

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

March 25, 2026

[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 12/29/2025 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 (JEFFERSON HILLS)* License #: *43551* License Expiration: *01/25/2027*
 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: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/29/2025*

Inspection Dates and Department Representative

12/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire license* Capacity: *60* Residents Served: *49*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *49* Have Physical Disability: *0*

Inspections / Reviews

12/29/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/05/2026*

03/05/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/23/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/25/2026*

Inspections / Reviews *(continued)*

03/25/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:20 am, confidential resident information was unlocked, unattended, and accessible in the cabinet above the garbage can in the Boathouse Wing kitchenette to include:

-Resident #1's RASP, dated 10/17/2025, including diagnoses of [REDACTED]

-Resident #2's RASP, dated 8/19/2025, including diagnoses of [REDACTED]

-Resident #3's RASP, dated 12/3/2024, including diagnoses of [REDACTED].

Plan of Correction

Directed ([REDACTED] - 03/05/2026)

The hinge on the cabinet was repaired immediately so that the latching mechanism would lock automatically when the door is shut. All direct care staff will be re-educated by the Executive Director or designee on confidentiality of resident records by March 23, 2026 and documentation of staff training will be kept in staff training files. Rounds will be conducted by Executive Director, Resident Services Coordinator or designee to ensure that the confidentiality of resident records is being maintained. These rounds will occur two times daily for two weeks, one time daily for two weeks, and weekly for one month. Documentation of these rounds will be reviewed weekly at the Coordinator's morning meeting for compliance.

Directed: Executive Director/Resident Services Coordinator/Designee rounds and weekly reviews will begin effective the week of March 9, 2026. [REDACTED] 3/5/2026

Proposed Overall Completion Date: 03/23/2026

Directed Completion Date: 03/23/2026

Implemented ([REDACTED] - 03/25/2026)

85a - Sanitary Conditions

2. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 10:00 am, there was an accumulation of sticky dirt and an unknown dark substance near the drain in the bathtub in the Garden Wing common tub room.

85a - Sanitary Conditions (continued)

Plan of Correction

Directed (█ - 03/05/2026)

The tub in Garden Path was cleaned immediately. All housekeeping staff will be inserviced by the Building Services Coordinator or designee on sanitary conditions of shower and tub rooms by March 23, 2026. The common tubs and shower rooms will be monitored for sanitary conditions by the Building Services Coordinator or designee. These audits will be conducted daily for two weeks, weekly for two weeks and monthly thereafter. These audits will be reviewed weekly for the first month in the Coordinator's morning meeting to monitor for compliance.

Directed: Building Services Coordinator/Designee audits and weekly audit reviews will begin effective the week of March 9, 2026. █ 3/5/2026

Proposed Overall Completion Date: 03/23/2026

Directed Completion Date: 03/23/2026

Implemented (█ - 03/25/2026)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #4's Novolog Flex Pen 100 unit/ml Subcutaneous Solution Pen was opened and undated. According to the manufacturer's instructions, opened Novolog insulin Flex Pen expires after 28 days of opening.

Resident #5's Novolog Flex Pen 100 unit/ml Subcutaneous Solution Pen was opened and undated. According to the manufacturer's instructions, opened Novolog insulin Flex Pen expires after 28 days of opening.

Resident #5's Lantus Solostar 100 unit/ml Subcutaneous Solution Pen was opened and undated. According to the manufacturer's instructions, opened Lantus Solostar insulin expires 28 days of opening.

Plan of Correction

Directed (█ - 03/05/2026)

These insulin pens were discarded immediately and new ones were put into use. All nurses and med techs were reeducated by a Certified Diabetic Educator during the month of January 2026 which includes instruction of dating of insulin pens when opened. An audit will be conducted by the Resident Services Coordinator or designee to ensure proper dating of pens upon opening. These audits will be conducted weekly for 4 weeks, every other week for 4 weeks, and monthly thereafter. A review of these audits will be conducted weekly for the first 2 months in the coordinator's morning meeting to monitor for compliance.

Directed: Resident Services Coordinator/Designee audits and weekly reviews will begin effective the week of March 9, 2026. █ 3/5/2026

Proposed Overall Completion Date: 03/23/2026

Directed Completion Date: 03/23/2026

Implemented (█ - 03/25/2026)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #6's Ondansetron 4 mg tablet indicates: take 2 tablets by mouth every 6 hours as needed; however, resident #6 is ordered: Ondansetron 4 mg tablet, take 2 tablets by mouth every 8 hours as needed.

*The pharmacy label for resident #5's Lantus Solostar 100 u/ml, indicates: inject 14 units subcutaneously every morning *hold for blood sugar less than 100*; however, resident #5 is ordered: Lantus Solostar 100u/ml, inject 10 units subcutaneously every morning *hold for blood sugar less than 100*.*

Plan of Correction**Directed (█ - 03/05/2026)**

A direction change sticker was applied to the labels of both medications immediately. All nurses and med techs will receive additional education by the Resident Services Coordinator or designee by March 23, 2026 on Regulation 2600.184.a and medication labeling. Medication cart audits to ensure correct labeling of medications will be conducted by Resident Services Coordinator weekly for one month, every 2 weeks for one month and monthly thereafter. The results of these cart audits will be reviewed weekly for the next 2 months in the Coordinator's morning meeting to monitor for compliance.

Directed: Resident Services Coordinator/Designee audits and weekly reviews will begin effective the week of March 9, 2026. █ 3/5/2026

Proposed Overall Completion Date: 03/23/2026

Directed Completion Date: 03/23/2026

Implemented (█ - 03/25/2026)

185a - Implement Storage Procedures

5. 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 #4's glucometer was not set to the correct time and date. The glucometer was activated at 1:35 pm on 12/29/2025; however, the glucometer indicated that time and date was 2:38 pm on 12/26/2025.

Resident #5's glucometer was not set to the correct time and date. The glucometer was activated at 1:46 pm on 12/29/2025; however, the glucometer indicated that the time and date was 2:26 pm on 12/29/2026.

Resident #6 is prescribed Lorazepam 2 mg/ml oral concentrate, take 0.25 ml sublingually every 3 hours as needed; however, it was not available in the home.

185a - Implement Storage Procedures (continued)**Plan of Correction****Directed (█ - 03/05/2026)**

Residents #4 and #5 were immediately given new glucometers that were set to the proper date and time. The Lorazepam for resident #6 had been ordered on 12/24/2025 but was not delivered. The Lorazepam was reordered on 12/29/2025 and was delivered at 1:13 AM on 12/30/2025. All nurses and med techs received re-education from Certified Diabetic Educator in January 2026 which addressed glucometer use, readings and settings. All nurses and med techs will receive additional education by the Resident Services Coordinator or designee by March 23, 2026 on Regulation 2600.185.a and medication storage. Medication cart audits will be conducted by Resident Services Coordinator weekly for one month, every 2 weeks for one month and monthly thereafter. The results of these cart audits will be reviewed weekly for the next 2 months in the Coordinator's morning meeting to monitor for compliance.

Directed: Resident Services Coordinator audits and weekly reviews will begin effective the week of March 9, 2026. █
3/5/2026

Proposed Overall Completion Date: 03/23/2026

Directed Completion Date: 03/23/2026

Implemented (█ - 03/25/2026)