



MAILING DATE: August 7, 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 inspection on June 26, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jon B Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ARDEN COURTS OF NORTH HILLS*
 Address: *1125 PERRY HIGHWAY, PITTSBURGH, PA 15237*
 County: *ALLEGHENY* Region: *WESTERN*

License Number: *43553*

Administrator

Name: *Joan Ealy* Phone: *412-369-7887* Email: *347ed@hcr-manorcare.com*

Legal Entity

Name: *ARDEN COURTS NORTH HILLS OF PITTSBURGH PA LLC, Licensure Support*
 Address: *333 NORTH SUMMIT STREET, OH, 43604*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *107* Waking Staff: *80*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Complaint*

Inspection Dates and Department Representative

06/26/2019 - On-Site: Trish Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire facility* Capacity: *56* Residents Served: *54*

Hospice

Current Residents: *24*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *53* Have Physical Disability: *1*

06/26/2019

Joan Ealy *JOAN L. Ealy, Executive Director 8-2-19*

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ARDEN COURTS OF NORTH HILLS

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16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/21/19 at approximately 8:35 p.m. law enforcement officers were called to the home to investigate an incident involving resident #1's family members inside the facility. At approximately 8:35 p.m., staff person A, the administrator was notified by staff via telephone of law enforcement at the facility. However, the home did not submit an incident report to the Department until 6/26/19 at approximately 12:00 p.m.

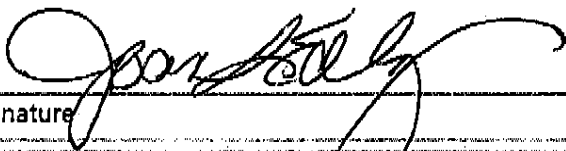
Plan of Correction (POC)

(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 Executive Director or designated person shall report within 24 hours all incidents requiring on site services of an emergency management agency, fire department or law enforcement agency regardless if it is initiated by the community, a family or a guest.

By 9/15/19: All staff persons shall be educated on the homes policy and procedures for reporting reportable incidents and conditions. Documentation shall be kept. 8/7/19

Legal Entity Representative

Signature 

Printed Name and Title Joan L. Ealy Executive Director Date 8-2-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/7/19 (Date)

Plan of correction implementation status as of 8/7/19 (Date)

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

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

ARDEN COURTS OF NORTH HILLS

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227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1 was admitted to the home on 1/4/19. The resident's assessments, dated 3/30/19 and 6/19/19, indicate a diagnosis of depression. However, the resident's support plans do not indicate the care and services the home will provide to meet the resident's needs related to the diagnosis of depression. On 3/23/19, the resident's progress notes indicated the resident expressed suicidal ideation. However, the support plans dated 3/30/19 and 6/19/19 did not indicate the resident's suicidal ideation or the home's plan to meet the resident's need.

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.)

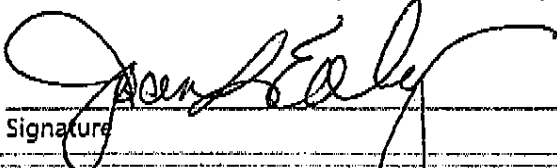
Moving forward, in addition to the support plan saying depression with be addressed by the Psychiatrist, it will also include steps to follow if a resident expresses suicidal ideation;

- PCP will be notified
- Psychiatrist will be notified
- family will be notified
- if the PCP or Psychiatrist recommend an outside agency to be called then we will reach out to Resolve Crisis Services 1-888-796-8226
- hourly safety wellness checks will be increased to 15 minute wellness checks for a minimum of 72 hours

Immediately: Resident #1's support plan shall be update to include the care and services the home will provide related to the

Legal Entity Representative

resident's diagnosis of depression. In addition a designated staff person shall review all current support plans for accuracy and completeness. 8/7/19

Signature 

Printed Name and Title Joan L. Ealy, Executive Director Date 8-2-19

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