

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

May 8, 2026

[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 04/13/2026 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

Type: C-2 LP **Date:** 09/22/1998 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 100 **Waking Staff:** 75

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 04/13/2026

Inspection Dates and Department Representative

04/13/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 **Residents Served:** 50

Secured Dementia Care Unit

In Home: Yes **Area:** Entire home **Capacity:** 56 **Residents Served:** 50

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 50
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 50 **Have Physical Disability:** 0

Inspections / Reviews

04/13/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/26/2026

04/24/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/07/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/30/2026

Inspections / Reviews *(continued)*

04/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/08/2026

05/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at approximately 3:30pm, direct care staff person A was attempting to weigh resident [REDACTED] in the hallway of the Dockside neighborhood. Resident [REDACTED] told direct care staff person A that [REDACTED] was unable to stand up to be weighed and direct care staff person A was overheard yelling at resident [REDACTED] to stand up and yelled, "I know you can. I have had it with you. Just listen to me". The yelling was overheard down the hallway by another direct care staff person who came over to intervene. Resident [REDACTED] indicated the incident upset the resident. The entire home is licensed as a secured dementia care unit (SDCU) and according to resident [REDACTED] assessment, dated [REDACTED], resident [REDACTED] has a severe problem with orientation to time, place and person and has a moderate problem with understanding instructions.

Plan of Correction

Directed [REDACTED] - 04/24/2026)

Corrective Action for Affected Resident(s):

Resident [REDACTED] was immediately assessed following the incident for emotional well-being.

Staff person A was removed from direct care duties pending investigation and received immediate counseling regarding appropriate communication with residents, especially those with dementia-related cognitive impairments. The resident was reassured, and care staff reviewed appropriate approaches for assisting residents who are unable or unwilling to comply with requests such as weighing.

Corrective Action for Other Residents:

On 4/14/2026, an all-staff meeting was held. All staff received re-education on Resident Rights 2600.41a - 41e, 42a - 42w, 43b and 44a - 44g, and "Do's and Don'ts: Communicating with a Person Who Has Alzheimer's Disease." (DIRECTED: Documentation of the staff education shall be kept. [REDACTED] 4/24/26).

Emphasis was placed on recognizing cognitive limitations and avoiding confrontational or directive language.

Systemic Changes to Prevent Recurrence:

The facility implemented mandatory in-service training on Relias education system, including:

"Behavioral and Communication Approaches in Dementia Care," "Knowing the Rights of Residents," and "Abuse, Neglect, and Exploitation in the Elder Care Setting;" to be completed by 5/8/2026. (DIRECTED: Documentation of the staff education shall be kept. [REDACTED] 4/24/26).

Current and maintained policy reinforces zero tolerance for yelling, intimidation, or disrespectful interactions, e.g. immediately suspension of employee until an internal investigation and Area on Aging investigation has been conducted and completed.

Supervisory staff will conduct routine observational rounds focusing on staff-resident interactions.

Monitoring Procedure:

Starting 4/18/2026, the Executive Director/Resident Services Coordinator or Designee will complete random observations of staff-resident interactions (audit) daily for (2) two weeks, then weekly for (2) weeks thereafter. Any identified concerns will result in immediate corrective counseling and retraining. Training attendance and competency validation will be documented and maintained. In addition to Plan of Corrections, any new findings or concerns will be reviewed at next QAPI meeting scheduled for 7/7/2026 or sooner if the need presents.

42c Treatment of Residents (continued)

Proposed Overall Completion Date: 05/08/2026

Directed Completion Date: 05/08/2026

Implemented [REDACTED] 05/08/2026)

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:30am, a chair was present in front of the emergency exit door near bedroom [REDACTED], blocking this egress route.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/24/2026)

Corrective Action for Immediate Issue:

The chair obstructing the emergency exit near bedroom #25 was removed immediately upon discovery. All exits were checked the same day to ensure they were unobstructed.

Corrective Action for Other Areas:

A full facility sweep was conducted by BSC (Maintenance) to ensure all egress routes, including hallways, doorways, and exits, were clear and compliant.

Systemic Changes to Prevent Recurrence:

The facility reinforced its policy that no items may be placed in front of emergency exits or egress pathways at any time.

On 4/14/2026, managers/Coordinators were re educated on fire safety requirements and the importance of maintaining unobstructed exits, with emphasis on this being a repeat violation (Unobstructed Egress 2600.121(a) and 121(b) (DIRECTED: Documentation of the staff education shall be kept. [REDACTED] 4/24/26).

Monitoring Procedure:

The Maintenance Director (BSC)/Designee will perform weekly environmental audits for Unobstructed Egress. This includes an audit daily for (2) two weeks, then weekly for (2) weeks thereafter; starting 4/18/2026.

The Executive Director will review audit logs weekly for compliance.

Any identified concerns will result in immediate corrective counseling and retraining. Training attendance and competency validation will be documented and maintained. In addition to Plan of Corrections, any new findings or concerns will be reviewed at next QAPI meeting scheduled for 7/7/2026 or sooner if the need presents.

Proposed Overall Completion Date: 04/24/2026

Directed Completion Date: 04/24/2026

121a Unobstructed Egress (*continued*)

Implemented [REDACTED] - 05/08/2026)