



SENT VIA EMAIL: 347ed@hcr-manorcare.com

MAILING DATE: April 20, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 19, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Received BHSL
4/10/2020

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: 4123697887 Email: 347ED@hcR-Manorcare.com

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/12/1996 Issued By: L & I

Staffing Hours

Resident Support Staff: Total Daily Staff: 94 Waking Staff: 71

Inspection

Type: Full Reason: Renewal, Complaint BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

02/19/2020 - On-Site: Karen Georgoulis, Joe Eveges, Scott Klein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 Residents Served: 47

Secured Dementia Care Unit

In Home: Yes Area: Entire home Capacity: 56 Residents Served: 47

Hospice

Current Residents: 20

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 47 Have Physical Disability: 0

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 the morning of 11/27/19, resident #1 was sent to UPMC Passavant emergency room for a left hip fracture. The home did not report the incident to the Department until 12/2/19.

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 2A of 6

See Attached

Legal Entity Representative

Joan L. Early ED
Signature

JOAN L. Early ED 3-12-2020
Printed Name and Title Date

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

The above plan of correction is approved as of 4/15/2020
(Date)

Plan of correction implementation status as of 4/15/2020
(Date)

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

Implemented
 Not Implemented

Regulation 2600

16.c.

The Executive Director or designated person will check every 24 hours for any report of incidents or condition that need reported to the Department's personal care home regulation office or the personal care home compliant hotline.

The Executive Director or designated person will report within 24 hours all incidents requiring on site services of an emergency management agency, even if it's for the purpose of transportation to the hospital or local medical facility.

The Executive Director will educate all Coordinators and Nursing Supervisors, LPN's to Regulation 16.c.

Joan L. Edly, ED 3-14-2020
Joan L. Edly, ED.

Arden Courts of North Hills

License # 43553

4/15/2020

ARDEN COURTS OF NORTH HILLS

43553

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 2/19/2020, a 12 oz. tube of Preparation H Ointment prescribed for resident #2 was in the home's medication cart; however, the medication was discontinued on 6/10/19 and there is no current physician's order.

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 3A of 6

See Attached

Legal Entity Representative

[Signature] ED
Signature

Jan L. Ealy ED. 3-12-2020
Printed Name and Title Date

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- Implemented
- Not Implemented

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

Regulation 2600

183.d

The tube of Preparation H Ointment was removed from the medication cart.


Med Techs and LPN's were in-serviced that Preparation H Ointment and Proctosol Ointment are not the same thing.

A weekly audit of all resident medication will be conducted by the Resident Services Coordinator or designee to ensure compliance with regulation 2600. 183.d

Joan L. Early, C.D. 3-14-2020
Joan L. Early C.D.

Arden Courts of North Hills

License # 43553

4/15/2020 

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident #2's prescribed medication, Diabetic Tussin, 100mg/5ml, indicates take 10ml every 6 hours for 7 days, then every 6 hours, as needed for cough. However, resident #2's, February MAR 2020 and physician order indicates the resident is prescribed Diabetic Tussin, 100mg/5ml, take 5ml by mouth every 4 hours, as needed.

Resident #3 is prescribed Humalog 100units/ml – inject subcutaneously per sliding scale – 151-200=2 units, 201-250 = 4 units, 251-300=6 unit, 301-400=8 units. However, the pharmacy label indicated Insulin, LISPRO – 100units/ml – inject subcutaneously at breakfast- 15units, lunch and dinner- 10 units, inject per sliding scale. The label did not include the sliding scale.

Resident #4 is prescribed Clonidine HCl indicates, the pharmacy label indicates Clonidine HCl 0.1mg - take one tablet by mouth every 12 hours. However, the physician order and the February MAR 2020 indicate resident #4 is prescribed Clonidine HCL 0.2mg – take one tablet by mouth two times daily.

Resident #4 is prescribed, Basaglar (Lantus Insulin) 100unit/ml. The pharmacy label indicates Basaglar (Lantus Insulin) 100unit/ml – inject 50 units subcutaneously at bedtime. However, the physician order and the February MAR 2020 indicate resident #4 is prescribed Basaglar (Lantus Insulin) 100unit/ml – inject 45 units subcutaneously at bedtime.

Repeat 8/15/19

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 4A of 6

See Attached

Legal Entity Representative

[Handwritten Signature]
Signature

Joan L. Ealy ED
Printed Name and Title

3-12-2020
Date

Regulation 2600**184.a**

Resident #2: A change of dosage sticker was immediately placed on the medication. (During this survey it was discovered that this specific medication had a change of dosage sticker that fell off and it seemed to be a repeat problem so new stickers were ordered and received from the Pharmacy).

Resident #3: The label was photo copied, laminated and placed in the bag with the medication.

Resident #4: For medication Clonidine HCL, a new blister card of medication was ordered from the Pharmacy and was in shipment at the time of this survey.

For medication Basaglar, a change of dosage sticker was immediately placed on the medication. (During this survey it was discovered that this specific medication had a change of dosage sticker that fell off and it seemed to be a repeat problem so new stickers were ordered and received from the Pharmacy).


All Nursing Supervisors, LPN's and Med Techs will be educated to immediately report any medications that don't match the MAR so the medication and MAR can be verified with Doctors Orders.

A weekly audit of all resident medication will be conducted by the Resident Services Coordinator of designee to ensure compliance with regulation 2600 184.a

Janet Kelly, E.D. 3-14-2020
John L. Early, E.D.

Arden Courts of North Hills

License # 43553

4/15/2020 

ARDEN COURTS OF NORTH HILLS


43553

184a - Labeling OTC/CAM (continued)

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(Initials)

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ARDEN COURTS OF NORTH HILLS

43553

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Quetiapine (Seroquel) 25mg tablets - take one tablet by mouth twice daily. However, resident #2's February 2020 MAR indicated Seroquel, 25mg, take two times every day. The resident February MAR 2020 does not include a diagnosis or purpose.

Repeat -8/15/19

Plan of Correction (POC)

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See Page 6A of 6

See Attached

Legal Entity Representative

[Handwritten Signature] ED
Signature

JOAN L. EAGLE, ED.
Printed Name and Title

3-12-2020
Date

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