



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 27, 2017

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. Martin:

As a result of the Department of Human Services' licensing inspection on April 5, 2017, 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 "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ARDEN COURTS OF MONROEVILLE		License Number: 43582
Address: 120 WYNGATE DRIVE, MONROEVILLE, PA 15146		County: Allegheny
Administrator: Ella Bostedo		Region: WEST
Legal Entity Name: ARDEN COURTS OF MONROEVILLE PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET 16TH FL, TOLEDO, OH 43604		
Certificate(s) of Occupancy C-2 LP 09/22/1998 PA L&I		
Staffing Hours Resident Support: 53 Total Daily Staff: 159 Waking Staff: 119		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/05/2017: Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, if Applicable <div align="center">RECEIVED SEP 26 2017 WEST REGION FIELD OFFICE Human Services Licensing</div>		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 56 Number of Residents Served: 53 Secured Dementia Care Unit in Home: Yes Area: . Secured Dementia Unit Capacity, if Applicable: 56 Number of Residents Served in Secured Dementia Care Unit, if applicable: 53 Number of Current Hospice Residents: 22 Number of Hospice Residents in past year: 40	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 53 Have a Physical Disability: 0	

SEP 26 2017

Violation Report: 43552 - 04/05/2017 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/24/17 at approximately 1:00 a.m., direct care staff person B observed direct care staff person A kiss resident #1. The allegation was not reported to the Area Agency on Aging until 3/29/17.

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 page 2A of 5

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 DIRECTOR* Date *9.26-17*

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

The above plan of correction is approved as of 9-26-17
(Date)

Plan of correction implementation status as of 9-26-17
(Date)

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

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

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SEP 26 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Page 2 A of 6

15 (a)

Resident incidents, including suspected abuse and required reporting, are discussed during the daily Coordinator Morning Kick-Off Meeting and required action immediately taken.

On-going

This is evidenced by another alleged incident that was reported by an employee on 4/2/17 at 6:00 am. The employee was suspended pending investigation and reports were made to Protective Services and BHS on 4/2/17 at 1:10 PM.

Supervisor [REDACTED] received a written warning/counseling for not reporting the alleged incident and suspending the employee pending investigation immediately (occurred on 3/24/17 but was not reported until 3/29/17).

Attachment: Written warning

Employee was suspended on 3/29/2017. On 4/7/2017 ED was informed via phone conversation with Vicky Pfaff that allegation is not substantiated.

The supervisors were in-serviced regarding regulation 15 (a) re. relating to abuse reporting covered by law and suspension of the employee pending investigation by the Executive Director on 4/20/2017.

Attachment: In-Service Record

Within 45 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept in the staff records. 9-26-17 ✓

Ella Bostedo
ELLA BOSTEDO, DIRECTOR

9-25-17

9-26-17 ✓

Violation Report: 43552 - 04/05/2017 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 3/24/17 at approximately 1:00 a.m., direct care staff person B observed direct care staff person A kiss resident #1. Direct care staff person A continued to work unsupervised with residents of the home including resident #1 until 3/29/17.

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 page 3A of 6

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 DIRECTOR

Date

9-25-17

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Partially Implemented - Inadequate Progress

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X
(Initials)

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WEST REGION FIELD OFFICE
Human Services Licensing

Page 3A of 6

15 (b)

Resident incidents, including suspected abuse and required reporting, are discussed during the daily Coordinator Morning Kick-Off Meeting and required action taken immediately.

On-going

This is evidenced by another alleged incident that was reported by an employee on 4/2/17 at 6:00 am. The employee was suspended pending investigation and reports were made to Protective Services and BHS on 4/2/17 at 1:10 PM.

Supervisor [REDACTED] received a written warning/counseling for not reporting the alleged incident and suspending the employee pending investigation immediately (occurred on 3/24/17 but was not reported until 3/29/17).

Attachment: Written warning

The supervisors were in-serviced regarding regulation 15 (b) re. relating to abuse reporting covered by law and suspension of the employee pending investigation by the Executive Director on 4/20/2017.

Attachment: In-Service Record

Immediately: If any suspected abuse or allegations of abuse occur, the home shall immediately place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person, which must have the pre-approval of the Department, or suspend the staff person or persons involved. 9-26-17 ✓

Ella Bostedo
ELLA BOSTEDO DIRECTOR

9-25-17
9-26-17 ✓

Violation Report: 43552 - 04/05/2017 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2800.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2800.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/24/17 at approximately 1:00 a.m., direct care staff person B observed direct care staff person A kiss resident #1. The allegation was not reported to the Department until 3/30/17.

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 page 4A of 6

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 DIRECTOR

Date 9-25-17

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(Initials)

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SEP 26 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Page 4A of 6

16 (c)

Resident incidents, including suspected abuse and required reporting, are discussed during the daily Coordinator Morning Kick-Off Meeting and required action taken immediately.

On-going

This is evidenced by another alleged incident that was reported by an employee on 4/2/17 at 6:00 am. The employee was suspended pending investigation and reports were made to Protective Services and BHS on 4/2/17 at 1:10 PM.

Supervisor [REDACTED] received a written warning/counseling for not reporting the alleged incident and suspending the employee pending investigation immediately (occurred on 3/24/17 but was not reported until 3/29/17).

Attachment: Written warning

The supervisors were in-serviced regarding regulation 16 (c) re. relating to abuse reporting covered by law and suspension of the employee pending investigation by the Executive Director on 4/20/2017.

Attachment: In-Service Record

Within 30 days of receipt of the plan of correction: All staff persons shall be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall be kept. 9-26-17

ELLA BOSTEDO
ELLA BOSTEDO DIRECTOR

9-25-17

9-26-17

Violation Report: 43552 - 04/05/2017 - Pfaff, Vicki PCH Name: ARDEN COURTS OF MONROEVILLE	WEST REGION FIELD OFFICE Human Services Licensing
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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 #2 was admitted to the home's secure dementia care unit on [redacted] 16. However the resident's cognitive screening was completed on 8/18/16.

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.

See page 6 of 6

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Ella Postedo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ella Postedo DIRECTOR</i>	Date <i>9-25-17</i>
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The above plan of correction is approved as of <u>9-26-17</u> (Date)	Plan of correction implementation status as of <u>9-26-17</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

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WEST REGION FIELD OFFICE
Human Services Licensing

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231 (c)

The coordinators have been in-serviced regarding regulation 231 (c) re. the Department's preadmission screening form will be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Attachment: In-Service Record

The Executive Director or designee will audit the preadmission screen form for each resident prior to admission to ensure timeliness of completion.

September 20, 2017 and on-going

Ella Bustedo
ELLA BUSTEDO ED

9-25-17

9-26-17d