



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 21 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
License #: 435510

Dear Mr. Allen:

As a result of the Department of Human Services' annual licensing inspection on August 8, 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 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 PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		RECEIVED
Certificate(s) of Occupancy C-2 LP 07/02/1999 Labor & Industry		SEP 16 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 118	Working Staff: 89
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/08/2016: Flinner-Alman, Lisa; Knee, Donald		
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 Home Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 59 Number of Current Hospice Residents: 16 Number of Hospice Residents in past year: 100		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: 1

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Violation Report: 43551 - 08/08/2016 - Filmer-Alman, Lisa
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The home is currently using the term Alzheimer's Assisted Living on their Nondiscrimination Policy Statement.

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.

18

1) The Nondiscrimination Policy Statement has been revised. "Alzheimer's Assisted Living" has been removed.
(Attachment – revised Nondiscrimination Policy Statement)

2) The Executive Director or designee will review written materials to ensure the term "assisted living" is not used in any name or written material. An audit was conducted on 9/13/2016 and changes made as appropriate.
September 12, 2016 and on-going

3) The Coordinators were in-serviced on 9/15/2016 regarding regulation 18 by the Executive Director.
(Attachment – In-Service Attendance Record)

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 *9-16-16*

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

The above plan of correction is approved as of 9/20/16
(Date)

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

Plan of correction implementation status as of 9/20/16
(Date)

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

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Violation Report: 43551 - 08/08/2016 - Flinner-Alman, Lisa
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 5/3/16, for resident #1 is blank in the areas of blood pressure, temperature and pulse rate.

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.

141 (a) (2)

1) The DME for resident #1 has been update with blood pressure, temperature, and pulse rate and was approved by the resident's physician.
(Attachment - DME - resident #1)

2) The nurses will be in-serviced by 9/23/16 regarding regulation 141(a) (2) re. required information included on the DME by the Executive Director or designee.

3) The DME will be audited by the Executive Director or designee monthly for three months then quarterly thereafter to ensure required information is completed.
September 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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/20/16</u> (Date)	Plan of correction implementation status as of <u>9/23/16</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

Violation Report: 43661 - 08/08/2016 - Flinner-Alman, Lisa PCH Name: ARDEN COURTS OF JEFFERSON HILLS	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa. Code §2600
2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The August 2016 medication administration record for resident #2 does not include a diagnosis or purpose for Nystatin cream.

On 8/8/16, resident #2's August 2016 medication record was initialed by staff person A as administering Clonazepam 1mg and Geri-Lanta liquid 5ml at approximately 4:30 p.m. However, the medications were not administered until approximately 5:00 p.m.

Resident #3's August 2016 medication administration record was not initialed by staff for Buspirone and Acetaminophen, which was administered on 8/8/16 at 1:00 p.m.

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 4A of 7A

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristin 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>9-16-16</i>

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The above plan of correction was approved by <u><i>[Signature]</i></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

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WEST REGION FIELD OFFICE
Human Services Licensing

187 (a)

- 1) The diagnosis or purpose for resident #2's Nystatin cream was added to the Medication Administration Record by the Resident Services Supervisor.
(Attachment - Medication Administration Record - diagnosis or purpose highlighted)
- 2) Staff person A was counseled on 9/16/16 by the RSC re.documenting administration of Clonazepam 1mg and Geri-Lanta liquid 5 ml at approximately 4:30 pm but not administering the medications until approximately 5:00 pm.
(Attachment - Staff counsel)
- 3) The staff person who did not initial the administration of Buspirone and Acetaminophen for resident #3 was counseled on 9/16/2016 by the Resident Services Coordinator.
(Attachment - Staff counsel)
- 4) An audit of all resident Medication Administration Records was conducted by the Executive Director on 9/15/2016, to ensure required documentation, i.e. diagnosis or purpose for each medication.
- 5) The nurses and med. techs. will be in-serviced on 9/23/2016 regulation 187 (a) re. required items to be included on the Medication Administration Record; and proper administration and documentation practices by the Executive Director or designee.
- 6) Medication Administration Record Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure compliance with required documentation and administration practices.
and on-going.
(Attachment - Medication Audit)
September 16, 2016 and ongoing

Kristin Kahler

Kristin Kahler, Exec. Dir.

9-16-16.

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43651 - 08/08/2016 - Flinner-Alman, Lisa
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B has not completed the Department-approved medication administration practicum since 12/19/14. However, staff person administered medications to residents, including the following medications for resident #2 on 8/8/16:

- Amlodipine 10mg, 1 tablet at 9:00 a.m.
- Glipizide 5mg, 1 tablet at 9:00 a.m
- Lisinopril 40mg, 1 tablet at 12:00 p.m.
- Metoprolol 50mg, 1 tablet at 12:00 p.m.

Staff person C has not completed the Department-approved medication administration practicum since 3/15. However, staff person administered medications to residents, including the following medications for resident #2 on 8/2/16:

- Amlodipine 10mg, 1 tablet at 9:00 a.m.
- Glipizide 5mg, 1 tablet at 9:00 a.m
- Lisinopril 40mg, 1 tablet at 12:00 p.m.
- Metoprolol 50mg, 1 tablet at 12:00 p.m.

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 5A of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristin 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>9-16-16</i>

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WEST REGION FIELD OFFICE
Human Services Licensing

190 (a)

Staff member B took the medication certification course again on 9/16/16. Staff member C was unable to make this scheduled training, so will not be permitted to pass medications until completing the course.

Attached -- Proof of training for Staff member B

All med tech files have been audited for completeness and updated accordingly to ensure compliance with the Department-approved medications administration course. These files will continue to be monitored by the Resident Services Coordinator on a monthly basis, 9/14/2016 and Ongoing.

② 9/20/16

Kristin Kahler

Kristin Kahler, Exec. Dir.

9-16-16.

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Violation Report: 43551 - 08/08/2016 - Flinner-Alman, Lisa
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

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 #4 was assessed as having a moderate problem with judgement; however, the resident's support plan, dated 6/30/16, does not address how the home will assist the resident in meeting these needs.

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.

227 (d)

1) The support plan for resident #4 was updated to include approaches to assist with a moderate problem with judgment.
(Attachment - Support Plan - resident #4)

2) An audit of all resident charts was conducted by the Executive Director or designee on 9/15/2016 to ensure all Support Plans include approaches re. judgment, etc.

3) Resident support plans will be audited by the Executive Director or designee monthly for three months and then quarterly thereafter to ensure approaches are included re. judgment, etc. September 12, 2016, and on-going

4) The coordinators were in-serviced on 9/15/2016 regarding regulation 227 (d).
(Attachment - In-Service Attendance Record)

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/26/2015

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 *9-16-16*

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

The above plan of correction is approved as of 9/20/16
(Date)

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

Plan of correction implementation status as of 9/20/16
(Date)

- Fully Implemented
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43551 - 08/08/2016 - Flinner-Alman, Lisa
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Correction fluid was used in multiple areas on resident #2's assessment, dated 3/13/16, and support plan, dated 3/13/16, including under the medical needs section for diagnosis; Dementia was written on top of correction fluid.

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.

251 (b)

1) A new assessment and support plan for resident #2 has been completed.
(Attachment – Resident #2's new assessment and support plan)

2) The Executive Director or designee will audit resident assessments and support plans monthly for three months and then quarterly thereafter to ensure that correction fluid is not used and proper documentation procedures are practiced.
September 12, 2016, and on-going

3) The coordinators were in-serviced on 9/15/2016 by the Executive Director re. 251 (b) – not using correction fluid and the proper procedure to correct documentation.
(Attachment – In-service Attendance Record)

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

9-16-16

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

The above plan of correction is approved as of

9/20/16
(Date)

Plan of correction implementation status as of

9/20/16
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)