

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

January 10, 2023

[REDACTED], EXECUTIVE DIRECTOR  
ARDEN COURTS OF JEFFERSON HILLS PA LLC  
[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 10/18/2022, 10/20/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** ARDEN COURTS (JEFFERSON HILLS)      **License #:** 43551      **License Expiration:** 01/25/2024  
**Address:** 380 WRAY LARGE ROAD, JEFFERSON HILLS, PA 15025  
**County:** ALLEGHENY      **Region:** WESTERN

## Administrator

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

## Legal Entity

**Name:** ARDEN COURTS OF JEFFERSON HILLS PA LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** C-2 LP      **Date:** 07/02/1999      **Issued By:** PA Dept L&I

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 110      **Waking Staff:** 83

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Incident      **Exit Conference Date:** 10/20/2022

## Inspection Dates and Department Representative

10/18/2022 - On-Site: [REDACTED]  
10/20/2022 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 60      **Residents Served:** 55

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** entire home      **Capacity:** 60      **Residents Served:** 55

## Hospice

**Current Residents:** 19

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 55  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 55      **Have Physical Disability:** 1

## Inspections / Reviews

10/18/2022 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/11/2022

11/14/2022 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 12/12/2022  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 11/24/2022

Inspections / Reviews *(continued)*

01/10/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/16/22 at 4:26 p.m., resident #1's glucometer was used to measure resident #2's blood glucose level.

Plan of Correction

Accept ( ) - 11/14/2022)

Resident #1 glucometer was immediately replaced with a new glucometer. The physician for both residents was notified on 10/20/2022.

All nurses and medication technicians that perform diabetic testing will be re-educated on use of individual glucometers for each resident. Staff will be trained by Resident Services Coordinator or designee by November 30, 2022.

Glucometers will be monitored by the Resident Services Coordinator or designee to verify that the glucometer logs match the readings recorded on the Medications Administration Record and the Blood Glucose Monitoring Flow Sheet.

Glucometers will be checked five times per week for one month and then weekly thereafter, The glucometer checks will be reviewed at the manager stand-up meeting five times per week for the first month to review for compliance.

Licensee's Proposed Overall Completion Date: 12/12/2022

Implemented ( ) - 01/10/2023)

102i Soap Dispenser

2. 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 10/18/22 at 10:30 a.m., there was no soap in the bathroom in resident room #13.

On 10/18/22 at 11:00 a.m., there was no soap in the bathroom in resident room #38.

On 10/18/22 at 11:20 a.m., there was no soap in the bathroom in resident room #49.

Repeat violation 10/20/21 et al

Plan of Correction

Accept ( ) - 11/14/2022)

Soap was placed in the residents' bathrooms immediately.

All staff will be re-educated on the need for a dispenser with soap in every resident's room. Staff will be trained by the Executive Director or designee by November 30, 2022.

Resident rooms will be checked by the Executive Director or designee five times per week for one month to ensure that resident rooms have a soap dispenser available. Ongoing checks will be performed by the housekeeping department weekly. The soap dispenser checks will be reviewed at the manager stand-up meeting five times per week for the first month to review for compliance.

Licensee's Proposed Overall Completion Date: 12/12/2022

Implemented ( ) - 01/10/2023)

## 103e - Left Overs

**3. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*On 10/18/22 at 11:15 a.m., there were eight undated styrofoam bowls of ice cream in the freezer section of the stainless-steel refrigerator/freezer in the kitchen in Cottage Hall.*

**Plan of Correction**

Accept [REDACTED] - 11/14/2022)

*The styrofoam bowls of ice cream were removed immediately.*

*All staff will be re-educated on the need to label and date any food that is placed in the refrigerator or freezer. The staff will be educated by the Executive Director or designee by November 30, 2022.*

*House refrigerators/freezers will be checked 5 times per week by the Executive Director or designee for one month to ensure that any leftover food is labeled and dated. Ongoing checks will be performed by the dietary department weekly. Refrigerator/freezer checks will be reviewed at the managers' stand-up meeting for one month to monitor for compliance.*

**Licensee's Proposed Overall Completion Date:** 12/12/2022

Implemented [REDACTED] - 01/10/2023)

## 103f - Refrigerator/Freezer Temps

**4. 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 10/18/22 at 11:15 a.m., the temperature of the refrigerator compartment of the stainless-steel refrigerator/freezer in the kitchen in Cottage Hall measured 45 degrees Fahrenheit.*

*On 10/18/22 at 11:25 a.m., the temperature of the freezer section of the refrigerator/freezer in Boat House measured 14 degrees Fahrenheit.*

*Repeat violation 10/20/21 et al*

**Plan of Correction**

Accept (JK - 11/14/2022)

*The temperature control for Boat and Cottage refrigerators were adjusted immediately.*

*All staff will be re-educated on the need for refrigerators to be at or below 40 and freezers below 0 degrees.*

*Refrigerator/freezer temperatures will be monitored daily by Building Services Coordinator or designee using the attached refrigerator/freezer temperature logs. These logs will be reviewed at the managers' morning meeting five times per week for the first month to monitor for compliance.*

**Licensee's Proposed Overall Completion Date:** 12/12/2022

Implemented (JK - 01/10/2023)

## 185a - Implement Storage Procedures

## 5. Requirements

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.

**Description of Violation**

Resident #2 is ordered Accuchecks three times daily with meals long with [REDACTED] insulin coverage. On 10/17/22 at 8:13 a.m., resident #2's blood glucose reading measured [REDACTED]. However, [REDACTED] was entered on the resident's October 2022 medication administration record and separate glucose log.

**Plan of Correction**

Accept [REDACTED] - 11/14/2022)

Resident #2 did receive the correct number of units of Novolog insulin on 10/17/2022. The parameters are for resident #2 to receive 4 units for a blood sugar between 201 and 250.

All nurses and medication technicians that perform diabetic testing will be re-educated on procedures for recording blood glucose levels. Staff will be trained by Executive Director or Resident Services Coordinator by November 30, 2022.

Glucometers will be monitored by the Resident Services Coordinator or designee to verify that the glucometer logs match the readings recorded on the Medications Administration Record and the Blood Glucose Monitoring Flow Sheet.

Glucometers will be checked 5 times per week for one month and then weekly thereafter, The glucometer checks will be reviewed at the manager stand-up meeting for the first month to review for compliance.

Licensee's Proposed Overall Completion Date: 12/12/2022

Implemented [REDACTED] - 01/10/2023)

## 233c - Key-Locking Devices

## 6. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

On 10/18/22 at 10:25 a.m., the magnetically locked gate that leads from the courtyard to the parking lot near the back hall exit from Country Lane does not have directions for its operation conspicuously posted near the device. The keypad to unlock the gate is located approximately 20 feet away on the building beside the exit door from Country Lane.

On 10/18/22 at 10:50 a.m., the magnetically locked exit door at the end of the back hall in Garden Path did not have directions for its operation conspicuously posted near the device.

On 10/18/22 at 10:55 a.m., the magnetically locked exit door leading from the Garden Path dining room to the courtyard did not include an asterisk at the end of the posted code which is required to operate the lock.

**Plan of Correction**

Accept [REDACTED] - 11/14/2022)

The codes in Garden Path back hall and dining room were corrected immediately.

The keypad to unlock the gate will be relocated next to the gate with the directions posted near the device. (see

**233c - Key-Locking Devices (continued)**

*attached service quote).*

*Building Services Coordinator or designee will monitor exit doors on daily rounds to ensure that the codes are appropriately posted. Daily rounds will be monitored five times per week at the managers' morning stand-up meeting for one month for compliance with the posting of codes.*

**Licensee's Proposed Overall Completion Date: 12/31/2022**

**Implemented [REDACTED] - 01/10/2023)**