

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

February 5, 2025

[REDACTED] EXECUTIVE DIRECTOR
ARDEN COURTS NORTH HILLS OF PITTSBURGH PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (NORTH HILLS)
1125 PERRY HIGHWAY
PITTSBURGH, PA, 15237
LICENSE/COC#: 43553

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/19/2024 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 (NORTH HILLS) License #: 43553 License Expiration: 05/18/2025
 Address: 1125 PERRY HIGHWAY, PITTSBURGH, PA 15237
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: ARDEN COURTS NORTH HILLS OF PITTSBURGH PA LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/12/1996 Issued By: Labor and Industry
 Type: Other Date: 12/09/1996 Issued By: Township of Ross

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 104 Waking Staff: 78

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 12/05/2024

Inspection Dates and Department Representative

11/19/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 Residents Served: 52

Secured Dementia Care Unit

In Home: Yes Area: Entire home Capacity: 56 Residents Served: 52

Hospice

Current Residents: 16

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 52 Have Physical Disability: 0

Inspections / Reviews

11/19/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/15/2024

12/16/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/03/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/20/2024

Inspections / Reviews *(continued)*

12/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/31/2025

02/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

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 9/15/24 at approximately 5:45 PM, a physical altercation occurred between residents #1 and #2 in the hallway near the lobby exit door. Numerous staff persons heard resident #2 scream and came to assist. During the altercation, resident #1 grabbed resident #2's right wrist, then slammed resident #2 into the wall. Resident #2's right wrist sustained a red mark with fingerprint imprints.

REPEAT VIOLATION: 7/6/2022, et. al.

Plan of Correction

Directed (█ - 12/24/2024)

In response to the violation on 11/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/15/2024 by the Resident Services Supervisor and Med Tech. Both resident were separated, redirected and provided comfort and reassurance. Resident #2 was evaluated for injuries. Both families and PCP's were notified within the hour.

To enhance the currently compliant operations, on 9/15/24 for Resident #1 the Caregivers will conduct 15 minute safety wellness checks for 72 hours followed by hourly safety wellness checks. Resident #2 was placed on Alert Charting per shift for 72 hours. Resident #2 continued on hourly safety wellness checks.

Effective 9/15/24 the Caregivers will perform hourly safety wellness checks to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED: By 12/30/24: The administrator shall update resident #1's assessment and support plan to include resident #1's behaviors and interventions to reduce resident #1's behaviors. █ 12/24/24

Proposed Overall Completion Date: 12/31/2024

Directed Completion Date: 12/30/2024

Implemented (█ - 02/05/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:52 AM, there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying present in resident #2's the private bathroom.

At 11:06 AM, there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of

85a - Sanitary Conditions (continued)

hand drying present in resident #3's the private bathroom.

Plan of Correction

Accept () - 12/24/2024)

In response to the violation on 11/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the Caregivers by placing hand towels in the bathrooms of Resident #2 and Resident #3.

To enhance the currently compliant operations, on 11/20/2024 the Caregivers monitor for placement of hand towels in resident bathrooms when conducting their hourly safety wellness checks. The hourly safety wellness checks sheets have been updated to include resident bathroom towels. The caregivers will start using the updated hourly check sheets on 12/27/24.

Effective 11/20/2024 the RSS's will perform Daily Checks through 1/31/25 to maintain ongoing compliance. The RSS's will monitor for ongoing compliance of maintaining sanitary conditions when conducting their daily shift rounds. The RSC will review the RSS House Rounds weekly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented () - 02/05/2025)

95 - Furniture and Equipment**3. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The right corner of the toilet tank lid was broken off and missing from the toilet in resident #4's private bathroom.

Plan of Correction

Accept () - 12/24/2024)

In response to the violation on 11/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the Building Services Coordinator to Immediate action was taken by replacing the broken toilet tank lid with was temporary fitted plastic toilet tank lid.

To enhance the currently compliant operations, on 11/20/2024 the Building Services Coordinator ordered a replacement toilet tank lid. The replacement tank lid was received and put in place, with a completion date of 11/21/2024.

Effective 11/20/2024 the Building Services Coordinator will conduct weekly inspections of all Resident rooms and Common areas to ensure all Furniture and Equipment are in good repair. These weekly inspections will be ongoing.

Licensee's Proposed Overall Completion Date: 12/31/2024

95 - Furniture and Equipment *(continued)*

Implemented (█) - 02/05/2025)

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

At 10:16 AM and 2:45 PM, the temperature in the freezer section of the refrigerator/freezer, located in the Berry Ridge kitchen, was 12 degrees Fahrenheit.

At 10:46 AM and 2:41 PM, the temperature in the freezer section of the refrigerator/freezer, located in the studio activity room kitchen, was 12 degrees Fahrenheit.

At 10:46 AM, there was no thermometer present in the refrigerator section of the refrigerator/freezer, located in the studio activity room kitchen.

Plan of Correction

Directed (█) - 12/24/2024)

In response to the violation on 11/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the Food Services Coordinator by adjusting the temperature for the freezer on Berry Ridge and the Studio. A thermometer was placed in the refrigerator of the Studio.

To enhance the currently compliant operations, on 11/23/2024 the Food Services Coordinator and Building Services Coordinator placed new Refrigerator/Freezer Temperature Logs on Berry Ridge and the Studio so they can be checked twice daily by the BSC or FSC for refrigerator and freezer temperatures, with a completion date of 12/31/2024. (DIRECTED: Beginning on 12/30/24: The Food Services Coordinator/designee shall inspect all refrigerators and freezers in the home daily to ensure an operable thermometer is present and to ensure proper food handling temperatures in accordance with 2600.103f. Documentation of the daily checks shall be kept for 2 months. █ 12/24/24).

By 1/3/25 the Food Services Coordinator will retrain all dietary staff on the regulatory requirement as well as the daily monitoring of all refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. █ 12/24/24).

Proposed Overall Completion Date: 01/03/2025

Directed Completion Date: 01/03/2025

Implemented (█) - 02/05/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident #2's most recent medical evaluation, dated [REDACTED], does not include resident #2's blood pressure or resident #2's ability to self-administer medications. These sections of resident #2's medical evaluation are blank.

Plan of Correction

Directed ([REDACTED] - 12/24/2024)

In response to the violation on 11/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the Resident Services Coordinator by getting a Physician signed correction attachment dated 11/19/24 with with Resident #2 blood pressure and ability to self administer medications.

To enhance the currently compliant operations, on 11/20/2024 the Resident Services Coordinator will make sure all DME's received for residents have no blank sections, with a completion date of 12/31/2024. (DIRECTED: Beginning on 12/30/24: The Resident Service Coordinator/designee shall review each completed resident medical evaluation within 72 hours of completion to ensure each resident has a medical evaluation completed in its entirety. [REDACTED] 12/24/24).

The Resident Services Coordinator and Executive Director will audit all resident charts for dates and completeness of their DME's and RASP's by 1/31/25 and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/31/2025

Directed Completion Date: 01/31/2025

Implemented ([REDACTED] - 02/05/2025)

185a - Implement Storage Procedures

6. 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 #5 is prescribed Atropine Sulfate 1% drops-Place 2 drops under tongue every 1 hour as needed; however, this medication was not available in the home for administration.

REPEAT VIOLATION: 1/8/2024

Plan of Correction

Directed ([REDACTED] - 12/24/2024)

In response to the violation on 11/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/20/2024 by the Resident Services Supervisor by getting an order to discontinue the atropine drops for resident #5.

185a - Implement Storage Procedures (continued)

To enhance the currently compliant operations, on 11/20/2024 the Resident Services Supervisors and Resident Services Coordinator started conducting weekly med cart audits to check for safe storage, access, security, distribution and use of medications and medical equipment, with a completion date of 12/31/2024.

By 12/31/24 the Resident Services Coordinator will reeducate all staff persons qualified to administer medications on the home's medication procedures, which includes ensuring all prescribed medication are present in the home and available for administration in accordance with prescribers orders. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 12/24/24)

Effective 1/1/25 The Resident Services Supervisors will perform ongoing weekly med cart audits (8 rooms per day to equal 56 rooms in one week) to maintain ongoing compliance with The Resident Services Coordinator reviewing the weekly med cart audits for compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/31/2024

Directed Completion Date: 12/31/2024

Implemented ([REDACTED] - 02/05/2025)

187d - Follow Prescriber's Orders**7. Requirements**

2600.

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

Description of Violation

Resident #5 is prescribed Acetaminophen 500 mg tablets-Take 2 tablets by mouth 3 times a day. However, on 11/19/24 at 9:00 AM, this medication was not administered to resident #5, because it was not available in the home for administration.

REPEAT VIOLATION: 1/8/2024

Plan of Correction

Directed ([REDACTED] - 12/24/2024)

In response to the violation on 11/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the Resident Services Supervisor to see where the Acetaminophen for resident #5 was in the delivery process as it has been ordered on 11/18/24. The Acetaminophen arrived on 11/19/24.

To enhance the currently compliant operations, on 11/20/2024 the Resident Services Supervisors and Resident Services Coordinator started conducting weekly med cart audits to check for safe storage, access, security, distribution and use of medications and medical equipment, with a completion date of 12/31/2024.

By 12/31/24 the Resident Services Coordinator will reeducate all staff persons qualified to administer medications on the home's medication procedures, which includes ensuring all prescribed medication are present in the home and available for administration in accordance with prescribers orders. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 12/24/24).

187d - Follow Prescriber's Orders (continued)

Effective 1/1/25 The Resident Services Supervisors will perform ongoing weekly med cart audits (8 rooms per day to equal 56 rooms in one week) to maintain ongoing compliance with The Resident Services Coordinator reviewing the weekly med cart audits for compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/31/2024

Directed Completion Date: 12/31/2024

Implemented (█) - 02/05/2025)

225c - Additional Assessment**8. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #2's most recent assessment, dated █, does not include diagnoses of Insomnia, Depression, Constipation, Osteoarthritis and Pain as indicated on resident #2's most recent medical evaluation, dated █

Plan of Correction

Directed (█) - 12/24/2024)

In response to the violation on 11/19/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/20/2024 by the Executive Director to correct the finding. On 11/20/24 the Executive Director did an Assessment and Support Plan update that included all of the diagnosis for resident #2.

The Resident Services Coordinator and the Executive Director will be the ones to do the Initial, Annual and Status Change Assessment and Support Plans within 48 hours of completion for comparison of Diagnosis. (DIRECTED: Beginning on 12/30/24: The Resident Service Coordinator/designee shall review each completed resident assessment and support plan within 72 hours of completion to ensure each resident has an assessment and support plan completed in its entirety. █ 12/24/24).

The Resident Services Coordinator and Executive Director will audit all resident charts to compare diagnoses on the DME's and RASP's by 1/31/25. Findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 01/31/2025

Directed Completion Date: 01/31/2025

Implemented (█) - 02/05/2025)