

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

January 27, 2025

[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 12/03/2024 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

Type: *C-2 LP* Date: *07/02/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *110* Waking Staff: *83*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/03/2024*

Inspection Dates and Department Representative

12/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *60* Residents Served: *55*

Hospice

Current Residents: *16*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *55* Have Physical Disability: *0*

Inspections / Reviews

12/03/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/13/2024*

12/12/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/23/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2024*

Inspections / Reviews *(continued)*

12/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/23/2025

01/27/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 9/23/16, indicates the date of battery installation must be present on all battery-operated carbon monoxide detectors and must be replaced annually. However, none of the battery-operated carbon monoxide detectors outside the laundry rooms in the following areas included the dates of battery installation:

- Boathouse area
- Cottage area
- Garden area
- Country area

Plan of Correction

Directed () - 12/19/2024)

All batteries in carbon monoxide detectors were changed and dated immediately on 12/3/2024. The monthly log form used to monitor the carbon monoxide detectors was updated on 12/11/2024 to include a column to document that the batteries were checked for dates. This form will be used beginning with the December 2024 monthly checks that were completed on 12/18/2024 (attached). Carbon monoxide detectors will be checked and this form will be completed monthly for all carbon monoxide detectors. This form will be reviewed montly at the managers' morning meeting for 3 months and at the next quarterly Quality Management meeting scheduled for January 23, 2025. (DIRECTED: Documentation of the quality management review shall be kept and shall include a review of all items specified in 2600.26b. () 12/19/24).

Proposed Overall Completion Date: 12/31/2024

Directed Completion Date: 01/23/2025

Implemented () - 01/27/2025)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed Morphine Sulfate 20mg/1ml syringe-Take 0.5ml (10mg) sublingually every 2 hours as needed. According to resident #2's controlled substance record, a dose of this medication was administered to resident #2 at 1:30am on 12/3/24; however, this medication administration is not documented as administered on resident #2's December 2024 medication administration record (MAR).

187b - Date/Time of Medication Admin. (continued)**Plan of Correction****Directed (█ - 12/19/2024)**

A nurses' meeting was held on 12/3/2024, and procedure for proper completion of documentation for narcotic administration was reviewed. All med techs and nurses will be reeducated by the Resident Services Coordinator by December 23, 2024 on documentation of administration of PRN and narcotic medications. Beginning the week of 12/16/2024, the MAR and narcotic count sheets for all residents that receive narcotics will be audited 2 times weekly by Resident Services Coordinator or designee for 4 weeks. The results of these audits will be reviewed each week at the managers' morning meeting. The MAR and narcotic count sheets will be reviewed monthly thereafter with results reviewed at the quarterly Quality Management meeting scheduled for 1/23/2025. (DIRECTED: Documentation of the quality management review shall be kept and shall include a review of all items specified in 2600.26b. █ 12/19/24).

Proposed Overall Completion Date: 01/13/2025

Directed Completion Date: 01/23/2025

Implemented (█ - 01/27/2025)