



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 10, 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 October 26, 2015 and October 27, 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 "Jon Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



AUG 03 2016

Violation Report: 43551 - 10/26/2015 - McConnell, Deb  
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment and support plan, dated 9/30/15, indicates the resident is a 2-person assist in transfers in and out of the bed and chair. On 10/18/15, at approximately 6:45p.m., direct care staff person A, putting resident #3 to bed for the night, transferred resident #1 from the wheelchair to the bed by himself/herself. During the transfer by direct staff person A, resident #1 grabbed onto the wheelchair's arm and would not let go. As direct care staff person A swung resident #3 toward the bed, the resident and staff fell onto the resident's bed with the resident's legs laying across the staff person legs. No injury was sustained.

The assessment and support plan for resident #3, dated 9/30/15, indicates that the resident requires "continuous oxygen". On 10/26/15, at 3:50p.m., while resident #2 was in his/her wheelchair in the hallway of Cottage Lane House, no oxygen container was on the wheelchair or accessible for use.

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 - page 2A of 5*

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, Executive Director* Date *7-21-16*

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

The above plan of correction is approved as of 8-5-16  
(Date)

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

Plan of correction implementation status as of 8-5-16  
(Date)

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

RECEIVED

Page 2 of 5

AUG 03 2016

23 (a)

WEST REGION FIELD OFFICE  
Human Services Licensing

Staff person A is no longer employed by the facility.

A body assessment was completed on resident #3 on 10/18/15. No marks or bruises were noted.  
Attachment – documentation of assessment

The support plan for resident #3 was updated to address resident's non-compliance with the use of the continuous oxygen.

Attachment - RASP

Resident #3 is no longer at the facility.

The Executive Director will conduct an in-service on 8/5/2016 for the staff regarding regulation 23 (a) re. compliance with residents' assessments and service plans, i.e. assistance with activities of daily living and following physician orders re. oxygen use.

Resident's change in assessment and services will be discussed at morning meeting and the RASP (s) will be updated accordingly by the Executive Director or designee.

Date: 8/1/2016 and on-going

The Executive Director or designee will audit RASPs monthly for three months then quarterly thereafter to ensure compliance with regulation 225 (c).

Attachment – RASP audit log

Date: 8/1/2016 and on-going

The nursing supervisor or designee will complete the House Rounds Checklist daily to ensure that the needs of the residents are being met in accordance with the residents' assessments and service plans. These forms will be given to the Director of Nursing daily for monitoring.

Date: 8/8/2016 and on-going

*Kristin Kahler*

Kristin Kahler, Executive Director 8-3-16.

8-5-16

AUG 03 2016

Violation Report: 43551 - 10/26/2015 - McConnell, Deb  
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home's Controlled Substance Policy, revised 4/2009, indicates at the end of each shift, the out-going and in-coming nurse or designee will jointly verify the on-hand quantities of controlled substances with the total quantities recorded on patient specific Controlled Substance Charting Record Staff have indicated in interview they have not routinely followed the home's controlled substance policy of counting narcotic medications at the end of every shift, including on 10/16/15, at 7:30 a.m. the 30 pre-filled morphine syringes for resident #1

The home also indicated the home's policy is to confirm narcotic medication counts with the pharmacy driver upon delivery. On 10/21/15, direct care staff person B was suspended for not verifying the narcotic count with the pharmacy driver for resident #1's pre-filled morphine syringes, delivered on 10/20/15.

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 page 3K of 5*

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 *7-21-16*

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

The above plan of correction is approved as of 8-5-16  
(Date)

Plan of correction implementation status as of 8-5-16  
(Date)

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

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

185 (a)

The Executive Director conducted an in-service on 10/22/2015 for the nurses regarding the Controlled Substance Policy, including counting procedures with the out-going and in-going nurses and/or medication techs and confirming narcotic medication counts with the pharmacy driver upon delivery.

Attachment -- In-service attendance record

Staff person B is no longer employed by the facility.

The medication carts, including the narcotics count log, will be audited weekly by the Resident Services Coordinator/Resident Services Supervisors to ensure adherence to regulation 185 (a). The Executive Director will monitor the narcotics logs monthly for three months then quarterly thereafter.

Attachment -- Medication Cart Audit

Date -- 8/1/16 and on-going

8-5-16

Violation Report: 43551 - 10/26/2015 - McConnell, Deb  
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

AUG 03 2016

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

WEST REGION FIELD OFFICE  
Human Services Licensing

- (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 9/30/15, does not address the resident's need for the use of bunny boots as a skin precautions for the resident's heels and the care and services provided by hospice services.

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 page 4 & of 5*

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) <i>Kristin Kahler, Executive Director</i>	Date <i>7-21-16</i>
---	---------------------

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

The above plan of correction is approved as of 8-5-16  
(Date)

Plan of correction implementation status as of 8-5-16  
(Date)

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

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

225 (c)

An updated Resident Assessment Support Plan (RASPs) was completed for Resident #3 that includes the need for bunny boots as a skin precaution for the resident's heels and the care and services provided by hospice services by the Executive Director.

Date: 10/27/2015

Attachment – RASP

Resident #3 is no longer at the facility.

The Executive Director will conduct an in-service on 8/5/2016 for the staff regarding regulation 23 (a) re. compliance with residents' assessments and service plans, i.e. assistance with activities of daily living and following physician orders re. oxygen use.

Resident's change in assessment and services will be discussed at morning meeting and the RASP (s) will be updated accordingly by the Executive Director or designee.

Date: 8/1/2016 and on-going

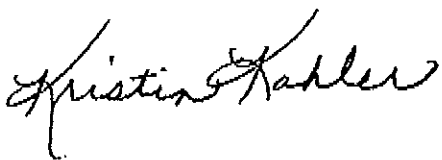
The Executive Director or designee will audit RASPs monthly for three months then quarterly thereafter to ensure compliance with regulation 225 (c).

Attachment – RASP audit log

Date: 8/1/2016 and on-going

The nursing supervisor or designee will complete the House Rounds Checklist daily to ensure that the needs of the residents are being met in accordance with the residents' assessments and service plans. These forms will be given to the Director of Nursing daily for monitoring.

Date: 8/8/2016 and on-going



Kristin Kahler, Executive Director 8-3-16

8-5-16

Violation Report: 43551 - 10/26/2015 - McConnell, Deb  
 PCH Name: ARDEN COURTS OF JEFFERSON HILLS

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 assessment, dated 9/30/15, indicates the resident requires "continuous oxygen". However, the support plan, dated 9/30/15, does not indicate the resident's noncompliance of keeping his/her oxygen on.

Resident #3's support plan, dated 9/30/15, does not indicate how the home will provide the care and services for the resident's use of bunny boots and the services provided by hospice services.

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 . page 50 of 5*

RECEIVED

AUG 03 2016

Repeat Violation: No	Date(s) of Previous Violation(s):	WEST REGION FIELD OFFICE Human Services Licensing
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Kristin Kahler</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Kristin Kahler, Executive Director</i>		<i>7-21-16</i>

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

The above plan of correction is approved as of <u>8-5-16</u> (Date)	Plan of correction implementation status as of <u>8-5-16</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

227 (d)

An updated Resident Assessment Support Plan (RASPs) was completed for Resident #3 that includes the need for bunny boots as a skin precaution for the resident's heels and the care and services provided by hospice services by the Executive Director.

Date: 10/27/2015

Attachment – RASP

The Executive Director will conduct an in-service on 8/5/2016 for the staff regarding regulation 23 (a) re. compliance with residents' assessments and service plans, i.e. assistance with activities of daily living and following physician orders.

Resident's change in assessment and services will be discussed at morning meeting and the RASP (s) will be updated accordingly by the Executive Director or designee.

Date: 8/1/2016 and on-going

The Executive Director or designee will audit RASPs monthly for three months then quarterly thereafter to ensure compliance with regulation 225 (c).

Attachment – RASP audit log

Date: 8/1/2016 and on-going

The nursing supervisor or designee will complete the House Rounds Checklist daily to ensure that the needs of the residents are being met in accordance with the residents' assessments and service plans. These forms will be given to the Director of Nursing daily for monitoring.

Date: 8/8/2016 and on-going

*Kristin Kahler*

Kristin Kahler, Executive Director

8-3-16.