



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 06 2017

Mr. Martin D. Allen,
Director
Arden Courts North Hills of Pittsburgh PA, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of North Hills
1125 Perry Highway
Pittsburgh, Pennsylvania 15237
License #: 435530

Dear Mr. Allen:

As a result of the Department of Human Services' annual licensing inspections on September 1, 2016 and September 2, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in cursive script that reads "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 NORTH HILLS		License Number: 43553
Address: 1125 PERRY HIGHWAY, PITTSBURGH, PA 15237		County: Allegheny
Adminlstrator: JOAN EALY		Region: WEST
Legal Entity Name: ARDEN COURTS NORTH HILLS OF PITTSBURGH PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy C-2 LP 11/12/1996 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 96 Waking Staff: 72		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/01/2016: Flinner-Alman, Lisa; Hultquist, Cliff 09/02/2016: Flinner-Alman, Lisa; Hultquist, Cliff		
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: 56 Number of Residents Servod: 48 Secured Dementia Care Unit In Home: Yes Area: ENTIRE FACILITY Secured Dementia Unit Capacity, If Applicable: 56 Number of Residents Served in Secured Dementia Care Unit, if applicable: 48 Number of Current Hospice Residents: 12 Number of Hospice Residents in past year: 42	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 48 Have a Physical Disability: 0	

JAN 07 2017

Violation Report: 43553 - 09/01/2016 - Filmer-Alman, Lisa
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10226.101-10226.6102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff person A, hired [redacted] 13, did not have a criminal background check completed until 9/6/16.

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 Administrative Service Coordinator will make sure all employees and/or potential employees shall have a completed criminal background check prior to providing care to a care-dependent person.

Immediately - The administrator will review hiring policies to ensure criminal history checks are in accordance with OAPSA. PA criminal history checks shall be completed within 30 days of hire date. Any employee who has not been a resident of PA for the past 2 years will also have an FBI check completed within 90 days of hire.

J
1/12/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joan L. Early*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOAN L. EARLY* Date *12-18-16*

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

The above plan of correction is approved as of 1/12/17 (Date)

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

Plan of correction implementation status as of 1/12/17 (Date)

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

JAN 07 2017

Violation Report: 43553 - 09/01/2016 - Flinner-Alman, Lisa
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 9/1/16, there was not a light bulb in the bedside lamp in room #33.

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 light bulb was replaced at time of inspection.

The Building Service Coordinator will check bedrooms for missing or burnt out bulbs during daily rounds.

Immediately - All staff persons will be reeducated on this requirement and directed to report inoperable lamps when found.

J 1/12/17

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: JOAN L. EALY Date 12-18-16 (Required on EVERY Page)

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- Not Implemented

The above plan of correction was approved by (Initials)

JAN 07 2017

Violation Report: 43553 - 09/01/2016 - Filmer-Alman, Lea
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

Resident #2 is ordered Seroquel 25mg, 1 tablet three times a day as needed. However the label indicates Seroquel 25mg, 1 tablet three times a day.

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 order was corrected at that time of inspection.

The Resident Service Coordinator (RN) or designated staff member (LPN /Med Tech) will do a 2 person check of all MAR's prior to the start of the month.

The Resident Service Coordinator (RN) or designated staff member (LPN/Med Tech) will do a comparison of the MAR to the original medication script label prior to dispensing.

If a medication order is changed the Resident Service Coordinator (RN) or designated staff member (LPN) will not the change on the MAR and place a Medication Order Change sticker on the original medication script label.

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 12-18-16

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The above plan of correction is approved as of 1/2/17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 1/2/17 (Date)

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

Violation Report: 40550 - 09/01/2010 - Filmer-Alman, Lisa
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 65 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 September 2010 medication administration record for resident #1 does not include a diagnosis or purpose for Omeprazole 20mg.

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 MAR was corrected at the time of inspection.

The Resident Service Coordinator (RN) or designated staff member (LPN /Med Tech) will do a 2 person check of all MAR's prior to the start of the month. Part of that check will include diagnosis and purpose of medication.

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

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 12-18-16

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(Date)

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(Date)

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(Initials)

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JAN 07 2017

Violation Report: 43553 - 09/01/2016 - Finner-Alman, Lisa
PCH Name: ARDEN COURTS OF NORTH HILLS

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

The assessment, dated 12/1/15, for resident #3 does not include the following diagnoses as indicated on the resident's medical evaluation, dated 11/23/15:

- Atrial Fibrillation
- Hypertension
- Dysphagia, oropharyngeal phase

The assessment, dated 4/27/16, for resident #5, is blank in the area of judgment, in the cognitive or behavioral needs section. The support plan, dated 4/27/16, indicates the resident's judgment is impaired.

b. PLAN OF CORRECTION (POC) (Local, State, Federal, etc.) Attach to this page where applicable 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.

Assessments updated as indicated for residents #3 and #5.

The Executive Director and/or Resident Service Coordinator (RN) will compare the Resident Assessments to the Resident Medical Evaluations making sure they match.

Immediately - The administrator or designee will ensure all assessments are complete and accurate. A system will be developed to ensure assessments are updated as needed throughout the year.

By 2/28/17 - The administrator or designee will review the assessments of all current residents to ensure they are complete and accurate.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joan L. Early*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOAN L. EARLY* Date *12-18-16*

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JAN 07 2017

Violation Report: 43553 - 09/01/2016 - Flinner-Alman, Lisa
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the SDCU on [redacted] 16. A written cognitive preadmission screening was not completed for the resident.

2. 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 Executive Director and/or Marketing Director and/or Resident Service Coordinator will make sure a written cognitive preadmission screening is completed for all residents who are being admitted to The SDCU.

Immediately - The administrator will develop a tracking system to ensure all required documents are completed timely, including a preadmission screening form, completed in collaboration with a physician or geriatric assessment team for SDCU residents.

[Handwritten signature]

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12-18-16

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Violation Report: 43553 - 09/01/2016 - Finner-Alman, Lisa
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Learning

1. REGULATION 55 Pa.Code §2600

2600.261(b) The ontricc 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 on resident #2 's support plan, dated 7/8/16, in the behavioral or cognitive needs section under irritability.

Correction fluid was used on resident #4's assessment, dated 8/21/16, in the physical medical diagnosis section. S/P subdural hematoma was written on top of it.

Correction fluid was used on resident #6's support plan, dated 8/2/16, in the following areas in the behavioral or cognitive care needs section:

- Orientation to time, place and person
- Irritability
- Agitation

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.

Correction fluid will not be used on entries in a resident record.

Immediately - All staff persons will be educated on this requirement, and to cross out incorrect information and initial the entry made in error.

1/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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(Initials)