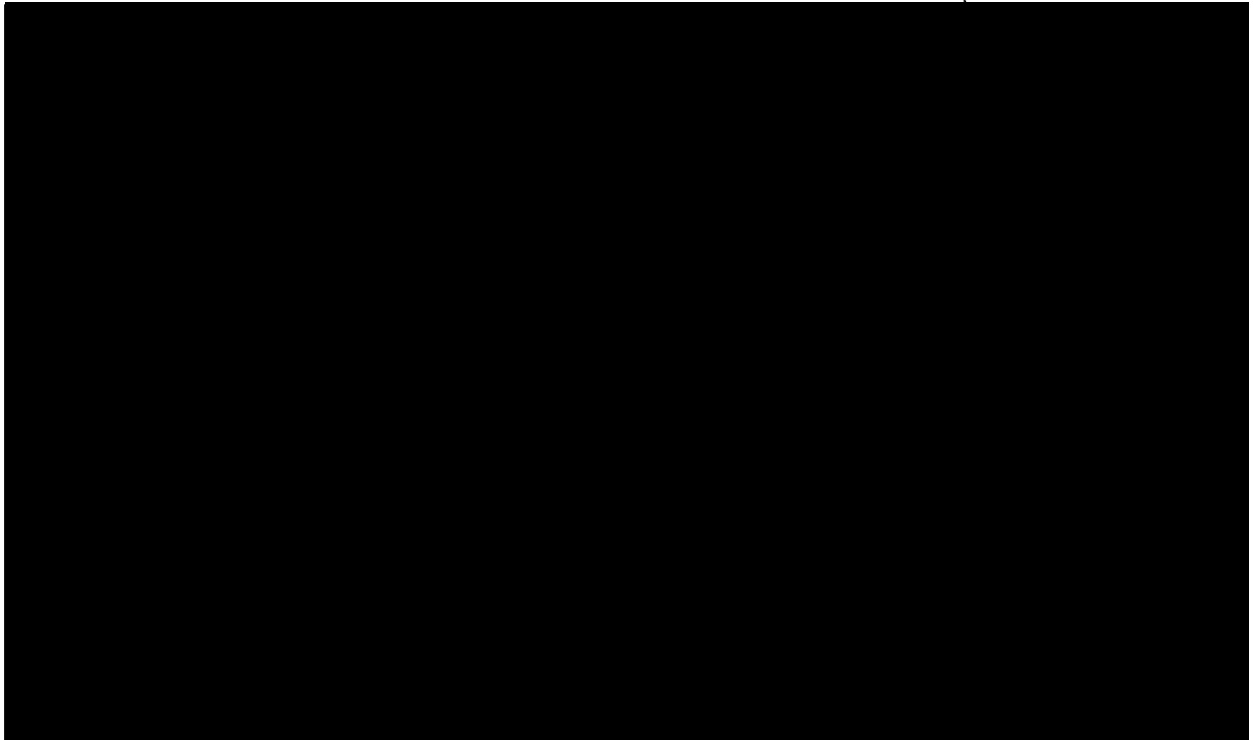
15 (b)

The allegation of abuse (5/23/2015) was reported via hand-written note to the Executive Director. The Executive Director found the note on 5/26/2015. The Executive Director reported the allegation of abuse to the Area Agency on Aging on 5/26/2015. The resident's responsible party and physician were also contacted on 5/26/2015.
Attachment – Report to the Area Agency on Aging – Written report sent on 5/28/15 noting the verbal report made on 5/26/2015.

Staff person B was suspended on 5/26/2015 due to the allegation of abuse. Staff person B was terminated on 6/9/2015.

Staff person A is no longer employed by the community as of 11/1/2015.

A body assessment was completed on resident #1 on 5/26/2015. Results indicated a bruise. No treatment was needed. The resident did not voice any recollection of the event.
Attachments – documentation of body assessment



Kristin Kahler 4-15-16

Kristin Kahler, Exec. Director
9/11/16

15(b) cont'd.

Allegheny County Area Agency on Aging conducted an in-service on 06/19/2015 regarding regulation 15 (a) re. immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and 6 Pa. Code sections 15.21 - 15-27 and comply with the requirements regarding restrictions on staff persons.

Attachment -- attendance record of in-service

Resident incidents, i.e. allegation of abuse, are discussed during the Morning Stand-Up Meeting to ensure timely reporting compliance and implementation of a plan of supervision or suspension of a staff person involved in the incident. Reporting procedures and supervision/suspension action, including discussion at the daily Morning Stand-Up Meeting, were reviewed during an in-service with coordinators by the Executive Director on 4/14/2016

Attachment -- attendance record of in-service

Kristin Kahler 4-15-16

Kristin Kahler, ED.
9/11/16

Violation Report: 43551 - 06/09/2015 - Marini, Michael
PCH Name: Arden Courts of Jefferson Hills

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 5-23-15 at 9:00 PM, staff person A was preparing resident #1 for bed. While resident #1 was on the toilet, staff person B entered the bathroom and tried to administer resident #1's evening medications which were crushed in chocolate pudding. Resident #1 spit the pudding with the medications out of his/her mouth, and the pudding splattered onto resident #1, staff person A and staff person B. Staff person B threw the spoon, still covered with pudding, at resident #1 and struck him/her in the head. Staff person B then grabbed resident #1's head and pushed it against the bathroom wall. Resident #1 was upset and crying and sustained a bruise above the left eye. As staff person B left he/she shouted, "You're disgusting. Just put [him/her] to bed. [He/She's] just going to keep spitting."

The home did not report this incident to the Department until 5-26-15.

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.

See attached

See pages 4^a + 4^b of 6

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristin Kahler, Executive Director* Date *4-15-16*

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

The above plan of correction is approved as of <u>4/19/16</u> (Date)	Plan of correction implementation status as of <u>4/19/16</u> (Date)
The above plan of correction was approved by <u>JK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

49 of 6

16 (c)

The allegation of abuse (5/23/2015) was reported via hand-written note to the Executive Director. The Executive Director found the note on 5/26/2015. The Executive Director reported the allegation of abuse to the Area Agency on Aging on 5/26/2015. The resident's responsible party and physician were also contacted on 5/26/2015

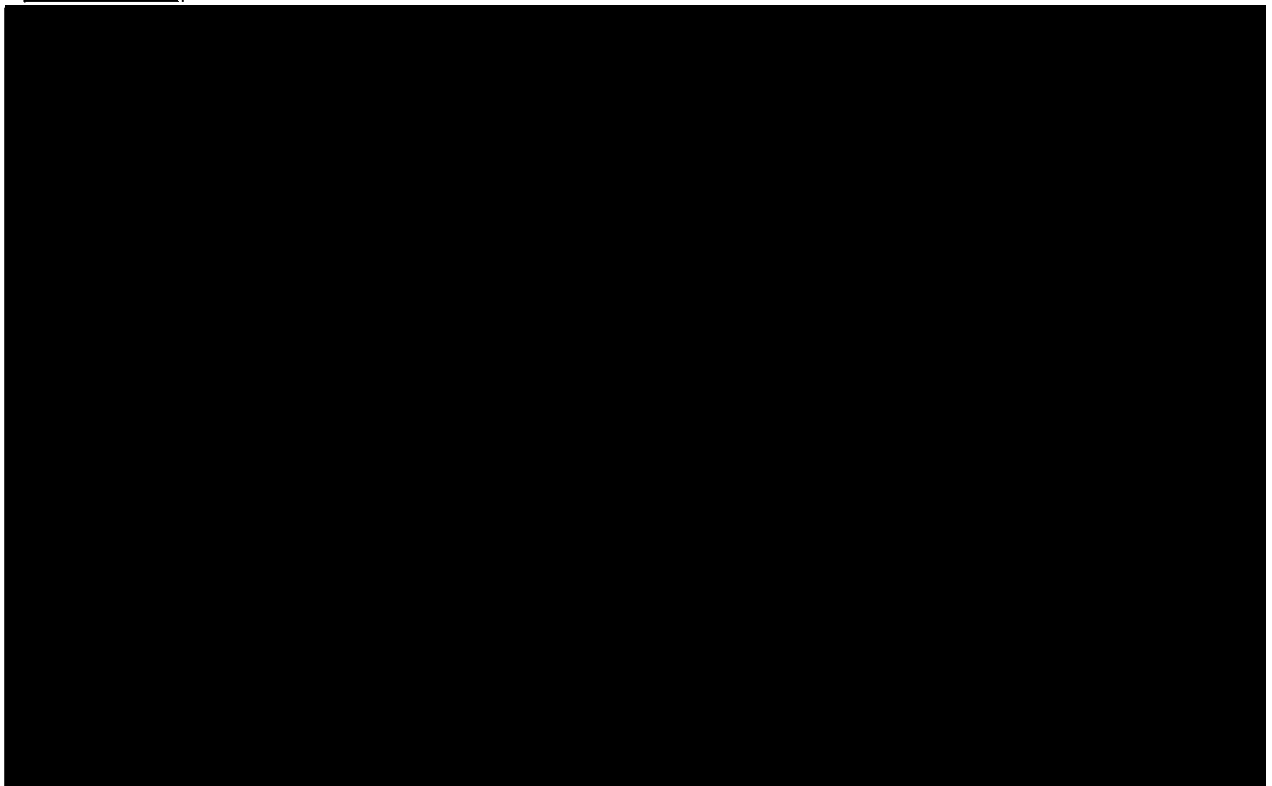
Attachment – Report to the Area Agency on Aging – Written report sent on 5/28/15 noting the verbal report made on 5/26/2015.

Staff person B was suspended on 5/26/2015 due to the allegation of abuse. Staff person B was terminated on 6/9/2015.

Staff person A is no longer employed by the community as of 11/1/2015.

A body assessment was completed on resident #1 on 5/26/2015. Results indicated a bruise. No treatment was needed. The resident did not voice any recollection of the event.

Attachments – documentation of body assessment



Kristin Kahler 4-15-16

Kristin Kahler, ED.

16(c) cont'd.

Allegheny County Area Agency on Aging conducted an in-service on 06/19/2015 regarding regulation 15 (a) re. immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and 6 Pa. Code sections 15.21 - 15-27 and comply with the requirements regarding restrictions on staff persons.

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Attachment – attendance record of in-service

Kristin Kahler 4-15-16

9.11.16

Kristin Kahler, ED

Violation Report: 43551 - 08/09/2015 - Marini, Michael
PCH Name: Arden Courts of Jefferson Hills

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 5-23-15 at 9:00 PM, staff person A was preparing resident #1 for bed. While resident #1 was on the toilet, staff person B entered the bathroom and tried to administer resident #1's evening medications, which were crushed in chocolate pudding. Resident #1 spit the pudding with the medications out of his/her mouth, and the pudding splattered onto resident #1, staff person A and staff person B. Staff person B threw the spoon, still covered with pudding, at resident #1 and struck him/her in the head. Staff person B then grabbed resident #1's head and pushed it against the bathroom wall. Resident #1 was upset and crying and sustained a bruise above the left eye. As staff person B left he/she shouted, "You're disgusting. Just put [him/her] to bed. [He/She's] just going to keep spitting."

This section removed per Jason Williams 4/14/16.

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.

See attached.

See page 5 of 6

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, Exec. Director

Date *4-15-16*

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

The above plan of correction is approved as of 4/19/16
(Date)

Plan of correction implementation status as of 4/19/16
(Date)

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

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

42(b)

The allegation of abuse (5/23/2015) was reported via hand-written note to the Executive Director. The Executive Director found the note on 5/26/2015. The Executive Director reported the allegation of abuse to the Area Agency on Aging on 5/26/2015. The resident's responsible party and physician were also contacted on 5/26/2015

Attachment -- Report to the Area Agency on Aging -- Written report sent on 5/28/15 noting the verbal report made on 5/26/2015.

Staff person B was suspended on 5/26/2015 due to the allegation of abuse. Staff person B was terminated on 6/9/2015.

Staff person A is no longer employed by the community as of 11/1/2015.

A body assessment was completed on resident #1 on 5/26/2015. Results indicated a bruise. No treatment was needed. The resident did not voice any recollection of the event.

Attachments -- documentation of body assessment

Allegheny County Area Agency on Aging conducted an in-service on 06/19/2015 regarding regulation 15 (a) re. immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and 6 Pa. Code sections 15.21 - 15.27 and comply with the requirements regarding restrictions on staff persons.

Attachment -- attendance record of in-service

Resident incidents, i.e. allegation of abuse, are discussed during the Morning Stand-Up Meeting to ensure timely reporting compliance and implementation of a plan of supervision or suspension of a staff person involved in the incident. Reporting procedures and supervision/suspension action, including discussion at the daily Morning Stand-Up Meeting, were reviewed during an in-service with coordinators by the Executive Director on 4/14/2016

Attachment -- attendance record of in-service

Kristin Kahler 4-15-16

Kristin Kahler, Exec. Dir.
DK. 4/19/16

APR 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43551 - 06/09/2015 - Marini, Michael
PCH Name: Arden Courts of Jefferson Hills

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person E, hired [redacted] 15, does not have a high school diploma, GED or active registration status on the Pennsylvania nurse aide registry.

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 diploma for staff member E was obtained by the facility.
(Attachment - diploma)

An audit of employee files was conducted by the Administrative Service Coordinator to ensure compliance with Regulation 54(a) re. direct care staff person's qualifications;
Date: 4/12/2016

The Coordinators were in-serviced by the Executive Director regarding regulation 54 (a) re. direct staff person's qualifications.
Date: 4/14/2016
(Attachment - attendance record of in-service)

The Executive Director or designee will audit the credentials of newly hired employees to ensure compliance with Regulation 54(a).
Date: 4/12/2016 and on-going

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristin M Kahler</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kristin Kahler, Executive Director</i>	<i>4 - 15 - 16</i>

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

The above plan of correction is approved as of 4/19/16
(Date)

Plan of correction implementation status as of 4/19/16
(Date)

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

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