

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

December 16, 2025

[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 11/25/2025 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:** 11/04/2026
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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 106 **Waking Staff:** 80

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 11/25/2025

Inspection Dates and Department Representative

11/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 **Residents Served:** 53

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 56 **Residents Served:** 53

Hospice

Current Residents: 22

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 53
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 53 **Have Physical Disability:** 0

Inspections / Reviews

11/25/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/12/2025

12/10/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/15/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/15/2025

Inspections / Reviews *(continued)*

12/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2025

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 [REDACTED] at approximately 7:30pm, resident [REDACTED] was overheard by a direct care staff person yelling at resident [REDACTED] "Get out of there!" Resident [REDACTED] then used both hands and pushed both of resident [REDACTED] arms in an upwards motion, causing resident [REDACTED] to fall to the ground, hitting the wall. Resident [REDACTED] fall resulted in an approximate quarter sized [REDACTED] on the rear of [REDACTED] head and the re-opening of existing [REDACTED] on both elbows and hands.

REPEAT VIOLATION [REDACTED] et. al.

Plan of Correction

Accept [REDACTED] 12/10/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2025 by the Executive Director and RSC to

1. Immediate Corrective Action Taken for the Resident(s) Affected**Resident [REDACTED]**

Resident [REDACTED] was assessed immediately following the incident on 11/19/25. Vital signs were obtained, affected areas cleansed, and wound care was completed in accordance with physician orders. The Hospice provider and the resident's responsible party were notified on 11/19/25. Resident [REDACTED] was monitored every shift for 72 hours following the incident for any change in condition.

Resident [REDACTED]

Resident [REDACTED] was immediately separated from Resident [REDACTED] and redirected to a supervised area. A full assessment of Resident [REDACTED] physical and psychosocial status was completed. The administrator/designee notified Resident [REDACTED] responsible party and primary care provider on 11/19/25. A risk assessment was completed, and Resident [REDACTED]'s care plan was updated to include enhanced supervision and behavioral interventions. Resident [REDACTED] was immediately placed on one-to-one direct supervision. Psych provider notified on 11/20/2025. Resident [REDACTED] subsequently had a telehealth visit with psych provider on 11/20/2025.

To enhance the currently compliant operations, on 11/20/2025 the Executive Director and RSC will

2. Measures Put in Place to Prevent Recurrence**Staff Response & Monitoring:**

All direct care staff were re-educated on immediate intervention procedures when resident-to-resident altercations occur, including steps to de-escalate and secure resident safety on 12/9/2025. On 12/9/2025, during staff meeting, Direct Care Staff were instructed on the mandatory requirements under 2600.42(b) regarding resident rights and protections from abuse, neglect, intimidation, and mistreatment.

Enhanced Supervision Protocol:

A 30-day enhanced supervision plan for Resident [REDACTED] has been implemented, including one-to-one direct supervision by Direct Care Staff. Direct supervision remains in place.

Environmental Risk Review:

42b Abuse (continued)

The multidisciplinary team reviewed common areas and resident movement patterns to identify and mitigate potential conflict zones. Staffing assignments were adjusted to ensure a consistent staffing presence during high risk times (e.g., waking hours 10:00 AM to 8:00 PM), with a completion date of 12/19/2025.

Effective 12/09/2025 the Executive Director and RSC will perform weekly x4 weeks and monthly x1 month an on going assessment through 01/24/2026 to maintain ongoing compliance with 3. Systemic Changes to Ensure Compliance Mandatory Abuse Prevention Retraining All staff including direct care, medication technicians, housekeeping, dietary, and administrative personnel will complete mandatory refresher training on: Resident rights; Abuse prevention Reporting responsibilities under 2600.15 & 2600.18; Trauma informed and person centered de escalation strategies. This training will be completed by 12/15/25 and documented in the staff training logs. Ongoing Assessment & Care Planning: The Executive Director, RSC or designee will review all resident behavioral incidents weekly x4 weeks and monthly x 1 (starting 11/24/25) to determine: Trends or risk patterns; Need for care plan revision; Need for provider consultation; All care plan updates will be documented and communicated to the care team. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director, RSC or Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [REDACTED] 12/16/2025)