



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2019

Ms. Ella Bostedo
Executive Director
Arden Courts of Monroeville PA, LLC
ATTN: LICENSURE SUPPORT
333 North Summit Street, 16th Floor
Toledo, Ohio 43604

RE: Arden Courts of Monroeville
120 Wyngate Drive
Monroeville, Pennsylvania 15146
License #: 435520

Dear Ms. Bostedo:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 19, 2019, 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', written over a printed name and title.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**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: 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 09/29/1997 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 110 Working Staff: 83		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/19/2019: Spagna, Lauren; Grace, Desmond; Mullick, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable <div style="text-align: center;"> <p>RECEIVED</p> <p>3/18/2019</p> <p>Western Region Field Office Bureau of Human Services Licensing</p> </div>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 56 ✓ Number of Residents Served: 55 ✓ Secured Dementia Care Unit in Home: Yes Area: Entire Residence Secured Dementia Unit Capacity, if Applicable: 56 ✓ Number of Residents Served in Secured Dementia Care Unit, if Applicable: 55 ✓ Number of Current Hospice Residents: 15 ✓ Number of Hospice Residents in past year: 40 ✓	Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 60 Years of Age or Older: 55 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 55 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 43552 - 02/19/2019 - Spagna, Lauren
 PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 55 Pa.Code §2800

2800.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The resident-home contract for resident #1, dated 6/25/18, is not signed by the resident.

The resident-home contract for resident #2, dated 4/27/18, is not signed by the resident.

The resident-home contract for resident #3, dated 1/14/19, is not signed 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.

The RESIDENT CONTRACTS FOR RESIDENTS #1, #2 & #3 HAVE BEEN SIGNED BY THE RESPECTIVE RESIDENTS.

ALL CONTRACTS OF RESIDENTS WILL BE AUDITED BY EXECUTIVE DIRECTOR OR DESIGNEE BY APRIL 30, 2019

THE RESIDENT HOME CONTRACT WILL BE AUDITED BY THE EXECUTIVE DIRECTOR OR DESIGNEE UPON MOVE IN TO ENSURE COMPLIANCE WITH REGULATION 75(b). INITIATE IMMEDIATELY.

THE MARKETING DIRECTOR AND ADMINISTRATIVE SERVICES COORDINATOR WILL BE IN SERVICE REGARDING REGULATION 75(b)

ATTACHMENT - IN SERVICE RECORD DOCUMENTATION

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* Date *3/13/19*

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

The above plan of correction is approved as of 4/24/19 (Date)

Plan of correction implementation status as of 4/24/19 (Date)

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

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

Violation Report: 43562 - 02/19/2019 - Spagna, Lauren
 PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION

The resident-home contract for resident #2, dated 4/27/18, does not indicate the party responsible for payment.
 The resident-home contract for resident #3, dated 1/14/19, does not indicate the party responsible for payment.

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 HOME CONTRACT FOR RESIDENTS #2 + #3 INDICATE THE PARTY RESPONSIBLE FOR PAYMENT ALL RESIDENT HOME CONTRACTS WILL BE AUDITED BY EXECUTIVE DIRECTOR OR DESIGNEE TO ENSURE COMPLIANCE WITH REGULATION 25(C)(4) INITIATE IMMEDIATELY

THE MARKETING DIRECTOR AND ADMINISTRATIVE SERVICES COORDINATOR WILL BE INSERVICED BY THE EXECUTIVE DIRECTOR REGARDING REGULATION 25(C)(4)

THE RESIDENT HOME CONTRACT WILL INDICATE THE PARTY RESPONSIBLE FOR PAYMENT BY 3/28/19

See page 3A of 11

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 ED* Date *3/18/19*

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

The above plan of correction is approved as of 4/24/19 (Date)

Plan of correction implementation status as of 4/24/19 (Date)

The above plan of correction was approved by BS (Initials)

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

Inservice Regulation 25(c) (4)

3/14/2019

The party responsible for payment shall be documented on the resident contract on the date that the contract is signed.

The Marketing Director and / or Administrative Services Coordinator will audit the documentation upon a resident move-in

Ella Postelo
3-18-19

BS 4/24/19

Violation Report: 43552 - 02/19/2019 - Spagna, Lauren
 PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

At 2:00pm, 5 packages of Toothette Single Use Antiseptic Oral Rinse, with manufacture's labels indicating, "If accidentally ingested, seek medical help or call poison control right away", were unlocked, unattended and accessible in resident #4's bathroom. The entire home is licensed as secured dementia care, and no resident, including resident #4, is assessed as safe to use or avoid poisonous materials.

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 5 packages of TOOTHETTE SINGLE USE ANTISEPTIC ORAL RINSE WERE REMOVED FROM RESIDENT #4'S BATHROOM.

STAFF WILL BE INSERVICED REGARDING PROPER STORAGE OF ITEMS IN ACCORDANCE WITH REGULATION 82C BY THE EXECUTIVE DIRECTOR OR DESIGNEE BY MARCH 31, 2019

ROUNDS WILL BE COMPLETED BY USE OF AUDIT TOOL BY NURSES OR COORDINATORS INITIATE AUDIT TOOL 3/16/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *ELLA PORTO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ELLA PORTO ED* Date *2/18/19*

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

The above plan of correction is approved as of 4/24/19 (Date)

Plan of correction implementation status as of 4/24/19 (Date)

The above plan of correction was approved by BS (Initials)

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

Violation Report: 43552 - 02/19/2019 - Spagna, Lauren
 PCH Name: ARDEN COURTS OF MONROEVILLE

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

On 2/9/19, resident #2 was prescribed Humalog-100u/ml-Inject 7 units subcutaneously daily at breakfast + sliding scale coverage; however, the pharmacy label indicates, Humalog-100u/ml-Inject 7 units subcutaneously daily at breakfast-if eats less than 50% of meal, reduce dose by 50%.

On 2/9/19, resident #2 was prescribed Humalog-100u/ml-Inject 4 units subcutaneously daily at lunch + sliding scale coverage; however, the resident's pharmacy label indicates, Humalog-100u/ml-Inject 4 units subcutaneously daily at lunch-if eats less than 50% of meal, reduce dose by 50%.

On 2/9/19, resident #2 was prescribed Humalog-Inject 2 units subcutaneously daily at dinner + sliding scale coverage; however, the resident's pharmacy label indicates, Humalog-100u/ml-Inject 4 units subcutaneously daily at dinner.

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 5A of 11

PHARMACY CONTAINER FOR RESIDENT #2 NOW CONTAINS A STICKER NOTING DIRECTIONS ARE CHANGED. CURRENT MAR IS CORRECT ELIMINATING DIALOGUE REGARDING AMOUNT OF INSULIN GIVEN SHOULD BE BASED ON AMOUNT THE RESIDENT EATS AT EACH MEAL

By 6/1/19 - All staff persons involved with medications will be educated on Chapter 2600.184(a). BB 4/24/19

Immediately and at least twice per week thereafter - Pharmacy labels will be audited to ensure they accurately include all of the requirements of Chapter 2600.184(a)(1)-(5). During the next quality management plan review and evaluation - The administrator will ensure that the home places an increased emphasis on these plans of correction. BB 4/24/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/20/2018 et al
-----------------------	-----------------------------------	------------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *ELLA FOSTER*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ELLA FOSTER ED* Date *3-18-19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>4/24/19</u> (Date)	Plan of correction implementation status as of <u>4/24/19</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation # 184 (a)

Pharmacy container for resident#2 now contains a sticker noting directions are changed. Current MAR is correct eliminating the dialogue regarding amount of insulin given should be based on the amount the resident eats at each meal

Copy of current MAR is attached

Photo of pharmacy box is attached

BB 4/24/19

3-18-19
Ella Bortolo

Violation Report: 43552 - 02/19/2019 - Spagna, Lauren
 PCH Name: ARDEN COURTS OF MONROEVILLE

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.

2. DESCRIPTION OF VIOLATION

Resident #2's glucometer was not calibrated to the current time.

Resident #5's glucometer was not calibrated to the current 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.

GLUCOMETER OF RESIDENT #2 AND RESIDENT #5 ARE CALIBRATED CORRECTLY.

RESIDENT SERVICES SUPERVISOR OR RESIDENT SERVICES COORDINATOR WILL DO A WEEKLY AUDIT TO ASSURE GLUCOMETER DATES AND TIMES ARE CORRECT

By 6/1/19 - All staff persons involved with glucometers will be educated on the home's procedures for Chapter 2600.185(a) and manufacturer's instructions of glucometers. *AS 4/24/19*

See page 6A of 11

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Ella Postedo</i>
--	---------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>ELLA POSTEDO ED</i>	<i>3-18-19</i>

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

The above plan of correction is approved as of 4/24/19
(Date)

Plan of correction implementation status as of 4/24/19
(Date)

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

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

6A

Regulation # 185

Glucometer of resident #2 and resident #5 are calibrated correctly. (See attached photo)

Resident services supervisor(RSS) or Resident Services Coordinator (RSC) will do a weekly audit to assure glucometer date and times are correct (See attached tool)

Start 3/14/2019 and ongoing

3-18-19
Ella Bortolo

BS 4/24/19

Violation Report: 43552 - 02/19/2019 - Spagna, Lauren
 PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 56 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

On 2/9/19, resident #2 was prescribed Humalog-100u/ml-Inject 7 units subcutaneously daily at breakfast + sliding scale coverage; however, the resident's February 2019 medication administration record (MAR) indicates, Humalog-100u/ml-Inject 7 units subcutaneously daily at breakfast-if eats less than 50% of meal, reduce dose by 50%.

On 2/9/19, resident #2 was prescribed Humalog-100u/ml-Inject 4 units subcutaneously daily at lunch + sliding scale coverage; however, the resident's February 2019 MAR indicates, Humalog-100u/ml-Inject 4 units subcutaneously daily at lunch-if eats less than 50% of meal, reduce dose by 50%.

Resident #5 is prescribed blood sugar checks three times a day and Humalog-100u/ml coverage in accordance with the following sliding scale: 70-140=0 units; 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; 341 and greater=6 units and call doctor. The blood glucose monitoring sheet for resident #5 indicates a blood sugar reading of 200 on 2/15/19 at 12:00pm; however, there is no record of Humalog being administered for 2/15/19 at 12:00pm on the resident's February 2019 MAR.

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.

SUPERVISORS HAVE BEEN INSERVICED ON REGULATION 57(a) SHIFT CHANGE MAOR REVIEW WILL BE INITIATED BEGINNING 3/18/19 MEDICATION CART AUDIT WILL BE COMPLETED BY RESIDENT SERVICES SUPERVISORS TO ENSURE COMPLIANCE OF REGULATION 57(a)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ella Fostedo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *EUA FOSTEDO ED* Date *3-18-19*

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

The above plan of correction is approved as of <u>4/24/19</u> (Date)	Plan of correction implementation status as of <u>4/24/19</u> (Date)
The above plan of correction was approved by <u>BS</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

Violation Report: 43552 - 02/19/2019 - Spagna, Lauren
 PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 65 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 #5 is prescribed Repaglinide 2mg-Take 2 tablets by mouth three times daily; however, the 2:00pm dose on 2/6/19 and 2/15/19 are not initiated as administered on the resident's February 2019 MAR.

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.

INSERVICE REGARDING REGULATION 187(D) HAS BEEN INITIATED
 WEEKLY MEDICATIONS CART AUDIT WILL BE COMPLETED BY RSC OR RSS. RSC WILL BRING TO MORNING MEETING FOR REVIEW BY EXECUTIVE DIRECTOR
 SHIFT CHANGE MAR REVIEW WILL BE DONE BY RESIDENT SERVICES SUPERVISOR OR MED TECH EACH SHIFT EACH DAY AND DOCUMENTED ON REVIEW FORM
 RSC OR DESKNGE WILL USE MEDICATION CART AUDIT TOOL TO REVIEW AND ENSURE COMPLIANCE OF REGULATION 187(D)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ella Prostedo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ELLA PROSTEDO ED* Date: *3-18-19*

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

The above plan of correction is approved as of 4/24/19
 (Date)

Plan of correction implementation status as of 4/24/19
 (Date)

The above plan of correction was approved by BS
 (Initials)

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

Violation Report: 43552 - 02/19/2019 - Spagna, Lauren
 PCH Name: ARDEN COURTS OF MONROEVILLE

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

2a. DESCRIPTION OF VIOLATION

Withdrawn BB 4/24/19

Resident #2 is prescribed blood glucose checks 3 times daily after each meal and inject Humalog-100u/ml subcutaneously per sliding scale: 70-140=0 units; 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340= 5 units; 341-499=6 units; >500=7 units and call MD. The resident's blood sugars were over 500 on the following dates/times; however, there is no record the physician was notified:

- * 2/11/19 at 9:00am-blood sugar reading was 518
- * 2/5/19 at 9:00am-blood sugar reading was 548
- * 2/18/19 at 1:00pm-blood sugar reading was 512
- * 2/19/19 at 9:00am-blood sugar reading was "HI". According to the manufacturer's instructions for her glucometer, a blood sugar reading of "HI", indicates the blood sugar is over 600.

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.

SUPERVISORS HAVE BEEN INSERVICED ON FOLLOWING THE DIRECTIONS OF THE PRESCRIBER

PRESCRIBERS ORDERS PERTAINING TO BLOOD SUGAR ELEVATIONS: SUPERVISOR IN ADDITION TO FOLLOWING PRESCRIBERS ORDERS WILL NOTIFY RSC OR DESIGNEE OF SAID READING AND VERIFY THAT PHYSICIAN ORDERS WERE FOLLOWED.

RSC OR DESIGNEE WILL REVIEW FOR CORRECT DOCUMENTATION

RSC WILL BRING MAR AND DOCUMENTATION TO MORNING MEET FOR REVIEW WITH EXECUTIVE DIRECTOR

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 ED</i>	Date <i>3-15-19</i>
--	---------------------

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

The above plan of correction is approved as of 4/24/19
 (Date)

Plan of correction implementation status as of 4/24/19
 (Date)

The above plan of correction was approved by BB
 (Initials)

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

Violation Report: 43552 - 02/19/2019 - Spagna, Lauren
 POH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident #2, dated 4/17/18, has correctional fluid present in the section indicating the date the screening was completed.

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.

INSERVICE FOR ALL STAFF ON PROPER DOCUMENTATION SPECIFICALLY ADDRESSING NOT USING WHITE OUT HAS BEGUN
 OFFICES AND HEALTH CENTER WERE CHECKED BY ED AND ANY WHITE OUT WAS DISCARDED
 INSERVICE ATTACHED
 INSERVICE WILL CONTINUE TIL COMPLETION

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ella Protedo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ELLA PROTEDO* Date *3-18-19*

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

The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u>BP</u> (Initials)	Plan of correction implementation status as of <u>4/24/19</u> (Date) <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
---	--

Violation Report: 43552 - 02/19/2019 - Spagna, Lauren
 PCH Name: ARDEN COURTS OF MONROEVILLE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #1's record does not include an inventory of the resident's personal property.

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 RECORD OF RESIDENT #1 INCLUDES AN INVENTORY OF PERSONAL PROPERTY COMPLETED BY THE EXECUTIVE DIRECTOR AND POWER OF ATTORNEY ON 3/14/19

ALL CHARTS WILL BE AUDITED FOR COMPLIANCE BY THE EXECUTIVE DIRECTOR OR DESKENCE BY MARCH 30, 2019.

RESIDENT CHARTS UPON MOVE IN WILL BE AUDITED FOR COMPLIANCE INCLUDING AN INVENTORY OF PERSONAL PROPERTY BY THE EXECUTIVE DIRECTOR OR DESKENCE.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ella Postico*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ELLA POSTICO ED* Date *3-18-19*

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

The above plan of correction is approved as of <u>4/24/19</u> (Date)	Plan of correction implementation status as of <u>4/24/19</u> (Date)
The above plan of correction was approved by <u>EB</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