



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 01 2012

Mr. Raymond L. Wolfe, Executive Director
Mercy Life Center Corporation
Attn: Anne Spontak
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Garden View Manor
441 Swissvale Avenue
Pittsburgh, Pennsylvania 15221

Dear Mr. Wolfe:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 21, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Garden View Manor		License Number:
Address: 441 Swissvale Avenue, Pittsburgh, PA 15221		County: Allegheny
Administrator: Laura Spinelli		Region: WEST
Legal Entity Name: Mercy Life Center Corporation		
Legal Entity Address: 1200 Reedsdale Street, Pittsburgh, PA 15233		<div style="border: 2px solid black; padding: 5px; text-align: center;"> Western Region SEP 27 2012 Adult Residential Licensing </div>
Certificate(s) of Occupancy I-1 04/08/2010 Borough of Wilkinsburg		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 56	Waking Staff: 42
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/21/2012: Glidden, Michelle; Orme, Melinda		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 56 Number of Residents Served: 56 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	Number of Residents who: <div style="background-color: black; width: 100%; height: 100px; margin-top: 5px;"></div>	

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Violation Report: 40690 - 08/21/2012 - Glidden, Michelle
PCH Name: Garden View Manor

1. REGULATION 55 Pa.Code §2600

2800.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 was not dated when signed by the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Some residents may not be aware of the correct date and therefore may not indicate the date when signing/reviewing documents. It is the responsibility of the staff member completing the form to ensure that the form is completed in its entirety. Administrator will review all PAW required documentation to ensure that it is completed in its entirety and that the correct date is listed next to the signature.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

[Signature] LSW PCHA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Laura Spinelli / PCHA

Date 9/26/12.

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/17/12
(Date)

Plan of correction implementation status as of 10/17/12
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Western Region

Violation Report: 40890 - 08/21/2012 - Glidden, Michelle
PCH Name: Garden View Manor

SEP 27 2012

1. REGULATION 55 Pa.Code §2800

2800.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been reviewed by the home or submitted to the municipal emergency management agency since 10/8/09.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The emergency plan is reviewed annually by the home's administrators, but the home had no documentation to verify this review. DPW auditor indicated that documentation of this review should be kept with the emergency binder so that the annual review can be clearly indicated. On the day of the inspection, administrator devised a form to document this annual review. This form will indicate if any changes were made to the emergency plan as well as if changes were shared with our local municipality. This form was shown to the auditor on the day of inspection. The auditor verified that the form will adequately meet the needs of the above regulation. This form will be kept in the front of our emergency binder. The form is attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature] LSW RCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Laura Spirelli

Date 9/26/12

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10/17/12
(Date)

Plan of correction implementation status as of

10/17/12
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
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- Not Implemented

SEP 27 2012

Violation Report: 40890 - 08/21/2012 - Glidden, Michelle
PCH Name: Garden View Manor

Adult Residential Licensing

1. REGULATION 55 Pa. Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 indicates the resident is ordered Loperamide 1mg/5ml and Ventolin #FA 90 mcg. The medications were not available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

These medications were PRN medications for the resident. In the presence of the auditors, it was confirmed that resident had not requested these medications for at least the past 6 months.

Administrator reviewed documents confirming communication with our pharmacy, which indicated that these medications had been returned to the pharmacy a week prior because they had become expired. We were awaiting for the items to be re-stocked by the pharmacy.

In the meantime, the resident's PCP was on site and the medications were discussed. Due to resident's lack of use/complaint, these medications were discontinued. (see script attached)

- By 10/12/12 - Administrator or designee will audit medications at least monthly.
- Immediately - The administrator will ensure that all prescribed medications, including PRN medications are available in the home. In the event a medication is not requested, the home will contact resident's physician regarding need for medication.

Handwritten signature/initials on the right margin.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Handwritten signature of Laura Spirelli

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Laura Spirelli

Date

9/26/12

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Handwritten date 10/12/12 (Date)

Plan of correction implementation status as of

Handwritten date 10/12/12 (Date)

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- Not Implemented

The above plan of correction was approved by

Handwritten initials (Initials)

Western Region

SEP 27 2012

Adult Residential Licensing

Violation Report: 40890 - 08/21/2012 - Glendon, Michelle
 PCH Name: Garden View Manor

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #3 does not include the purpose or diagnoses for Benzotropine 2mg tablet, Digoxin 125mcg tablet, or Haloperidol 5mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Garden View Manor medication administration records (MAR) are pre-printed by our pharmacy. The missing diagnoses were discussed with our pharmacy. RN's when renewing the MAR's at the start of each month will ensure that the MAR's have all the above required information. On-going communication with our pharmacy will occur to identify any further issues. The diagnoses for the specific medications above were corrected immediately.

Report Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Laura Spinelli</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura Spinelli</i>		Date <i>9/26/12</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>10/12/12</i> (Date)	Plan of correction implementation status as of <i>10/12/12</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Western Region

SEP 27 2012

Adult Residential Licensing

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Violation Report: 40890 - 08/21/2012 - Glidden, Michelle
PCH Name: Garden View Manor

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for resident #1, admitted 4/20/09, is not dated.

The preadmission screening form for resident #2, admitted 2/2/12, is not dated.

*Withdrawn
John*

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator pulled these records and they are in fact dated by the person completing the report, on the last page where indicated. (see documents attached)

*Withdrawn
10/17/12*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Spirelli

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Laura Spirelli

Date 9/26/12

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(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by *JS*
(Initials)

- Fully Implemented
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SEP 27 2012

Violation Report: 40890 - 08/21/2012 - Glidden, Michelle
PCH Name: Garden View Manor

Adult Residential Licensing

1. REGULATION 55 Pa. Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Support plans for resident #1 were completed on 1/8/11 and 1/8/12 due to a significant change but there were no assessments completed on these dates.

The most recent assessment for resident #4 was completed on 7/16/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Garden View Manor staff will be instructed to complete both the assessment and support plan whenever there is a significant change.

This process will be made easier now that the Resident Assessment and Support Plan are combined into one single document - the RASP.

Staff have already been trained on how to complete the RASP and we have discussed indicators of a significant change which would warrant updating the RASP.

Administrator will continue to review all chart documentation to ensure that forms are completed thoroughly and accurately.

By 10/31/12 - A new assessment for residents #1 and #4 will be completed.

[Signature] 10/17/12

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/03/2011

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* LSW PCH

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura Spinelli

Date 9/26/12

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SEP 27 2012

Violation Report: 40690 - 08/21/2012 - Glidden, Michelle
PCH Name: Garden View Manor

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
An assessment was completed for resident #3 on 1/9/12. The resident's support plan has not been revised.
The most recent support plan for resident #4 was completed on 10/28/10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Garden View Manor staff will be instructed to complete both the assessment and support plan annually and any time a significant change is indicated.

This process will be made easier now that the RASP is combined into one single document.

Staff have already been trained on how to complete the RASP and we have discussed indicators of significant change.

Administrator will continue to review all chart documentation to ensure that forms are completed thoroughly and on time.

By 10/31/12 - New support plans for residents #3 and #4 will be completed.

Jr 10/12/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* LSW PCH

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Sporelli* Date *9/26/12*

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- Partially Implemented - Inadequate Progress
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Western Region

SEP 27 2012

Violation Report: 40880 - 08/21/2012 - Glidden, Michelle
PCH Name: Garden View Manor

1. REGULATION 55 Pa.Code §2500

2500.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of those services.

2a. DESCRIPTION OF VIOLATION

On 1/30/12, resident #2's physician determined that the resident cannot lift greater than 25 pounds and can only participate in light exercise. The resident's support plan does not address how the home will assist the resident in meeting these needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident's RASP has been updated to reflect this information. (see attached)

Administrator will review all annual paperwork to ensure that all pertinent information from the DME is included on the RASP.

By 10/31/12 - The administrator will develop a system so that new medical information is communicated to the appropriate staff so that assessment and support plans are promptly updated.

10/17/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Spinelli

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Laura Spinelli

Date 9/27/12

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