



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 02 2016

Mr. Martin D. Allen, Director  
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. Allen:

As a result of the Department of Human Services' annual licensing inspection on April 19, 2016 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License 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 Entlty Name: ARDEN COURTS OF MONROEVILLE PA LLC		
Legal Entlty Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 09/22/1998 Labor & Industry		JUL 01 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 106	Waking Staff: 80
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/19/2016: Filmer-Alman, Lisa; Bedford, Katie; Wenzig, Janine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 56	Number of Residents who:	
Number of Residents Served: 53	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 53	
Area: The whole facillity is secured dementia unit	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 56	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 53	Have a Mobility Need: 53	
Number of Current Hospice Residents: 25	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 15		

Violation Report: 43652 - 04/19/2016 - Flinner-Alman, Lisa  
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:55 a.m., multiple resident records, including records for residents #1 and #2, were unlocked, accessible and unattended in the cabinet above the sink in the Berry Ridge House kitchenette.

At 3:27 p.m., the communication log binder, containing confidential resident information to include the following, was unlocked, accessible and unattended on the counter in the Harvest Glen House kitchenette:

- 4/1/16: Resident #3 - "Urine specimen needed - [redacted] threw toilet paper in hat - need to recollect"
- 4/18/16: Resident #4 - "Complaining of diarrhea again"
- 4/19/16: Resident #5 - "has 2 breakdowns in [redacted] backside - use cream"

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 CABINET THAT CONTAINS RESIDENT RECORDS, INCLUDING RESIDENTS #1 AND #2, IN THE BERRY RIDGE HOUSE KITCHENETTE WAS LOCKED BY RESIDENT SERVICES COORDINATOR ON APRIL 19, 2016. THE COMMUNICATION LOG BINDER IN THE HARVEST GLEN HOUSE KITCHENETTE WAS STORED AND LOCKED IN THE CABINET BY RSC ON APRIL 19, 2016. STAFF WAS INSERVICED BY EXECUTIVE DIRECTOR REGARDING REGULATION 17, INCLUDING RESIDENT RECORDS SHALL BE CONFIDENTIAL AND EXCEPT IN EMERGENCIES, MAY NOT BE ACCESSIBLE TO ANYONE OTHER THAN THE RESIDENT

THE RESIDENT SERVICES COORDINATOR OR DESIGNEE WILL COMPLETE DAILY ROUNDS, INCLUDING PROPER STORAGE OF RESIDENTS CONFIDENTIAL INFORMATION 6/24/16 AND ONGOING

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ELLA BOSTEDO EXECUTIVE DIRECTOR*      Date *6-30-16*

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

The above plan of correction is approved as of 7/19/16 (Date)

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

Plan of correction Implementation status as of 7/19/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

JUL 01 2016

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PCH Name: ARDEN COURTS OF MONROEVILLE

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

At 10:18 a.m., the temperature of the refrigerator freezer in the Harvest Glen House kitchenette measured 65 degrees Fahrenheit.

At 10:35 a.m. and at 3:56 p.m., the temperature in the Cloverdale House kitchenette refrigerator measured 56 degrees Fahrenheit.

At 10:35 a.m., the temperature in the Cloverdale House kitchenette refrigerator freezer measured 8 degrees Fahrenheit.

There was no thermometer in the refrigerator in the Dockside House kitchenette.

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.

NEW THERMOMETERS WERE PURCHASED AND TEMPERATURES HAVE BEEN TAKEN IN THE AM & PM DAILY. TEMPERATURES ARE COMPLIANT WITH REGULATED TEMPERATURES. THE DIETARY STAFF WAS INSERVICED BY THE EXECUTIVE DIRECTOR REGARDING REGULATION 103(F) INCLUDING REGULATED TEMPERATURES FOR THE REFRIGERATOR AND REFRIGERATOR FREEZERS. TEMPERATURES WILL BE LOGGED ON THE REFRIGERATOR FREEZER LOG ONGOING BY THE DIETARY STAFF. THE FOOD SERVICE COORDINATOR WILL BRING LOGS TO MORNING MEETING FOR REVIEW

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Ella Postedo Executive Director*      Date *6-30-16*

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(Date)

Plan of correction implementation status as of 7/19/16  
(Date)

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(Initials)

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PCH Name: ARDEN COURTS OF MONROEVILLE

JUL 01 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION  
There was a tube of Zinc Oxide Ointment 20%, which was discontinued 2/27/16, for resident #6 on the medication cart.

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 TUBE OF ZINC OXIDE WAS REMOVED AND PROPERLY DESTROYED BY THE RESIDENT SERVICES COORDINATOR ON 4-19-16 THE MEDICATION CART WAS AUDITED BY THE RSC ON 4/20/16 TO ENSURE ALL PRESCRIPTION MEDICATIONS, OTC MEDICATIONS AND CAM THAT ARE DISCONTINUED HAVE BEEN REMOVED AND DESTROYED. THE NURSES AND MEDICATION TECHNICIANS WERE IN SERVICE BY THE RESIDENT SERVICES COORDINATOR REGARDING REGULATION 183(F) MEDICATIONS DISCONTINUED OR EXPIRED SHALL BE DESTROYED. THE MEDICATION CARTS WILL BE AUDITED WEEKLY BY THE RESIDENT SERVICES COORDINATOR OR RESIDENT SERVICES SUPERVISORS TO ENSURE COMPLIANCE WITH REGULATION 183(F)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Colla Postedo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *COLLA POSTEDO EXECUTIVE DIRECTOR*      Date *6-30-16*

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

There was an unlabeled tube of Dermagram ointment prescribed for resident #6 in the medication cart.

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 DERMOGRAM OINTMENT FOR RESIDENT #6 WAS LABELED IN ACCORDANCE TO REGULATION 184 (a) BY THE RESIDENT SERVICES COORDINATOR ON 4/14/16. THE MEDICATION CARTS WERE AUDITED BY THE RESIDENT SERVICES COORDINATOR ON 4/20/16 TO ENSURE ALL PRESCRIBED MEDICATIONS ARE LABELED WITH A PHARMACY LABEL THAT INCLUDES REQUIRED INFORMATION. THE NURSES AND MEDICATION TECHNICIANS WERE IN-SERVICE BY THE EXECUTIVE DIRECTOR REGARDING REGULATION 184(a).  
~~THE EXECUTIVE DIRECTOR~~ <sup>ERROR EG</sup> RESIDENT SERVICES COORDINATOR

THE MEDICATION CARTS WILL BE AUDITED WEEKLY BY THE RESIDENT SERVICES COORDINATOR OR RESIDENT SERVICES SUPERVISORS TO ENSURE COMPLIANCE WITH REGULATION 184(a)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ella Postedo*

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

ELLA POSTEDO EXECUTIVE DIRECTOR

Date 6-30-16

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2800.185(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

Resident #1 is prescribed Mucinex 600mg, 1 tablet twice a day as needed. However, the medication was not available in the home.

Resident #7 is prescribed ABHR Gel 0.25ml topical syringe, apply syringe topically every 4 hours as needed. However, the medication was not available in the home.

Resident #8 is prescribed Dermagran Ointment, apply topically to excoriated areas with brief changes as needed for irritation. However, the medication was not available in the home.

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 MUCINEX 600MG 1 TABLET TWICE A DAY WAS DISCONTINUED FOR RESIDENT #1 BY THE RSC 4/20/16.

THE ABHR GEL FOR RESIDENT #7 TO BE APPLIED TOPICALLY EVERY FOUR HOURS AS NEEDED WAS ADMINISTERED ON 4/20/16 AND 4/25/16. THE DERMAGRAN OINTMENT ORDERED TO BE APPLIED TOPICALLY TO EXCORIATED AREAS WITH BRIEF CHANGES AS NEEDED FOR RESIDENT #8 WAS LOCATED BY RESIDENT SERVICES SUPERVISOR AND SHOWN TO SURVEYOR. THE MEDICATION CARTS WERE AUDITED BY THE RESIDENT SERVICES COORDINATOR TO ENSURE ALL PRESCRIPTION MEDICATIONS ARE AVAILABLE. THE NURSES AND MEDICATION TECHNICIANS WERE IN SERVICES REGARDING REGULATION 185(a) INCLUDING ALL MEDICATIONS WILL BE AVAILABLE. THE MEDICATION CARTS WILL BE AUDITED WEEKLY BY THE RESIDENT SERVICES COORDINATOR/RESIDENT SERVICES SUPERVISOR.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ella Bostedo*

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

Ella Bostedo Executive Director

Date 6-30-16

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #7 was admitted on [redacted] 16; however, the assessment was completed [redacted] 16.

Resident #9 was admitted on [redacted] 16; however, the assessment was completed [redacted] 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.*

THE COORDINATORS WERE INSERVICED BY THE EXECUTIVE DIRECTOR REGARDING REGULATION 225(a) INCLUDING TIME REQUIREMENTS FOR COMPLETING DEPARTMENTS ASSESSMENT FORM

ALL RESIDENT RECORDS WILL BE AUDITED BY THE EXECUTIVE DIRECTOR OR DESIGNEE UPON MOVE IN TO ENSURE COMPLIANCE WITH REGULATION 225(a), and to ensure assessments are not completed prior to residents' admission. J 7/19/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ella Postedo*

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

*ELLA POSTEDO EXECUTIVE DIRECTOR*

Date *6-30-16*

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*7/19/16*  
(Date)

Plan of correction implementation status as of

*7/19/16*  
(Date)

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*[Signature]*  
(Initials)

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 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Staff person A participated in the development of resident #1's support plan, dated 12/1/15; however, this staff person did not sign the support plan.

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 A SIGNED RESIDENT #1'S SUPPORT PLAN ON APRIL 20th 2016. THE SUPPORT PLANS HAVE BEEN AUDITED BY THE EXECUTIVE DIRECTOR TO ENSURE COMPLIANCE WITH 227(g) INCLUDING INDIVIDUALS WHO PARTICIPATE IN THE DEVELOPMENT OF THE SUPPORT PLAN SHALL SIGN AND DATE THE SUPPORT PLAN

THE COORDINATORS WERE INSERVICED BY THE EXECUTIVE DIRECTOR REGARDING REGULATION 227(g) INCLUDING REQUIRED SIGNATURE AND DATE.

ALL RESIDENT RECORDS WILL BE AUDITED BY THE EXECUTIVE DIRECTOR OR DESIGNEE UPON MOVE IN TO ENSURE COMPLIANCE WITH REGULATION 227(g)

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ELLA POSTEDO EXECUTIVE DIRECTOR*      Date

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