



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

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's Bureau of Human Services Licensing annual inspection on February 20, 2018 and February 21, 2018, 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, appearing to read 'J. Rowe', written over a white background.

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: Elta Bostedo | | Region: WEST |
| Legal Entity Name: ARDEN COURTS OF MONROEVILLE PA LLC | | |
| Legal Entity Address: 333 NORTH SUMMIT STREET 16TH FL, TOLEDO, OH 43604 | | RECEIVED |
| Certificate(s) of Occupancy C-2 LP 09/22/1998 PA Dept L&I | | JUN 05 2018 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 104 | Working Staff: 78 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal, Settlement | | |
| On-Site Inspections Dates and Department Representatives On-Site 02/20/2018: Pfaff, Vicki; Marini, Michael 02/21/2018: Pfaff, Vicki | | |
| 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 Served: 52 Secured Dementia Care Unit in Home: Yes Area: entire license Secured Dementia Unit Capacity, if Applicable: 56 Number of Residents Served in Secured Dementia Care Unit, if applicable: 52 Number of Current Hospice Residents: 18 Number of Hospice Residents in past year: 18 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 52 Have a Physical Disability: 0 |

JUN 05 2018

Violation Report: 43652 - 02/20/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Staff person A only completed 7 hours of the required 12 hours of annual training during the 1/1/17 through 12/31/17 staff training year.

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 *pages 2 #016*

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

6-5-18

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

The above plan of correction is approved as of

6-7-18
(Date)

Plan of correction implementation status as of

6-7-18
(Date)

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

The above plan of correction was approved by

K
(Initials)

RECEIVED

PP 2A016

JUN 05 2018

WEST REGION FIELD OFFICE
Human Services Licensing

65 (e)

Direct care staff person A completed an additional 5.0 hours of training to meet the required 12 hours of annual training.

Date: May 18, 2018

Attachment: In-Service Attendance Record

The Executive Director or designee audited all staff training plans for completion of the required 12 hours of annual training related to their job duties.

Date: May 19, 2018

The Executive Director was in-serviced by the Education and Development Specialist regarding regulation 65 (e), including annual training requirements.

Date: May 24, 2018

Attachment: In-Service Attendance Record

The Executive Director or designee will audit individual staff training plans on a quarterly basis to ensure staff training requirements are completed.

Date: June 1, 2018, and on-going

Ella Postedo 6-5-18
ELLA POSTEDO ED 6-5-18

6-7-18 ✓

JUN 05 2018

Violation Report: 43552 - 02/20/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training in the following topics during the 1/1/17 through 12/31/17 staff training year:

- * Medication self-administration.
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- * Personal care service needs of the resident.

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 3 of 6

| | | | |
|----------------------|-----------------------------------|--|--|
| 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) <i>ELLA POSTEDO DIRECTOR</i> | Date <i>6-5-18</i> |
|--|--------------------|

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

The above plan of correction is approved as of 6-7-18
(Date)

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

Plan of correction implementation status as of 6-7-18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *1*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Page 3 of 6

JUN 05 2018

WEST REGION FIELD OFFICE
Human Services Licensing

65 (f)

Direct care staff person A completed required training topics included in the Violation Report.
Attachment: In-Service Attendance Record
Date: May 18, 2018

The Executive Director or designee audited all individual staff training plans for completion of the required training topics.
Date: May 19, 2018

The Executive Director was in-serviced by the Education Development Specialist regarding regulation 65 (f), including required training topics.
Date: May 24, 2018
Attachment: In-Service Attendance Record

The Executive Director or designee will audit individual staff training plans on a quarterly basis to ensure staff training requirements are completed.
Date: June 1, 2018, and on-going

Ella Portado 6-5-18
ELLA PORTADO
DIRECTOR 6-5-18

6-7-18

Violation Report: 43552 - 02/20/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training in the following topics during the 1/1/17 through 12/31/17 staff training year:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- * Emergency preparedness procedures and recognition and response to crises and emergency situations.
- * Falls and accident prevention.

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 B 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 6-5-18

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

The above plan of correction is approved as of 6-7-18
(Date)

Plan of correction implementation status as of 6-7-18
(Date)

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

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

PH 44-016

RECEIVED

JUN 05 2018

WEST REGION FIELD OFFICE
Human Services Licensing

65 (g)

Direct care staff person A completed required training topics included in the Violation Report.
Date: May 18, 2018
Attachment: In-Service Attendance Record

The Executive Director or designee audited all staff training plans for completion of required training topics.
Date: May 19, 2018

The Executive Director was in-serviced by the Education Development Specialist regarding regulation 65 (g), including annual training requirements.
Date: May 24, 2018
Attachment: In-Service Attendance Record

The Executive Director or designee will audit individual staff training plans on a quarterly basis to ensure staff training requirements are completed.
Date: June 1, 2018, and on-going

Ella Pastedo 6-5-18
EWA PASTEDO ED

6-7-18

Violation Report: 43552 - 02/20/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for Individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Humalog injection 100/ML to be given according to sliding scale. On 2/21/18 at 10:45 a.m., the only bottle of Humalog present in the home for resident #1 indicates that the bottle was opened on 1/20/18. There is a sticker on the bottle indicating that the medication expires 28 days after opening which was on 2/17/18. The medication was administered to the resident on 2/20/18 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 PAGE 5 POC

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 DIRECTOR

Date *6-5-18*

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

The above plan of correction is approved as of

6-7-18
(Date)

Plan of correction implementation status as of

6-7-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

RECEIVED

JUN 05 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Page 50-66

183 (d)

Resident #1

The expired bottle of Humalog was discarded appropriately.

A new bottle of Humalog was obtained on February 21, 2018, by the Resident Services Coordinator.

Proof of delivery

A current bottle of Humalog is being administered to resident #1. Date – May 14, 2018

Proof of delivery

An audit of all resident medications was conducted by the Executive Director or designee by May 25, 2018, to ensure only current prescription, OTC, and CAM for individuals living in the home are kept in the home.

Medication Cart Audit

The nurses and medication technicians were in-serviced by May 24, 2018, regarding regulation 183 (d) re. only current prescription, OTC, and CAM for individuals living in the home are kept in the home.

Attachment: In-Service Attendance Record

Medication Administration Record Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure only current prescription, OTC, and CAM for individuals living in the home are kept in the home.

Date: June 1, 2018, and on-going

Ella Bastedo 6-5-18
ELLA BASTEDO ED

6-7-18

Violation Report: 43552 - 02/20/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF MONROEVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

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 Biscolax 10mg suppositories – insert 1 suppository rectally every 3 days at bedtime, insert 1 suppository rectally every 3 days as needed for constipation. The pharmacy label does not include "insert 1 suppository every 3 days as needed."

Resident #2 is prescribed Hydrocodone/acetam 5-325mg tablets – Give 1 tab by mouth twice a day at 8:00 a.m. and 8:00 p.m.; give 1 tab by mouth every 6 hours as needed for pain. The pharmacy label on the medication card does not include "give 1 tab by mouth every 6 hours as needed."

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 POC

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

Signature of Legal Entity Representative (Required on EVERY Page) *EWA BASTEDO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *EWA BASTEDO DIRECTOR* Date *6-5-18*

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

The above plan of correction is approved as of 6-7-18 (Date)

Plan of correction implementation status as of 6-7-18 (Date)

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

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

Page 6 of 6

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JUN 05 2018

WEST REGION FIELD OFFICE
Human Services Licensing

184 (a)

Resident #2

The Biscolax suppositories re. "Insert 1 suppository rectally every 3 days as needed for constipation" was discontinued by the physician on February 27, 2018

Resident #2

A new medication label was obtained for the Hydrocodone re. "Give 1 tab by mouth every 6 hours as needed for pain" by the Resident Services Coordinator.
Proof of medication label – March 24, 2018

An audit of all resident medications was conducted by the Executive Director or designee by May 25, 2018, to ensure required, accurate information included on the prescription medication label.

Medication Cart Audit

The nurses and medication technicians were in-serviced by May 24, 2018, regarding regulation 184 (a) re. prescription medication contain required information on prescription medications – pharmacy label.

Attachment: In-Service Attendance Record

Medication Administration Record Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure prescription medication contain required information in included on the pharmacy label.

June 1, 2018, and on-going

Ella Postello
6-5-18
ELLA POSTELLO ED
6-7-18