Department of Human Services
Bureau of Human Service Licensing

November 19, 2021

[redacted], EXECUTIVE DIRECTOR
ARDEN COURTS OF JEFFERSON HILLS PA LLC
333 NORTH SUMMIT STREET
TOLEDO, OH 43604

RE: ARDEN COURTS OF JEFFERSON HILLS
380 WRAY LARGE ROAD
JEFFERSON HILLS, PA, 15025
LICENSE/COC#: 43551

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/20/2021, 10/21/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *ARDEN COURTS OF JEFFERSON HILLS* **License #**: *43551* **License Expiration Date**: *01/25/2022*
Address: *380 WRAY LARGE ROAD, JEFFERSON HILLS, PA 15025*
County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: *4123840300* **Email**: *Kristin.Kahler@hcr-manorcare.com*

Legal Entity

Name: *ARDEN COURTS OF JEFFERSON HILLS PA LLC*
Address: *333 NORTH SUMMIT STREET, TOLEDO, OH, 43604*
Phone: *4123840300* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/22/1999* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *116* **Waking Staff**: *87*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal,Incident* **Exit Conference Date**: *10/21/2021*

Inspection Dates and Department Representative

10/20/2021 - On-Site: [redacted]
10/21/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *58*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire Home* **Capacity**: *60* **Residents Served**: *58*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *58*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *58* **Have Physical Disability**: *0*

Inspections / Reviews

10/20/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/13/2021*

11/15/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/19/2021*

11/19/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/10/2021*

42p - Restraints

1. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

On 10/15/21 between approximately 9:30pm and 10:00pm, staff member A physically restrained resident #4 by holding both of [redacted] wrists together, pinning them on [redacted] shoulder and leaning all of [redacted] weight on [redacted] while staff member B changed the resident's brief.

Plan of Correction **Accept**

Staff member A is no longer employed at the facility. Resident #4 was monitored for the 3 days following incident to monitor for any signs of injury related to this incident with no apparent injuries. All staff will be inserviced by the Executive Director, Resident Services Coordinator or designee by December 10, 2021 regarding the residents' right to be free from restraints. A caregiver from each shift and a resident from each house will be interviewed monthly for three months by the Executive Director or designee to assess for ongoing compliance of the regulation.

Completion Date: *12/10/2021*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 10/20/21, there was an approximate 1/2" gap at the top of fire-safe door at the end of the Garden Path hallway, causing the door to not securely close into the doorframe.

Plan of Correction **Accept**

The fire door was repaired on 10/28/2021. Fire doors will be checked with each fire drill to ensure that doors are closing and functioning properly when alarms sound and will be documented on the fire drill report. All fire drill reports will be reviewed at the monthly Safety Committee and will monitor for compliance with the checks of fire doors.

Completion Date: *12/01/2021*

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 10/20/21, there was an unlabeled bar of soap in the shower stall in the Country Lane common shower room.

Plan of Correction **Accept**

The bar of soap was disposed of immediately. All staff will be inserviced by the Executive Director, Resident Services Coordinator or designee by December 3, 2021 on the requirement that unlabeled bar soap is not permitted in any shared bathroom. The common shower rooms will be monitored by the Resident Services Supervisor two times daily for two weeks and then daily thereafter using the RSS House Rounds Checklist. The RSS Checklist will be reviewed at the Morning Stand-up Meeting for one month to monitor for compliance with the requirement.

Completion Date: *12/10/2021*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10/20/21 at 10:50am, there was no thermometer present in the Boat House kitchenette refrigerator.

Plan of Correction **Accept**

The thermometer in Boathouse refrigerator was replaced immediately. The refrigerators in the house kitchens will be checked to ensure that the thermometer is present by the Resident Services Supervisor two times daily for two weeks and then daily thereafter using the RSS House Rounds Checklist. The RSS Checklist will be reviewed at the Morning Stand-up Meeting for one month to monitor for compliance with the requirement.

Completion Date: *12/10/2021*

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Repeat Violation

On 10/20/21 at 10:25am, the top drawer of the medication cart was unlocked and unattended in the Cottage Place common living room, which contained numerous medications, to include the following:

- [redacted]
- [redacted]
- [redacted]

REPEAT VIOLATION: 7/17/2019

Plan of Correction **Accept**

The top drawer of the medication cart was secured immediately. Although the cart had been locked, the top drawer did not secure appropriately when shut. A new medication cart was received by the facility on 11/9/2021 to ensure the locking mechanism is functioning appropriately. All nursing staff and medication technicians will be re-inserviced by the Resident Services Coordinator or designee by December 3, 2021 on the requirement that medications be kept in an area or container that is locked. The medication carts will be monitored by the Resident Services Supervisor two times daily for two weeks and then daily thereafter using the RSS House Rounds Checklist. The RSS Checklist will be reviewed at the Morning Stand-up Meeting for one month to monitor for compliance with the requirement.

Completion Date: *12/10/2021*

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed [redacted] *at bedtime; however, the* [redacted] *were administered on 10/1/21, 10/2/21 and 10/3/21.*

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Accept**

Resident #5 continues to have the [redacted] ordered every other day. [redacted] has had no adverse reactions or concerns related to the administration of the [redacted]. All nursing staff and medication technicians will be re-inserviced by December 10. 2021 by the Resident Services Coordinator regarding the regulation to follow the directions of the prescriber. Medication carts and medication administration records will be audited on a weekly basis to ensure that medications are being administered following the directions of the prescriber. Medication cart audits will be reviewed weekly by the Resident Services Coordinator for compliance.

Completion Date: *12/10/2021*

201 - Positive Interventions

1. **Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 10/15/21 between approximately 9:30pm and 10:00pm, staff member A physically restrained resident #4 by holding both of [redacted] wrists together, pinning them on [redacted] shoulder and leaning all of [redacted] weight on [redacted] while staff member B changed the resident's brief.

Plan of Correction **Accept**

Staff member A is no longer employed at the facility. Resident #4 was monitored for the 3 days following incident to monitor for any signs of injury related to this incident with no apparent injuries. All staff will be inserviced by the Executive Director, Resident Services Coordinator or designee by December 10, 2021 regarding safe management techniques and positive interventions for resident behaviors that may endanger himself or others. A caregiver from each shift and a resident from each house will be interviewed monthly for three months by the Executive Director or designee to assess for ongoing compliance of the regulation.

Completion Date: *12/10/2021*

202 - Prohibitions

1. **Requirements**

2600.

202. The following procedures are prohibited:

6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 10/15/21 between approximately 9:30pm and 10:00pm, staff member A physically restrained resident #4 by holding both of [redacted] wrists together, pinning them on [redacted] shoulder and leaning all of [redacted] weight on [redacted] while staff member B changed the resident's brief.

202 - Prohibitions *(continued)*

Plan of Correction **Accept**

Staff member A is no longer employed at the facility. Resident was monitored for the 3 days following incident to monitor for any signs of injury related to this incident with no apparent injuries. All staff will be inserviced by the Executive Director, Resident Services Coordinator or designee regarding the residents' right to be free from restraints. A caregiver from each shift and a resident from each house will be interviewed monthly for three months by the Executive Director or designee to assess for ongoing compliance of the regulation.

Completion Date: *12/10/2021*

227g -Support Plan Signatures

1. **Requirements**

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #6's most recent support plan, dated [redacted], is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction **Accept**

Resident #6 signed the support plan on [redacted]. All current resident support plans will be reviewed by the Executive Director to monitor for signatures by the individuals who participated in the development of the support plan as well as indicating the reason the resident did not sign the support plan (if applicable). This review will be completed by December 10, 2021. The Executive Director will audit any new or updated support plans during November and December 2021 for compliance with the signature requirement on support plans. This audit will be completed by December 31, 2021. The results of this audit will be reviewed at the Morning Stand-up Meeting. The Executive Director or designee will monitor all new resident files and updated support plans monthly for three months for ongoing compliance. The results will be reviewed with the coordinators at the Morning Stand-up Meeting.

Completion Date: *12/31/2021*

234a - Admission Support Plan

1. **Requirements**

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Repeat Violation

Resident #4 was admitted to the secured dementia care unit (SDCU) on [redacted]; however, the resident's initial support plan was not completed until [redacted]

REPEAT VIOLATION: 7/17/2019

234a - Admission Support Plan *(continued)*

Plan of Correction **Accept**

Resident #4 support plan was completed on [redacted]. All current resident support plans will be reviewed by the Executive Director by December 10, 2021 to monitor for completion of the support plan within 72 hours following admission. The Executive Director will audit the support plans of any new residents during November and December 2021 for compliance with the signature requirement on support plans. This audit will be completed by December 31, 2021. The results of this audit will be reviewed at the Morning Stand-up Meeting. The Executive Director or designee will monitor all new resident files monthly for three months for ongoing compliance. The results will be reviewed with the coordinators at the Morning Stand-up Meeting.

Completion Date: *12/31/2021*