

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

January 26, 2024

[REDACTED]
ARDEN COURTS OF MONROEVILLE PA LLC

[REDACTED]
ATTN LICENSURE SUPPORT
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2023 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: 05/23/2024
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/29/1997 Issued By: Dept L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 108 Waking Staff: 81

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 12/12/2023

Inspection Dates and Department Representative

12/12/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 Residents Served: 54

Secured Dementia Care Unit

In Home: Yes Area: Entire building Capacity: 56 Residents Served: 54

Hospice

Current Residents: 15

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 54 Have Physical Disability: 0

Inspections / Reviews

12/12/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/25/2023

01/04/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/25/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/11/2024

Inspections / Reviews (*continued*)

01/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/27/2024

01/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED]'s most recent assessment, dated [REDACTED], indicates the resident requires physical assistance with personal hygiene; and the resident's most recent support plan, dated [REDACTED], indicates the staff is to provide assistance with hygiene, dressing, and showering in accordance to identified service needs. However, on [REDACTED], when the morning staff arrived at approximately [REDACTED] the resident was asleep in [REDACTED] bed, wearing only a T-shirt and an adult incontinence brief, on a plastic-covered mattress with no bedding on it. Also, the resident received assistance with shaving on or around [REDACTED] and has not been shaved since that day.

Plan of Correction

Accepted [REDACTED] - 01/10/2024)

Resident [REDACTED] was provided assistance to dress into pants, a clean shirt, socks, shoes and a clean adult incontinence brief by [REDACTED], Caregiver, on [REDACTED] as well as being shaved. In addition, the same Caregiver made Resident [REDACTED]'s bed with a clean fitted sheet, top sheet, blanket and pillow with clean pillow case on [REDACTED]. Direct care staff members in Resident [REDACTED] household during the 3-11 and 11-7 shifts on [REDACTED] to be in-serviced on Regulation 2600 23(a) by Resident Services Coordinator or designee as it relates to providing residents with assistance with hygiene, dressing, showering and shaving as well as the provision of pillows, bed linens and blankets that are clean and in good repair by [REDACTED].

Direct care staff members to be educated by Resident Services Coordinator or designee on support plan review and provision of personal ADL's by [REDACTED].

Executive Director or designee will monitor 4 residents receiving assistance with ADL's to observe for completion, including shaving, bed linens, pillows, weekly for 4 weeks and monthly for 2 months. Monitoring will start [REDACTED].

In addition, private interviews of a minimum of 3 residents per week for 3 months and then 3 residents per month for an additional 2 months to be conducted by the Executive Director or designee to ensure compliance with Regulation 2600.23(a). An interview questionnaire to be created and resident interviews to start by [REDACTED].

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/26/2024)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], while staff person A was working alone in the Harvest Glen area of the secure dementia care unit (SDCU) during the overnight shift, multiple residents were treated with a lack of dignity and respect, including:

- resident [REDACTED], who was put to bed, wearing only a T-shirt and an adult incontinence brief, on a plastic-covered mattress with no bedding on it. The staff person stated that morning staff is responsible for putting sheets on the bed and that the resident fights back when getting changed, so [REDACTED] left the resident for last and just put [REDACTED] in the bed.
- resident [REDACTED], who was put to bed wearing [REDACTED] clothes and shoes [REDACTED] had worn during the day. Staff person A

42c - Treatment of Residents (continued)

states that the resident will not let [REDACTED] change [REDACTED] clothes and that [REDACTED] is not aware that [REDACTED] has different clothing to wear to bed.

- resident [REDACTED], who was roaming the halls around [REDACTED] or [REDACTED], appeared to be annoying the staff person while [REDACTED] was trying to eat. Staff person A kept telling the resident to go watch TV and, when [REDACTED] would not go, the staff person pushed [REDACTED] towards the sitting room in an attempt to get the resident to leave [REDACTED] alone.
- resident [REDACTED] was roaming the halls, pushing on the doors, wearing no pants and only an adult brief. The staff person indicated the resident was all over [REDACTED] all night long and annoying [REDACTED], and [REDACTED] finally told [REDACTED] to put pants on. Resident [REDACTED] would not comply with [REDACTED], so in a very stern tone told [REDACTED] -Get your pants on! I'll stand here until you get your pants on. Staff person A then stood at the resident's door for several minutes until the resident complied.

REPEAT VIOLATION: 7/26/2023

Plan of Correction

Accept [REDACTED] - 01/10/2024)

Staff person A in-serviced on Regulation 2600.42(c) as it relates to dementia curriculum assisting with ADL's, provision of pillows, bed linens and blankets, techniques to approach or reapproach residents refusing clothing changes, techniques for redirection of combative or uncooperative residents, and Resident Rights by December 29, 2023.

Staff members to be in-serviced on Regulation 2600.42(c) and the community's policy and procedures of allegations of abuse by the Executive Director or designee by January 25, 2024.

Private interviews of a minimum of 3 residents per week for 3 months and then 3 residents per month for 2 additional months to be conducted by the Executive Director or designee to ensure compliance with Regulation 2600.42 (c). An interview questionnaire to be created and resident interviews to start by January 26, 2024.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/26/2024)

54a - Direct Care Staff**3. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A was hired on [REDACTED]; however, the home does not have documentation of the staff person's high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

REPEAT VIOLATION: 11/21/2022 et al.

Plan of Correction

Accept [REDACTED] - 01/04/2024)

Staff Member A has been suspended.

Executive Director or designee to in-service Administrative Services Coordinator on Regulation 54(1) and the need to have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry for anyone hired by January 25, 2024.

Executive Director or designee will perform audit of active direct care staff for compliance with the credentials of Regulation 54(a) including direct care staff to have a high school diploma, GED or active registry status on the

54a - Direct Care Staff (continued)

Pennsylvania nurse aide registry with corrective action as needed by January 25, 2024.

Executive Director or designee will audit new direct care staff employee files starting December 29, 2023 and concluding on March 31, 2024.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [REDACTED] - 01/26/2024)

101j3 - Bed/Linens/Pillows/Blankets**4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On [REDACTED], when morning staff arrived, resident [REDACTED] was asleep in [REDACTED] bed, on a plastic-covered mattress with no bedding on it. Staff interviews indicate the resident had been put to bed the night before with no bedding, and at [REDACTED] there was still no bedding on the resident's bed.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

[REDACTED], Caregiver made Resident [REDACTED] bed with a clean fitted sheet, top sheet, blanket and pillow with clean pillow case on [REDACTED]

Direct care staff members in Resident [REDACTED] household to be in-serviced by Resident Services Coordinator or designee during the 7-3, 3-11 and 11-7 shifts on [REDACTED] and [REDACTED] to be in-serviced on Regulation 2600.101j(3) it relates to providing residents assistance with hygiene, dressing, showering as well as the provision of pillows, bed linens and blankets that are clean and in good repair and bed making by January 25, 2024.

In-service education to be provided to resident direct care staff by Resident Services Coordinator or designee on the appropriate provision of bed linens, pillows and blankets and bed making and provision of ADL's by January 25, 2024.

Executive Director or designee will monitor 4 residents to ensure provision of bed linens, pillows, weekly for 4 weeks and monthly for 2 months. Monitoring will start January 26, 2024.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/26/2024)

103c - Food Protected**5. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

At [REDACTED] there was a plate of chicken, corn, and broccoli sitting on an overbed table in resident [REDACTED] bedroom, which was served to the resident at lunch at approximately [REDACTED]

103c - Food Protected (continued)

Plan of Correction

Accept [REDACTED] 01/10/2024)

Resident [REDACTED] plate of chicken, corn and broccoli was disposed of by [REDACTED], Caregiver, on [REDACTED]. Direct care staff members working in Resident [REDACTED] household on [REDACTED] to be in-serviced on Regulation 2600.103(c) as it relates to food protection from contamination, consistent and timely resident meal assistance and timely disposal or storage of residents' uneaten food items and meal service Caregiver role by [REDACTED]. Direct care staff members to be in-serviced on Regulation 2600.103(c) as it relates to food protection from contamination, consistent and timely resident meal assistance and timely disposal or storage of residents' uneaten food items and meal service care giver role by [REDACTED]. Executive Director or designee will monitor food being protected from contamination while being stored, prepared or transported and served weekly for 4 weeks and monthly for 2 months. Monitoring will start [REDACTED]

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/26/2024)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED].

Resident [REDACTED]'s most recent medical evaluation is blank in the date resident evaluated and indicates the form was completed on [REDACTED].

REPEAT VIOLATION: 11/21/2022 et al.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

Resident Services Coordinator to be educated by Executive Director or designee on requirements of regulation 2600.141.b.1 and DME form and requirements by [REDACTED]. Residents [REDACTED] and [REDACTED] will have annual medical evaluation completed by [REDACTED]. Current residents' records to be audited by Resident Services Coordinator or designee for documentation of annual medical evaluation to be completed by [REDACTED]. Any noncompliant findings to be corrected for compliance with regulation 2600 141.b.1.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/26/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident [redacted] is prescribed compression treatments to both lower extremities-Put on in the morning, remove at night. However, the wraps are often not removed at night. On [redacted], morning staff removed the wraps because the night staff had left them on all night.

Plan of Correction

Accept [redacted] - 01/10/2024)

Resident [redacted] was assessed on [redacted] by the clinical staff, specifically [redacted], LPN, to ensure no ill effects of the leg wraps not being removed at night on [redacted]. No ill effects noted.

Direct care staff qualified to administer medications, Med Techs and LPN's, to be in-serviced by Resident Services Coordinator or designee on the community's policies and procedures on medication administration and Regulation 2600.187(d).

An audit of resident Medication Administration Records to be audited by Resident Services Coordinator or designee for compliance with medication and treatment compliance three times per week for four weeks to be initiated by [redacted] and concluding four weeks later, specifically [redacted].

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] - 01/26/2024)

224a - Preadmission Screen Form

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, a preadmission screening form was not completed.

Resident [redacted] was admitted to the home on [redacted]; however, a preadmission screening form was not completed.

Resident [redacted] was admitted to the home on [redacted] however, a preadmission screening form was not completed.

Resident [redacted] was admitted to the home on [redacted]; however, a preadmission screening form was not completed.

Plan of Correction

Accept [redacted] - 01/10/2024)

Resident [redacted] and [redacted] to have Preadmission screenings completed by the Memory Care Advisor or designee by [redacted]

In-service education to be provided to Resident Services Coordinator, Executive Director and Memory Care Advisor on the DHS Pre-Admission Screening Form and regulation 2600.224.(a) by Regional Director of Operations or designee by [redacted].

Audit of all current residents' records to be completed by Executive Director or designee to ensure there is a completed preadmission screening by [redacted].

Audit of new move in residents to be completed by Executive Director or designee initiated [redacted] and conclude [redacted].

224a - Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] - 01/26/2024)

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]; however, an initial assessment was not completed.

Resident [REDACTED] was admitted to the home on [REDACTED]; however, an assessment was not completed.

REPEAT VIOLATION: 11/21/2022 et al.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

Executive Director, Resident Services Coordinator and Memory Care Advisor to be in-serviced by the Regional Director of Operations or designee regarding Regulation 2600.225a, RASP form and regulation for secure environments by [REDACTED].

Resident [REDACTED] and [REDACTED] to have assessments completed, though noncompliant with date/timing, by [REDACTED]. Audits of current residents to be completed by Resident Services Coordinator or designee to ensure a completed assessment is in the resident records completed by [REDACTED] and for new resident move ins to ensure a completed assessment in resident record to start [REDACTED] and conclude on [REDACTED].

Licensee's Proposed Overall Completion Date: 03/26/2024

Implemented [REDACTED] - 01/26/2024)

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident [REDACTED]'s most recent assessment was completed on [REDACTED].

Resident [REDACTED]'s most recent assessment was completed on [REDACTED].

REPEAT VIOLATION: 11/21/2022 et al.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

Resident [REDACTED] and [REDACTED] to have annual assessment completed by [REDACTED].

Executive Director, Resident Services Coordinator and Memory Care Advisor, to be in-serviced by the Regional

225c - Additional Assessment (continued)

Director of Operations or designee regarding Regulation 2600.225c, DME annual form by [REDACTED].
 Audit of current residents to be completed by Resident Services Coordinator to assess need for annual assessment completed by [REDACTED] with completion of assessments as needed for compliance.
 Executive Director or designee will monitor [REDACTED] residents receiving for annual assessment completion weekly for 4 weeks and monthly for 2 months. Monitoring will start [REDACTED].

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/26/2024)

231b - Medical Evaluation**11. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the SDCU on [REDACTED]; however, the resident's medical evaluation was completed on [REDACTED] which is more than 60 days prior to admission.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

Resident Services Coordinator or designee to ensure Resident [REDACTED] is provided with a medical evaluation by a physician, physician assistant or registered nurse practitioner completed by [REDACTED].
 Memory Care Advisor to be in-serviced by the Executive Director or designee regarding Regulation 2600.231(b) and DME as it relates to the obtainment of the medical evaluation within 60 days prior to admission by [REDACTED].
 Current residents' records to be audited by Resident Services Coordinator or designee to ensure a completed medical evaluation as per Regulation 2600.231(b) by [REDACTED].
 New resident move ins will be audited by Executive Director or designee starting [REDACTED] for medical evaluation forms compliance and will conclude on [REDACTED].

Licensee's Proposed Overall Completion Date: 03/26/2024

Implemented [REDACTED] - 01/26/2024)

231c - Preadmission Screening**12. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the SDCU on [REDACTED] however, the resident's cognitive screening, dated [REDACTED], does not indicate the title and signature of the person completing the screening. These areas of the form are blank.

231c - Preadmission Screening (continued)

Resident [REDACTED] was admitted to the SDCU on [REDACTED]; however, a written cognitive preadmission screening was not completed.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

Executive Director or designee to ensure that Resident [REDACTED] will have new cognitive screening completed with all required entries made, including title and signature of person completing the screening by [REDACTED].

Executive Director or designee to ensure that Resident [REDACTED] will have new cognitive screening completed by [REDACTED].

The Memory Care Advisor to be in-serviced by the Executive Director or designee regarding Regulation 2600.231(c) as it relates to the obtainment of the cognitive preadmission screening and actual preadmission screening form being completed within 72 hours prior to admission to the secured dementia care unit by [REDACTED].

Current residents' records to be audited by Resident Services Coordinator or designee to ensure a completed cognitive preadmission screening as per Regulation 2600.231(c) by [REDACTED].

New resident move ins will be audited by Executive Director or designee starting [REDACTED] for preadmission screening forms compliance and will conclude on [REDACTED].

Licensee's Proposed Overall Completion Date: 03/26/2024

Implemented [REDACTED] 01/26/2024)

231e - No Objection Statement

13. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the SDCU on [REDACTED]; however, the home has no documentation that the resident has not objected to the admission.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

The Executive Director or designee will educate the Resident Services Coordinator and Memory Care Advisor regarding Regulation 2600. 231(e) and the initial addendum indicating no objection to resident's admission or transfer to the secured dementia care unit by [REDACTED].

The Executive Director or designee to ensure Resident [REDACTED]'s addendum indicating no objection to admission or transfer to a secured dementia care unit will be completed by [REDACTED].

Audit of current residents' records to be completed by Memory Care Advisor or designee to be completed by [REDACTED] to identify any records in need of addendum indicating no objection to resident's admission or transfer to a secured dementia care unit.

Executive Director or designee will monitor [REDACTED] resident records for documentation that resident and resident's designation person have not objected to the resident's admission or transfer to the secured dementia care unit completion weekly for 4 weeks and monthly for 2 months. Monitoring will start [REDACTED].

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] 01/26/2024)

231f - Assessed Annually

14. Requirements

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the SDCU on [redacted] however, the resident does not have an assessment for the need for the SDCU.

Resident [redacted]'s most recent assessment indicating the need for the SDCU was completed on [redacted].

Resident [redacted]'s most recent assessment indicating the need for the SDCU was completed on [redacted].

Plan of Correction

Accept [redacted] - 01/10/2024)

The Regional Director of Operations or designee will educate the Executive Director, Resident Services Coordinator, and Memory Care Advisor regarding Regulation 2600.231(f) and the annual assessment that a resident needs a secure dementia care unit by [redacted].

The Resident Services Coordinator or designee to ensure completion of Residents' [redacted] and [redacted] annual assessment for the continued need for a secured dementia care unit by [redacted] with appropriate action taken as required.

Annual assessment for the continuing need for residents' needs for secured dementia care unit will be audited by the Executive Director or designee completed by [redacted].

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] 01/26/2024)

234a - Admission Support Plan

15. 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 Violation

Resident [redacted] was admitted to the SDCU on [redacted] however, an initial support plan was not completed.

Plan of Correction

Accept [redacted] - 01/10/2024)

The Regional Director of Operation or designee will educate the Executive Director and Resident Services Coordinator regarding Regulation 2600.234(a) as it relates to the completion of the admission support plan and RASP by [redacted].

Resident [redacted] was completed timely but not provided to surveyor upon visit. Copy provided at submission.

Audit of current residents' records to be completed by Resident Services Coordinator or designee by [redacted] to ensure residents have a current and timely support plan completed per regulation 2600.234(a).

Audit of new move in records to be initiated [redacted] to assess and correct as needed for compliance of requirements of Regulation 2600. 234.a. This to be initiated [redacted] and concluding [redacted].

Licensee's Proposed Overall Completion Date: 03/26/2024

Implemented [redacted] - 01/26/2024)

234a - Admission Support Plan (*continued*)