



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2019

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's Bureau of Human Services Licensing annual inspection on July 19, 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 citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 43551 - 07/19/2018 - Plaff, Vicki
 PCH Name: ARDEN COURTS OF JEFFERSON HILLS

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 Resident #1's contract, dated 4/12/18, was not signed by the home's administrator or designee nor by 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.

Please see attached.

See Page 2A of 10

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Dir.* Date *12-19-18*

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

The above plan of correction is approved as of 12/27/18
 (Date)

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

Plan of correction implementation status as of 12/27/18
 (Date)

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

Resident #1

- 1) The contract for resident #1 has been signed by the home's administrator and documented that resident could not sign due to her dementia.
Attachment: Signed contract for resident #1
- 2) An audit of all resident charts will be conducted by the Executive Director or designee by January 4, 2019 to ensure all contracts have required signatures.
- 3) Contracts will be audited by the Executive Director or designee upon move-in to ensure required signatures, including the administrator and resident, are completed.
12/19/2018 and on-going
Attachment: resident file audit form
- 4) The coordinators were in-serviced on 12/19/2018 regarding regulation 25 (b) re. required contract signatures, including the administrator and resident, by the Executive Director.
Attachment: In-Service Attendance Record

Kristin Kahler 12-19-18
Kristin Kahler, Executive Director

12/27/18 *[Signature]*

Violation Report: 43551 - 07/19/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF JEFFERSON HILLS

1. REGULATION 55 Pa.Code §2600
2600.25(c)(10) - The contract shall include a statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

2a. DESCRIPTION OF VIOLATION
On 11/15/17, resident #2 was issued a 30 notice of a contract change. However, the contract change was not signed by resident nor was there an indication that resident was unable to sign.

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.

Please see attached

See Page 3A of 10

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* Date *12-19-18*

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The above plan of correction is approved as of 12/27/18
(Date)

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

Plan of correction implementation status as of 12/27/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

25 (c) (10)

Resident #2

- 1) The contract change for resident #2 has been updated with documentation that the resident was unable to sign due to dementia.
Attachment: Signed contract change for resident #2
- 2) An audit of all resident charts will be conducted by the Executive Director or designee by January 4, 2019 to ensure all contract changes have required signatures.
- 3) Contracts will be audited by the Executive Director or designee quarterly to ensure compliance with required signatures.
12/31/2018 and on-going
Attachment: resident file audit form
- 4) The coordinators were in-serviced on 12/19/2018 regarding regulation 25 (c) (10) re. required contract change signatures.
Attachment: In-Service Attendance Record

Kristin Kahler 12-19-18
Kristin Kahler, Executive Director

12/27/18



Violation Report: 43551 - 07/19/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF JEFFERSON HILLS

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 At approximately 10:00 a.m., the ventilation fan in the common bathroom/tub room in Garden Path was non-operational; there is no outside window in this room.
 At 10:27 a.m., the ventilation fan in the common bathroom/tub room in Cottage Place was non-operational; there is no outside window in this room.

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.
Please see attached
 See Page 4A of 10

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kristin Kahler, Exec. Dir.</i>	Date <i>12-19-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/27/18</u> (Date)	Plan of correction implementation status as of <u>12/27/18</u> (Date)
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

86 (b)

- 1) The ventilation fans in the common bathroom/tub room in Garden Path and Cottage Place were repaired by Ventec on July 19, 2018.
Attachment: Validation that the ventilation fans are operational.

- 2) The Building Services Coordinator will complete weekly building rounds to ensure ventilation fans are operational. The Executive Director or designee will monitor weekly building rounds documentation with the Building Services Coordinator on a monthly basis to ensure compliance with regulation 86 (b).
December 19, 2018 and on-going

Kristin Kahler 12-19-18
Kristin Kahler, Executive Director

12/27/18



Violation Report: 43551 - 07/19/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF JEFFERSON HILLS

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The emergency preparedness plans for the home and for the municipality in which the home is located were not posted in a public and conspicuous place.

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.

Please see attached.

See Page 5A of 10

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* Date *12-19-18*

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 (Date)

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

Plan of correction implementation status as of 12/27/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4*
- Partially Implemented - Inadequate Progress
- Not Implemented

123 (b)

- 1) The emergency preparedness plans for the home and for the municipality in which the home is located were posted in a conspicuous and public place in the lobby by Kristin Kahler, Executive Director on July 19, 2018
- 2) The coordinators were in-serviced on 12/19/2018 regarding regulation 123 (b) re. emergency preparedness plans for the home and for the municipality posted requirements by the Executive Director.
Attachment: In-Service Attendance Record
- 3) The Executive Director or designee will conduct weekly monitoring in the lobby to ensure compliance with regulation 123 (b).
12/19/2018 and on-going

Kristin Kahler 12-19-18
Kristin Kahler, Executive Director

12/27/18 *g*

Violation Report: 43551 - 07/19/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF JEFFERSON HILLS

1. REGULATION 55 Pa.Code §2600
 2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION
 The home conducted a fire drill on 6/25/18 at 6:01 a.m. However, the fire alarm was not activated.

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.

Please see attached.

See Page 6A of 10

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, Exec. Dir.</i>	<i>12-19-18</i>

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

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 (Date)

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

Plan of correction implementation status as of 12/27/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

132 (i)

- 1) The Building Services Coordinator was in-serviced by the Executive Director on 12/19/2018 regarding regulation 132 (i) re. a fire alarm or smoke detector shall be set off during each fire drill.

Attachment: In-Service Attendance Record

- 2) The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (i), including a fire alarm or smoke detector shall be set off during each fire drill.

Date: January 1, 2019 and on-going

Kristin Kahler, 12-19-18
Kristin Kahler, Executive Director

12/27/18

[Signature]

Violation Report: 43551 - 07/19/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF JEFFERSON HILLS

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The most recent medical evaluation for Resident #2 was completed on 8/31/16.

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.

Please see attached.

See Page 7A of 10

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/11/2017
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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 Exec. Dir* Date *12-19-18*

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 (Date)

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

Plan of correction implementation status as of 12/27/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Resident #2

- 1) The DME for resident #2 was completed on 8/31/2018.
Attachment: DME – Resident #2
- 2) An audit of all resident charts will be conducted by the Executive Director or designee by 1/4/2019 to ensure all DMEs are current.
- 3) Resident charts will be audited by the Executive Director or designee quarterly to ensure DMEs are current.
1/1/2019 and on-going
Attachment: resident file audit form
- 4) The nurses will be in-serviced by 1/4/2019 regarding regulation 141 (b) (1) re. A resident shall have a medical evaluation at least annually.
Attachment: In-Service information

Kristin Kahler 12-19-18
Kristin Kahler
Executive Director

12/27/18 *[Signature]*

Violation Report: 43551 - 07/19/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF JEFFERSON HILLS

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 #3 is prescribed Haldol 2mg/cc – 1 mg by mouth three times a day as needed for agitation. However, the prescription label for the medication indicates Haloperidol O.S. 1 mg/0.5ml – take 1mg (0.5ml) by mouth three times daily as needed for 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.

Please see attached

See Page 8A of 10

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/11/2017
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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* Date *12-19-18*

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 (Date)

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

Plan of correction implementation status as of 12/27/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Resident #3

- 1) Resident #3's medication administration record was updated to include both the brand name and generic name for the medication on July 19, 2018.
Attachment: Medication Administration Record
- 2) The nurses and medication technicians will be in-serviced by January 4, 2019 regarding regulation 184 (a) re. prescription medications contain required information on pharmacy label.
Attachment: In-Service Information
- 3) An audit of all resident medications will be conducted by the Resident Services Coordinator or designee by 12/28/2018 to ensure required, accurate information included on the prescription medication – pharmacy label.
Attachment: Medication Cart Audit
- 4) Medication Cart Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure prescription medications contain required information included on the pharmacy label. The Executive Director will review the audits weekly to ensure compliance and follow up, as needed.
12/28/2018 and on-going

Kristin Kahler 12-19-18
Kristin Kahler, Executive Director

12/27/18

[Signature]

Violation Report: 43551 - 07/19/2018 - Pfaff, Vicki
 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

Resident #4 is prescribed Mupirocin 2% ointment – Apply topically around lips twice daily as needed. At 12:30 p.m., 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.

Please see attached.

See Page 9A of 10

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, Exec Dir

Date *12-19-18*

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 (Date)

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

Plan of correction implementation status as of 12/27/18
 (Date)

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

185 (a)

Resident #4

- 1) The Mupirocin 2% ointment prescribed for resident #4 was obtained by the Resident Services Coordinator on July 20, 2018
Attachment: Proof of Mupirocin 2% ointment received by community
- 2) The nurses and medication technicians will be in-serviced by January 4, 2019 regarding regulation 185 (a) re. the home shall develop and implement procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.
Attachment: In-Service Information
- 3) An audit of all resident medications will be conducted by the Resident Services Coordinator or designee by 12/28/2018 to ensure compliance with regulation 185 (a).
Attachment: Medication Cart Audit
- 4) Medication Cart Audits will be audited weekly by the Resident Services Coordinator/Supervisors to ensure compliance with regulation 185 (a). The Executive Director will review the audits weekly to ensure compliance and follow up, as needed. 12/28/2018 and on-going

Kristin Kahler 12-19-18
Kristin Kahler, Executive Director

12/27/18 *[Signature]*

Violation Report: 43551 - 07/19/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF JEFFERSON HILLS

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed Keteconazole 2% shampoo – shampoo hair for five minutes twice weekly comb out dandruff. The resident’s treatment administration record (TAR) has two entries including: Ketoconazole 2% shampoo – shampoo scalp as directed for five minutes, wash out weekly and Ketonconazole 2% shampoo – shampoo hair as directed for five minutes; scrub around crusts twice weekly; comb out crusts. However, the resident's July 2018 TAR is signed off as having applied the shampoo at 9:00 a.m. and 9:00 p.m. each day from 7/1-7/18/18.

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.

Please see attached.

See Page 10A of 10

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)	<i>Kristin Kahler, Exec. Dir.</i>	Date	<i>12-19-18</i>
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 (Date)

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 (Initials)

Plan of correction implementation status as of 12/27/18
 (Date)

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

187 (b)

Resident #3

- 1) The treatment administration record (TAR) was clarified and re-written to match the prescription of Ketoconazole 2% shampoo.
Attachment: Treatment Administration Record
- 2) The nurses and medication administration techs will be in-serviced by the Executive Director or designee by 1/4/2019 regarding the requirements of regulation 187 (b), recording required information at the time medication is administered.
Attachment – Inservice information
- 3) An audit of all resident administration records (including the TAR) will be conducted by the Resident Services Coordinator or designee by 12/28/2018 to ensure compliance with regulation 187 (b).
Attachment: Medication Cart Audit
- 4) The Resident Services Coordinator or designee will audit Medication Administration Records (including the TAR) weekly to ensure compliance with regulations 187 (b). The Executive Director will review the audits weekly to ensure compliance and follow up, as needed.
12/28/18 and on-going

Kristin Kahler 12-19-18
Kristin Kahler, Executive Director

12/27/18

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