



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 29 2017

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 #: 435510

Dear Mr. Allen:

As a result of the Department of Human Services' annual licensing inspections on July 11, 2017 and July 12, 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.

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 black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

11/30/17

OCT 27 2017

Violation Report: 43551 - 07/11/2017 - Williams, Jason
PCH Name: Arden Courts of Jefferson Hills

1. REGULATION 55 Pa.Code §2600
2600.102(h) - Toilet paper shall be provided for every toilet.

WATERBURY OFFICE
1000 State Street
Waterbury, CT 06702

2a. DESCRIPTION OF VIOLATION
At 2:40 PM, there was no toilet paper for the toilet in resident #1's bathroom.

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, page 2^a of 7

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 *10-27-17*

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

The above plan of correction is approved as of 11/30/17
(Date)

Plan of correction implementation status as of 11/30/17
(Date)

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

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

RECEIVED

OCT 27 2017

OFFICE OF THE CHIEF OF POLICE
Human Resources Division

102 (h)

- 1) The toilet paper in resident #1's bathroom was replaced immediately.
- 2) The housekeepers will ensure toilet paper is provided for every toilet during daily cleaning responsibilities.
(Attachment – Resident Room Deep Cleaning Schedule)
10/26/2017 and ongoing
- 3) The housekeepers will be in-serviced by the Building Services Coordinator on or before 11/01/2017 regarding regulation 102 (h), including toilet paper will provided for every toilet.

Kristin Kahler 10-27-17

g.w. 11/30/17

OCT 27 2017

Violation Report: 43651 - 07/11/2017 - Williams, Jason
PCH Name: Arden Courts of Jefferson Hills

COMMUNITY CARE LICENSING
Harrisburg, Pennsylvania

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 #2 had a medical evaluation completed on 7/26/16; however, the previous medical evaluation could not be located. Therefore, the timeliness of the current medical evaluation could not be determined.

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 - page 3rd of 7

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Kahler, Executive Director* Date *10-27-17*

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(Date)

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

Plan of correction implementation status as of 11/30/17
(Date)

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

page 3^a of 7

10/27/2017
OCT 27 2017
WEST VIRGINIA UNIVERSITY
HUMAN SERVICES CENTER

141 (b) (1)

- 1) A Documentation of Medical Evaluation (DME) was completed for Resident #2 on 7/26/2017 . (Attachment – DME – Resident #2)
- 2) The Documentation of Medication Evaluation (DME) for all residents will be audited by the Resident Services Coordinator or designee by November 30, 2017, to ensure compliance with regulatory time standards.
- 3) The resident's DME will be audited by the Executive Director or designee upon move-in and annually to ensure compliance with regulatory time standards.
10/26/17 and on-going
- 4) The nurses will be in-serviced by November 30, 2017, regarding regulation 141(b) (1) re. regulatory time standards by the Resident Services Coordinator.

Kristin Kahler 10-27-17.

pub. 11/30/17

Violation Report: 43551 - 07/11/2017 - Williams, Jason
PCH Name: Arden Courts of Jefferson Hills

WISCONSIN PROBATION OFFICE
1000-00000 (000000)

1. REGULATION 55 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 prescribed Novolog Insulin 100 u/ml, Inject 8 units subcutaneously daily at 12:00 noon and per the following sliding scale as directed:
4u = 140-199
8u = 200-239
10u = 240-269
12u = 270-309
14u = 310-340
>341 call MD

However, the sliding scale on the pharmacy label indicated the following:
4u = 140-199
8u = 240-269
10u = 270-309
12u = 310-340
14u > than 340 and call MD.

Resident #3 is prescribed Janitvan 5mg (Coumadin) one tablet daily at bedtime except Sundays and two tablets on Sundays. However, the pharmacy label indicates to take one tablet by mouth as directed.

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 - page 4^a of 7

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(Initials)

Page 4⁹ of 7

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OCT 27 2017

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES DIVISION

184 (a)

1) A Direction Change Label was applied immediately to the Novolog Insulin for Resident #2 and to the Jantoven for Resident #3.

2) The Resident Services Coordinator or designee will audit Medication Administration Records weekly to ensure medication records are compliant per regulation 184 (a). The original container prescription medications shall be labeled with a pharmacy label that includes required information. Appropriate follow-up action will occur immediately.

10/27/17 and on-going

(Attachment: Medication Administration Record Audit)

3) The Resident Services Coordinator will complete a mandatory medication administration in-service for nurses and medication technicians on or by November 30, 2017. The in-service will include requirements noted in regulation 184 (a).

Kristin Kahler 10-27-17.

7.15. 11/30/17

OCT 27 2017

PHILADELPHIA DEPARTMENT OF
HEALTH AND CARE SERVICES

Violation Report: 43551 - 07/11/2017 - Williams, Jason
PCH Name: Arden Courts of Jefferson Hills

1. REGULATION 55 Pa.Code §2600
2600.185(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
The glucometers for residents #2 and #4 are not calibrated to the current date and time.

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 . page 5^a of 7

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Kahler, Executive Director* Date *10-27-17*

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(Initials)

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(Date)

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- Not Implemented

Page 5 of 7

10/27/2017

001 27 2017

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

185 (a)

- 1) The glucometers for Residents #2 and #4 were calibrated to the correct date and time on 7/13/2017.
- 2) Glucometers will be reviewed weekly by the Resident Services Coordinator/Supervisors to ensure compliant calibration. Appropriate follow-up action will be taken immediately, as required.
10/27/2017 and on-going
- 3) The Resident Services Coordinator will complete a mandatory medication administration in-service for nurses and medication technicians by November 30, 2017. The in-service will include requirements noted in regulation 185 (a).

Kristin Kaller 10-27-17

gr. 11/30/17

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Violation Report: 43551 - 07/11/2017 - Williams, Jason
PCH Name: Arden Courts of Jefferson Hills

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HUMAN SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Trazodone 100 mg tablet, take 1 tablet by mouth at bedtime. However, the resident did not receive the medication from 7/08/17 through 7/11/17. 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.

See attached page 6 of 7

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kristin Kahler* Date *10-27-17*

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The above plan of correction was approved by <u><i>AK</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 6^a of 7

10/27/2017

OCT 27 2017

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

187(d)

1) An order to hold this medication was received from the prescriber on 7/13/2017. The medication was restarted on 7/14/2017 when it was available.
(Attachment – Physician's Order)

2) The Resident Services Coordinator or designee will audit Medication Administration Records weekly to ensure medications are administered per physician order. Appropriate, immediate follow up will be taken, as required.
10/27/2017 and on-going

(Attachment – Medication Administration Record Audit)

3) The Resident Services Coordinator will complete a mandatory medication administration in-service for nurses and medication technicians by November 30, 2017. This in-service will include requirements noted in regulation 187 (d).

Kristin Kahler 10-27-17.

J.D. 11/30/17

Violation Report: 43551 - 07/11/2017 - Williams, Jason
PCH Name: Arden Courts of Jefferson Hills

PROPERTY DIVISION OFFICE
17000 Jefferson Highway

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #2 had an assessment completed on 7/26/17; however, the previous assessment could not be located. Therefore, the timeliness of the current assessment could not be determined.

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 - page 7^of 7

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(Initials)

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- Not Implemented

Page 7^a of 7

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OCT 27 2017
WEST VIRGINIA UNIVERSITY
The Marshall Library

225 (c)

- 1) An assessment was completed for Resident #2 on 7/26/2017.
(Attachment – RASP – Resident #2)
- 2) The assessments for all residents will be audited by the Resident Services Coordinator or designee by November 30, 2017, to ensure compliance with regulatory time standards.
- 3) The resident's assessment will be audited by the Executive Director or designee upon move-in and annually to ensure compliance with regulatory time standards.
10/27/2017 and on-going
- 4) The nurses will be in-serviced by November 30, 2017, regarding regulation 225 (c) re. regulatory time standards by the Resident Services Coordinator.

Kristin Kahler 10-27-17.