

Department of Human Services  
Bureau of Human Service Licensing

October 4, 2022

[REDACTED]  
ARDEN COURTS OF JEFFERSON HILLS PA LLC  
[REDACTED]  
[REDACTED]

RE: ARDEN COURTS (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 review on 06/22/2022, 06/23/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

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 (JEFFERSON HILLS)* License #: *43551* License Expiration: *01/25/2023*  
Address: *380 WRAY LARGE ROAD, JEFFERSON HILLS, PA 15025*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *4123840300* Email: [REDACTED]

**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**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *07/29/2022*

**Inspection Dates and Department Representative**

06/22/2022 - On-Site: [REDACTED]  
06/23/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *60* Residents Served: *57*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire Home* Capacity: *60* Residents Served: *57*

**Hospice**

Current Residents: *11*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *57* Have Physical Disability: *0*

**Inspections / Reviews**

**06/22/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/07/2022*

**08/12/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/18/2022*

## 08/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/30/2022*

## 10/04/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 42b - Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On 3/20/22 at approximately 10:30am, staff member A entered resident #1's bedroom to assist with ADL's and observed a significant change in resident #1. Resident #1 could not speak coherently, could not sit upright unassisted, and the left side of [REDACTED] mouth was drooping. Staff member A transferred the resident into [REDACTED] wheelchair and placed resident #1 in the common living room. While in the common living room, staff member B also observed that resident #1 could not speak coherently, was leaning all the way over the left armrest of [REDACTED] wheelchair, was unable to sit upright and the left side of resident #1's mouth was drooping. Staff member A and staff member B attempted to give food and beverages to resident #1 at lunch; however, the resident was unable to ingest any foods or liquids. Staff member C, a Licensed Practical Nurse, was alerted to the resident's change in condition. At approximately 2:00pm, resident #1's family member entered the home and immediately noticed a significant change in resident #1. The resident was sitting in the dining room in [REDACTED] wheelchair, was leaning all the way over the left armrest, "staring into space" and was "rambling incoherently". Resident #1's family member immediately requested resident #1 be sent to the hospital. Staff member C came to assess the resident and indicated resident #1's condition was due to Bell's Palsy. Resident #1's family member insisted the resident be sent to the hospital for evaluation. Emergency medical services were contacted at approximately 2:40pm, and the resident was transferred and admitted to the hospital. Resident #1 ceased to breathe on resident #1's date of death. According to resident #1's death certificate, the resident passed away from a stroke.

**Plan of Correction****Directed**

Staff member C is no longer employed at the facility.

All nursing and caregiving staff will be inserviced by the Executive Director or Resident Services Coordinator by September 30, 2022 on the facility's Resident Change of Condition Protocol as well as on regulation 42b regarding Resident Abuse. (DIRECTED: Documentation of the education shall be kept. LM 8/19/22).

The training on the Change of Condition Protocol will include Reporting of Observations, Evaluation and Decision, Intervention and Follow-up. The training will also include the types of change of condition events and appropriate actions and interventions by caregiving and nursing staff. It will be the responsibility of the Resident Services Coordinator or the designated supervisor to assess any reported or observed changes in resident condition.

The 24 hour nursing report will be reviewed by the management team at the morning stand-up meeting to monitor for changes in resident condition and appropriate interventions and notifications. An audit of the morning standup meeting minutes will be conducted by the Executive Director or designee daily for one month then weekly for one month to ensure ongoing compliance with the change of condition protocol.

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and emergency medical plan training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(2). The Administrator will also take action to improve the quality of its annual training for all staff on emergency

**42b - Abuse (continued)**

*preparedness procedures and recognition and response to crises and emergency situations and resident rights in accordance with §2600.65(g)(2) and §2600.65(g)(3). LM 8/26/22*

**Completion Date:** 10/15/2022

**Document Submission****Implemented**

*Staff member C is no longer employed at the facility.*

*All nursing and caregiving staff will be inserviced by the Executive Director or Resident Services Coordinator by September 30, 2022 on the facility's Resident Change of Condition Protocol as well as on regulation 42b regarding Resident Abuse. (DIRECTED: Documentation of the education shall be kept. LM 8/19/22).*

*The training on the Change of Condition Protocol will include Reporting of Observations, Evaluation and Decision, Intervention and Follow-up. The training will also include the types of change of condition events and appropriate actions and interventions by caregiving and nursing staff. It will be the responsibility of the Resident Services Coordinator or the designated supervisor to assess any reported or observed changes in resident condition.*

*The 24 hour nursing report will be reviewed by the management team at the morning stand-up meeting to monitor for changes in resident condition and appropriate interventions and notifications. An audit of the morning standup meeting minutes will be conducted by the Executive Director or designee daily for one month then weekly for one month to ensure ongoing compliance with the change of condition protocol.*

*DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and emergency medical plan training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(2). The Administrator will also take action to improve the quality of its annual training for all staff on emergency preparedness procedures and recognition and response to crises and emergency situations and resident rights in accordance with §2600.65(g)(2) and §2600.65(g)(3). LM 8/26/22*