



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 22, 2015

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 December 7, 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 "Susie Pollock" followed by a checkmark.

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

DEC 23 2015

Violation Report: 43551 - 12/07/2015 - Cutter, Jan
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

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 A, hired [redacted] 14, does not have a high school diploma, GED diploma, or active registry 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 educational transcript for staff person A has been obtained (attachment).

All staff person's files were audited by the Executive Director or designee to ensure all staff meet regulation 54 (a) requirements.

Date: 12/17/2015

New staff member's educational qualifications will be audited by the Administrative Services Coordinator before hire to ensure compliance with regulation 54 (a).

Date: 12/18/2015 and on-going

The coordinators were in-serviced on the requirements of regulation 54 (a) by the Executive Director. (attachment)

Date: 12/18/2015

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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. Dir.* Date *12-18-15*

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

The above plan of correction is approved as of 12-21-15 (Date)

Plan of correction implementation status as of 12-21-15 (Date)

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

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

Violation Report: 43551 - 12/07/2015 - Cutter, Jan
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's most recent medical evaluation was completed on 8/12/14.

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.

The medication evaluation for resident #1 was completed by the physician (attachment) 12/10/15

Resident files were audited by the Executive Director or designee to ensure all residents have a medical evaluation at least annually.

Date: 12/17/2015

New resident files will be audited by the Executive Director or designee to ensure that the medical evaluation meets the criteria for regulation 141 (b) (1)

Date: 12/18/2015 and on-going

The coordinators were in-serviced on the requirements of regulation 141 (b) (1) by the Executive Director. (attachment)

Date: 12/18/2015

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. Dir.* Date *12-18-15*

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