

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

June 24, 2024

[REDACTED], EXECUTIVE DIRECTOR
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 05/01/2024 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:** 05/23/2025
Address: 120 WYNGATE DRIVE, MONROEVILLE, PA 15146
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/29/1997 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 112 **Waking Staff:** 84

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/30/2024

Inspection Dates and Department Representative

05/01/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 **Residents Served:** 56

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Building **Capacity:** 56 **Residents Served:** 56

Hospice

Current Residents: 16

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 56
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 56 **Have Physical Disability:** 0

Inspections / Reviews

05/01/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/13/2024

06/11/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/18/2024
[REDACTED] [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/17/2024

Inspections / Reviews *(continued)*

06/14/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/20/2024

06/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]; however, there was no other medical evaluation present in resident #1's record, so it is unable to be determined if resident #1's most recent medical evaluation was completed timely. Resident #1 was admitted to the home on [REDACTED]

REPEAT VIOLATION: 2/13/2024; 12/12/2023; 11/21/2022, et. al.

Plan of Correction

Directed [REDACTED] - 06/14/2024)

It was identified in February 2024 that prior Administrator and/or Director of Nursing had destroyed most DME's. All current residents now have a current DME and any prior DME's that were located were filed with the most recent ones.

4/1 A new resident list/audit tool was created by Executive Director that identifies resident move in date, date of pre-screen, date of current DME and date of current RASP. A copy of audit tool will be attached after POC is accepted.

5/1 Administrative Assistant was educated by Executive Director as to what is acceptable for a completed DME. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 6/14/24).

5/15 - 5/28 All current resident charts were audited by the Administrative Assistant to ensure DME's were current. The audit tool was used as the guide for completing the audit.

5/28 Was the first completion of the monthly audits. All resident files will be audited the last week of every month by Administrative Assistant to ensure compliance is maintained. The Executive Director will review audit tool after completion of monthly audit. These monthly audits will be ongoing and the new resident list/audit form will be utilized.

Director of Nursing will be responsible for obtaining annual and/or change in condition DME's from PCP. Director of Nursing was educated on 2600.141.b.1. by Executive Director. Executive Director will update audit tool accordingly. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 6/14/24).

6/20 is the next scheduled QM meeting. POC and results of May's audit will be discussed with all leadership staff. QM meetings are held monthly. (DIRECTED: Documentation of the quality management review shall be kept [REDACTED] 6/14/24).

Proposed Overall Completion Date: 06/13/2024

Directed Completion Date: 06/20/2024

141b1 Annual Medical Evaluation (*continued*)*Implemented* [REDACTED] - 06/24/2024)

225c Additional Assessment

2. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]; however, resident #1's previous assessment was completed on [REDACTED]

REPEAT VIOLATION: 2/13/2024; 12/12/2023; 11/21/2022, et. al.

Plan of Correction*Directed* [REDACTED] 06/14/2024)

It was identified in February 2024 that prior Administrator and/or Director of Nursing had destroyed most RASP's. All current residents now have a current RASP and any prior RASP's that were located were filed with the most recent ones.

4/1 A new resident list/audit tool was created by Executive Director that identifies resident move in date, date of pre-screen, date of current DME and date of current RASP. A copy of audit tool will be attached after POC is accepted.

5/1 Administrative Assistant was educated by Executive Director as to what is acceptable for a completed RASP. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 6/14/24).

5/15 - 5/28 All current resident charts were audited by the Administrative Assistant to ensure RASP's were current. The audit tool was used as the guide for completing the audit.

5/28 Was the first completion of the monthly audits. All resident files will be audited the last week of every month by Administrative Assistant to ensure compliance is maintained. The Executive Director will review audit tool after completion of monthly audit. These monthly audits will be ongoing and the new resident list/audit form will be utilized.

Director of Nursing or Executive Director will be responsible for creating initial, annual and/or change in condition RASP's.

Director of Nursing has been educated in 2600.225c by Executive Director. Executive Director will update audit tool accordingly.

6/20 is the next scheduled QM meeting. POC and results of May's audit will be discussed with all leadership staff.

225c - Additional Assessment (continued)

QM meetings are held monthly. (DIRECTED: Documentation of the quality management review shall be kept. 6/14/24).

Proposed Overall Completion Date: 06/13/2024

Directed Completion Date: 06/20/2024

Implemented (- 06/24/2024)