

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

March 15, 2023

[REDACTED]
ARDEN COURTS OF MONROEVILLE PA LLC
120 WYNGATE DRIVE
ATTN LICENSURE SUPPORT
MONROEVILLE, PA, 15146

RE: ARDEN COURTS (MONROEVILLE)
120 WYNGATE DRIVE
MONROEVILLE, PA, 15146
LICENSE/COC#: 43552

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2023 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 (MONROEVILLE) License #: 43552 License Expiration: 05/23/2023
 Address: 120 WYNGATE DRIVE, MONROEVILLE, PA 15146
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: ARDEN COURTS OF MONROEVILLE PA LLC
 Address: 120 WYNGATE DRIVE, ATTN LICENSURE SUPPORT, MONROEVILLE, PA, 15146
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 98 Waking Staff: 74

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Complaint, Incident Exit Conference Date: 01/12/2023

Inspection Dates and Department Representative

01/10/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 56 Residents Served: 49

Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 56 Residents Served: 49

Hospice
 Current Residents: 17

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 49 Have Physical Disability: 0

Inspections / Reviews

01/10/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2023

01/26/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/01/2023

Inspections / Reviews *(continued)*

01/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/28/2023

03/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On the evening of [REDACTED] 22, staff person A allegedly witnessed an incident of physical abuse involving staff person B against resident #2; however, this incident was not reported to the local Area Agency on Aging until [REDACTED] 22.

Plan of Correction

Directed ([REDACTED] - 01/31/2023)

Staff person A had just been inserviced on Abuse and Neglect prevention and reporting upon hire on [REDACTED] /22. [REDACTED] also received additional training on [REDACTED] /22 and again on [REDACTED] /22. This training included the timely reporting of an allegation or neglect. The Executive Director reported the allegation to DHS when [REDACTED] was made aware of the incident and initiated an investigation. The allegation of abuse was not substantiated. Corrective action was taken with staff person A. All employees receive abuse and neglect training upon hire and at least annually. This training is done using our on line training program and/or Executive Director. A record of all training is documented and maintained. All staff will be receiving annual abuse and neglect/Older Adult Protective Services Act training by 2/28/22 using our on line training program. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 1/31/23). The Executive Director or Program Services Coordinator is interviewing 5 residents a month to assess if any residents are experiencing abuse or neglect. The first interviews were conducted by the Executive Director on 12/30/22 and will be completed again by January 31, 2023. Incidents are reviewed daily (work days) by the Executive Director and Resident Services Coordinator which includes any incidents that may involve abuse and neglect. Executive Director will include the importance of reporting any suspected abuse or neglect to the Executive Director and/or Resident Services Coordinator immediately with any staff meetings conducted. The Resident Services Coordinator will also included this with staff meetings conducted.

Directed Completion Date: 02/28/2023

Implemented [REDACTED] - 03/15/2023)

16c - Written Incident Report

2. Requirements

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 evening of [REDACTED] /22, staff person A allegedly witnessed an incident of physical abuse involving staff person B against resident #2; however, this was not reported to the Department until [REDACTED] /22.

Plan of Correction

Directed [REDACTED] - 01/31/2023)

Staff person A had just been inserviced on Abuse and Neglect prevention and reporting upon hire on [REDACTED] /22. [REDACTED] also received additional training on [REDACTED] 22 and again on [REDACTED] /22. This training included the timely reporting of an allegation or neglect. The Executive Director reported the allegation to DHS when [REDACTED] was made aware of the incident and initiated an investigation. The allegation of abuse was not substantiated. Corrective action was taken with staff person A. All employees receive abuse and neglect training upon hire and at least annually. This training is done using our on line training program and/or Executive Director. A record of all training is documented and

16c - Written Incident Report (continued)

maintained. All staff will be receiving annual abuse and neglect/Older Adult Protective Services Act training by 2/28/22 using our on-line training program. (DIRECTED: By 2/28/23: All staff persons shall be re-educated on all reportable incidents and conditions specified in 2600.16a, and that all reportable incidents and conditions specified in 2600.16a shall be reported to the Department within 24 hours. Documentation of the education shall be kept.

█ 1/31/23). The Executive Director or Program Services Coordinator is interviewing 5 residents a month to assess if any residents are experiencing abuse or neglect. The first interviews were conducted by the Executive Director on 12/30/22 and will be completed again by January 31, 2023. Incidents are reviewed daily (work days) by the Executive Director and Resident Services Coordinator which includes any incidents that may involve abuse and neglect. Executive Director will include the importance of reporting any suspected abuse or neglect to the Executive Director and/or Resident Services Coordinator immediately with any staff meetings conducted. The Resident Services Coordinator will also included this with staff meetings conducted.

Directed Completion Date: 02/28/2023

Implemented (█ - 03/15/2023)

81a Accommodation**3. Requirements**

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and e iting from the home.

Description of Violation

From █ 22 through █ 23, resident #1 fell out of bed approximately █ times. Resident #1 has a regular twin bed; however, no accommodations have been made to get resident #1 an alternative bed or equipment which meets resident #1's needs.

Plan of Correction

Accept (█ - 01/31/2023)

The Resident Services Coordinator ordered a bariatric bed with perimeter mattress on █/22 since the responsible party was not responsive in doing so after telling the facility █ would obtain this in November 2022. Resident #1's support plan was updated to include this fall prevention measure on █ 22 when bed was received. This was following a meeting with █ about frequency of falls. Residents falls will be reviewed weekly by the Resident Services Coordinator beginning the week of 1/23/23. The resident services coordinator with the assistance of the caregiving staff will attempt to identify root cause(s) of resident falls and identify any patterns. Timely action will be taken to implement any appropriate fall prevention strategies to reduce falls that can be implemented in the personal care setting. Resident support plan will be updated with fall risk and fall prevention strategies. The facility will be implementing a new fall prevention program for residents with frequent falls by 2/28/23. Staff will be educated on this program the week of February 9th by the Executive Director or Resident Services Coordinator. Documentation of this training will be maintained. Executive Director will incorporate a monthly review of resident falls in the quality assurance program to ensure that timely interventions have been implemented. This will begin in February 2023. A quarterly summary of falls will be reviewed at the quarterly QA meetings with the first meeting be held in April 2023.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (█ 03/15/2023)