



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2019

Ms. Joan L. Ealy
Executive Director
Arden Courts North Hills of Pittsburgh PA, LLC
ATTN: LICENSURE SUPPORT
333 North Summit Street
Toledo, Ohio 43604

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

Dear Ms. Ealy:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 27, 2018 and August 28, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report 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 black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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
Administrator: 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 L&I		
Staffing Hours Resident Support: 44 Total Dally Staff: 132 Waking Staff: 99		
Type of Inspection: Full BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/27/2018: Pfaff, Vicki; Klein, Scott; Kimberland, Jon 08/28/2018: Pfaff, Vicki; Klein, Scott; Kimberland, Jon		
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: 44 ✓ Secured Dementia Care Unit in Home: Yes Area: Full Home Secured Dementia Unit Capacity, If Applicable: 56 ✓ Number of Residents Served in Secured Dementia Care Unit, if applicable: 44 ✓ Number of Current Hospice Residents: 12 ✓ Number of Hospice Residents in past year: 17 ✓	Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 60 Years of Age or Older: 43 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobillty Need: 44 ✓ Have a Physical Disability: 1 ✓	

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF NORTH HILLS

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 According to the Influenza Awareness Act standards of July 2016, requires homes to post a copy of the Influenza Awareness Poster in a public and conspicuous place. On 8/27/18 at 10:15 a.m. the influenza awareness poster was behind closed doors of a cabinet in the lobby of the home outside of the secured unit.

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 Influenza Awareness Act poster shall be posted in a public and conspicuous place.

This is checked daily by the ED, ASC or MOD.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Joan L. Ealy</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	JOAN L. EALY	Date	10-25-18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/19
 (Date)

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

Plan of correction implementation status as of 1/26/19
 (Date)

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

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF NORTH HILLS

Western Regional Office

1. REGULATION 55 Pa. Code §2600

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a hearing impairment. The home does not an adaptive device to assist the resident to make or receive telephone calls.

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.

An I Pad was purchased to assist resident # 1 with making and receiving telephone calls.

It is stored in the medication cart when not in use. When resident receives or wants to make a telephone call, the staff turns it on and sets him up in the location of his choosing so he can talk/sign with his family and or friends.

The I Pad is charged in the Administrative Office as needed.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 10-25-18

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The above plan of correction is approved as of 3/14/19
(Date)

Plan of correction implementation status as of 3/14/19
(Date)

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

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

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF NORTH HILLS

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

Direct Care staff person A did not complete the required training during the 2017 training year (1/1/17 -12/31/17) as follows:

- * Instruction on meeting the needs: Documentation of Medical Evaluation and Resident Assessment and Support Plan
- * Personal care service needs of the resident
- * Safe management techniques
- * Care for residents with mental illness or intellectual disability.

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.

Direct Care staff person A received the following training:

- Instruction on meeting the needs: Documentation of Medical Evaluation and Resident Assessment and Support Plan.
- Personal care service needs of the resident
- Safe management techniques
- Care for resident with mental illness or intellectual disability

All staff (including PRN staff) are now required to attend DHS Mandated Annual Training and Annual Dementia Training or they will be taken off of the schedule until the training is completed.

The Administrative Services Coordinator is responsible for monthly documenting and monitoring of completed trainings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 10-25-18

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 (Initials)

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF NORTH HILLS

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

Direct Care staff person A did not complete the required training during the 2017 training year (1/1/17 -12/31/17) as follows:

- * Fire safety by a fire safety expert or staff trained by Fire Safety Expert
- * Older Adult Protective Services Act (OAPSA)

Ancillary staff person B did not complete the required training during the 2017 training year (1/1/17 -12/31/17) as follows:

- * Fire safety by a fire safety expert or staff trained by Fire Safety Expert
- * Resident Rights
- * Older Adult Protective Services Act (OAPSA)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Direct care staff person A received the following training:

- Fire safety
- Fire safety by a staff member trained by a Fire Safety Expert
- Older Adult Protective Services Act (OAPSA)

Ancillary staff person B received the following training:

- Fire safety by a staff member trained by a Fire Safety Expert
- Resident Rights
- Older Adult Protective Services Act (OAPSA)

All staff (including PRN staff) is now required to attend DHS Mandated Annual Training and Annual Dementia Training or they will be taken off of the schedule until the training is completed.

The Administrative Services Coordinator is responsible for monthly documenting and monitoring of completed trainings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *10-25-18*

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The above plan of correction is approved as of <u>3/14/19</u> (Date)	Plan of correction implementation status as of <u>3/14/19</u> (Date)
The above plan of correction was approved by <u><i>Eg</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF NORTH HILLS

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 8/27/18 at approximately 11:00 a.m., menus posted in each house do not have dates listed. The menus list week #1, #2, #3 and #4, but no indication of which dates on a calendar each week would correspond with.

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.

Posted Menus were corrected to have the dates listed.

All posted menus will now have the dates listed.

The Food Service Coordinator is responsible for making sure the menus have the dates when they are printed monthly.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JOAN L. EALLY* Date *10-25-18*

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(Date)

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(Date)

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- Not Implemented

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

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF NORTH 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 #1 is ordered Tylenol Arthritis 650mg – take 2 tablets by mouth twice daily. However, the prescription label indicates Acetaminophen 650mg – 2 tablets by mouth 2 times a day or 1300mg.


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.

Resident #1 received a new blister card of Tylenol Arthritis 650mg with instructions to take 2 tablets by mouth twice daily.

The Resident Services Coordinator and Resident Services Supervisors are responsible for conducting weekly Medication Cart Audits to make sure the MAR's and the medication labels match.

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jean L. Edley	10-25-18

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(Date)

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(Date)

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(Initials)

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF NORTH 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 #2 is prescribed Trazadone 25mg by mouth every 4 hours as needed for anxiety. However, on 8/28/18, the medication was not available in the home for administration.

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 Resident Services Coordinator will make sure medications ordered are available or the medication will be review with the PCP and discontinued if appropriate.

The Resident Services Coordinator and Resident Services Supervisors are responsible for conducting weekly Medication Cart Audits to make sure medications listed on the MAR are available in the med cart.

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) *John L. Early* Date *10-25-18*

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(Date)

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

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF NORTH HILLS

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

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Novolin 70/30 – inject 16 units in the morning and 14 units in the evening. On 8/25/18, the resident was not administered the 7:00 p.m. dose of 14 units of Novolin.

Resident#4 is prescribed Krill oil 500mg – take 1 capsule daily by mouth. The medication available in the home was Omega3/Krill Oil 300mg capsules. The resident was administered 300mg Omega3/Krill Oil at 8:00 a.m. on 8/15/18 through 8/27/18.

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.

Resident #3 was administered Tubersol accidentally instead of Novolin. The error was discovered on the morning of 8/26/18. The family, PCP, Resident Services Coordinator and Executive Director were notified. The residents' morning blood glucose check was within normal ranges. The Resident Services Coordinator did a conference call with the PCP and the Pharmacist to discuss possible adverse reactions. We were instructed to monitor the injection site for 48 hours for any redness or swelling; which there were none. The PCP advised to resume with prescribed dosing of Novolin.

Directions on the MAR will be followed by the LPN or the Med Tech. If the MAR and the label do not match exactly, the PCP will be contacted to clarify, change or discontinue the order if appropriate. If the medication prescribed is an Over the Counter, the family will be notified to bring in the correct dosage or it will be obtained from the Pharmacy.

Staff person C was immediately removed from being a Med Tech.

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

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

JOAN L. EALLY

Date 10-25-18

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 (Initials)

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
PCH Name: ARDEN COURTS OF NORTH HILLS

1. REGULATION 55 Pa. Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

8/25/18 at 7:00 p.m. direct care staff person C administered 14 units of Tubersol to resident#3. However, direct care staff person#3 has not completed the department-approved medication administration course and passed the competency test.

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.

Staff person C was removed from being a Med Tech.

No Med Tech will administer insulin unless they have been trained by a Diabetic Educator.

Immediately: The administrator or designated staff person shall review all medication administration training records to ensure all staff administering medications are qualified to do so. 2/26/19 *g*

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOAN L. Eady* Date *10-25-18*

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

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Plan of correction implementation status as of 3/14/19 (Date)

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

Violation Report: 43553 - 08/27/2018 - Pfaff, Vicki
 PCH Name: ARDEN COURTS OF NORTH HILLS

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 On 8/27/18, the courtyard gates outside of Country Lane and Boat House do not have the code conspicuously posted with the keypad to override the magnetic locks.

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 courtyard gates outside of Country Lane and Boat House Cove now have the code conspicuously posted with the keypad to override the magnetic locks.

Immediately: The administrator or designated staff person shall check all doors with electronic releasing keypads monthly to ensure the door code key is posted conspicuously near the device. 2/26/19

EJ

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)

JOAN L. EARLY

Date 10-25-18

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