

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

August 1, 2024

[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 05/31/2024 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 (JEFFERSON HILLS)* License #: *43551* License Expiration: *01/25/2025*  
 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**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *102* Waking Staff: *77*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *06/05/2024*

**Inspection Dates and Department Representative**

05/31/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *60* Residents Served: *51*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire Home* Capacity: *60* Residents Served: *51*

**Hospice**

Current Residents: *10*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *51* Have Physical Disability: *0*

**Inspections / Reviews**

**05/31/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2024*

**06/20/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *07/31/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/26/2024*

Inspections / Reviews *(continued)*

07/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/31/2024

08/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

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 [REDACTED] at approximately [REDACTED], direct care staff person A heard yelling in the Boathouse neighborhood. Upon arrival, direct care staff person A observed resident #1 intentionally tip resident #2's wheelchair over, while resident #2 was in the wheelchair, causing resident #2 to fall out of the wheelchair and hit [REDACTED] head off the wall. Resident #1 then attempted to pick up resident #2's wheelchair and drop it on top of resident #2 while resident #2 laid on the ground; however, another staff person intervened and removed the wheelchair. Both residents #1 and #2 were transported to the hospital for observation and treatment.

REPEAT VIOLATION: 1/8/2024

**Plan of Correction**

Directed ([REDACTED] - 07/01/2024)

Resident #2 returned from the hospital that night with no significant injuries. Resident #1 remained at the hospital and did not return to the community. On [REDACTED] the CRNP that provides medical care to the community signed written documentation that a delay in [REDACTED] discharge would jeopardize the safety and well-being of the residents that was not obtained at the time of [REDACTED] discharge. (See attached) (Order received from resident #1's physician and resident #1's certified registered nurse practitioner, dated [REDACTED], indicating that delaying resident #1's discharge would jeopardize the health, safety and well-being of other residents within the home. A copy of this physician order shall be kept in resident #1's record. [REDACTED] 7/1/24).

All direct care staff will be reeducated on behaviors and behavior management by the Executive Director or designee by 7/31/2024. This reeducation will also cover prevention of and response to resident-to-resident incidents of potential abuse. Documentation of staff education will be kept according to 2600.65i. Beginning 6/20/2024, Executive Director or Resident Services Coordinator will monitor clinical documentation 2 times weekly for 4 weeks to identify any changes in resident behaviors or potential resident to resident conflicts. (DIRECTED: At the conclusion of the 4 weeks of monitoring clinical documentation, the Executive Director or Resident Services Coordinator shall continue to monitor the clinical documentation at least 1 time per week. [REDACTED] 7/1/24). Any necessary follow-up or interventions for these behaviors or potential conflicts will be implemented and the identified resident's RASP will be updated accordingly. Ongoing monitoring of changes in resident behavior and discussion of appropriate interventions will be reviewed at the morning stand up meeting which occurs daily Monday- Friday. Residents attending the monthly Resident Council meeting will be asked for their input on their treatment and if they feel free from abuse/neglect. The resident responses will be reviewed by the management team at morning meeting.

A QM review will be held on Wednesday, July 17 to review staff training, documentation for changes in resident behaviors and RASP updates, a review of any reported resident to resident incidents, and any concerns reported at Resident Council. (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 7/1/24).

Proposed Overall Completion Date: 07/31/2024

Directed Completion Date: 07/31/2024

Implemented ([REDACTED] - 08/01/2024)