

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ASBURY PLACE INC

LEGAL ENTITY

To operate ASBURY PLACE

NAME OF FACILITY OR AGENCY

Located at 760 BOWER HILL ROAD, PITTSBURGH, PA 15243

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 42  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 42

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 21, 2012 until December 21, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 431550

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

DEC 19 2012

Ms. Erica Gevaudan, Administrator  
Asbury Place, Inc.  
Asbury Place  
760 Bower Hill Road  
Pittsburgh, Pennsylvania 15243

Dear Ms. Gevaudan:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 18, 2012 and October 26, 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", with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 42431 - 10/18/2012 - Pfaff, Vicki  
PCH Name: ASBURY PLACE

NOV 26 2012

1. REGULATION 55 Pa.Code §2600  
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
On 1/18/12 a copy of the current licensing inspection summary, dated 11/29/11, and a copy of Chapter 2600 were not posted 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.

Inspection summary and copy of 2600 Regulations were immediately posted at the time of the inspection. (see enclosed photo of the postings).

Administrator will conduct a monthly audit to ensure proper items are posted for residents and families. Results of audit will be reported at Quality Management meetings.

Corrected as of 10/18/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Erica Gevaudan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erica Gevaudan, Administrator*      Date *11/19/12*

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

The above plan of correction is approved as of 11-27-12 (Date)  
  
The above plan of correction was approved by EG (Initials)

Plan of correction implementation status as of 11-27-12 (Date)  
 Fully Implemented *11-27-12*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 42431 - 10/18/2012 - Pfaff, Vicki  
PCH Name: ASBURY PLACE

NOV 26 2012

1. REGULATION 55 Pa.Code §2600

Western Field Office

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.

2a. DESCRIPTION OF VIOLATION

On 10/18/12, a document titled "Brown House Treatment Plans", dated 9/20/12, listed the first names of residents and their daily needs was unlocked and accessible on the counter in the Brown House kitchenette.

On 10/18/12, a document titled "Green House Treatment Plans", dated 9/20/12, listed the first names of residents, resident diagnoses and ADL assistance was unlocked and accessible on the counter in the Green house kitchenette.

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.

Treatment Plans were immediately removed from the area at time of inspection (10/18/12).

Treatment plans for both the Green house and Brown house have been posted in the utility rooms in each house which are kept locked. (see attached photos of postings in utility room).

Staff was in-serviced on the importance of maintaining confidentiality and not leaving any items containing personal information of the residents in a common area. Supervisors will check common areas daily and report any finding to the Resident Care Director. (see attached in-service sign in sheet).

Administrator will conduct an audit monthly of common areas and report any findings at quality management meetings.

All steps completed as of 11/19/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Erica Gevandan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erica Gevandan, Administrator*      Date *11-19-12*

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

The above plan of correction is approved as of 11-27-12 (Date)

Plan of correction implementation status as of 11-27-12 (Date)

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

- Fully Implemented *11-27-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42431 - 10/18/2012 - Pfaff, Vicki  
 PCH Name: ASBURY PLACE NOV 26 2012

1. REGULATION 55 Pa.Code §2600  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.  
 Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
 A bottle of Clorox Clean-up and a bottle of insecticide with warning labels that state "if swallowed call poison control center" were unlocked and accessible to residents on a cleaning cart in the unlocked Brown House utility room.  
 A bottle of Febreze fabric deodorizer with a warning stating "eye irritant; avoid contact with eyes; seek medical attention" was unlocked and accessible to residents in an unlocked lower cabinet in the kitchen area of the Brown House.  
 A bottle of stainless steel polish with a warning that states "Danger: flammable liquid and vapor; inhalation: get medical attention immediately" was unlocked and accessible to residents on an unattended cleaning cart in the River Road hallway.  
 All residents of the home reside in a secure dementia care unit and are not assessed as being able to avoid or use poisonous materials.

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.

- \*Items found were immediately removed and secured (10/18/12)
- \*For the Brown house, a locking housekeeping cart was purchased and is being used as of 11/13/12. (see attached invoice and photo).
- \*Staff in-serviced on the importance of securing any items that are potentially dangerous to the residents. (see attached sign in sheet)
- \*11-7 staff will check common areas daily for any inappropriate substance that contain the specified warning. Any items found will be immediately secured and they will notify their supervisor,
- \*Administrator will conduct an audit monthly to monitor for on-going compliance and report results at Quality Management meetings.

Implemented as of 11/19/12

|                       |                                   |            |  |
|-----------------------|-----------------------------------|------------|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 11/30/2011 |  |
|-----------------------|-----------------------------------|------------|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Erica Gevaudan*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Erica Gevaudan, Administrator* Date *11/19/12*

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>11-27-12</u><br>(Date)             | Plan of correction implementation status as of <u>11-27-12</u><br>(Date)  |
| The above plan of correction was approved by <u><i>[Signature]</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>11-27-12</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 42431 - 10/18/2012 - Pfaff, Vicki

NOV 26 2012

PCH Name: ASBURY PLACE

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The trash dumpster in the back of the building, with trash inside, was not covered.

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 dumpster was closed at the time of the inspection on 10/18/12.

Staff was in-serviced on the necessity of keeping the dumpster closed after depositing garbage. A large pole was placed at the dumpster so staff can hold up the lid while putting garbage bags in the dumpster. (See attached photos).

A reminder sign was also placed on the door leading to the dumpster reminding staff to make sure the lid is closed. (see enclosed)

Additionally, I sent an email to the Maintenance Supervisor asking that he remind his staff to close the dumpster after depositing garbage. (see copy of email).

Charge nurse will check dumpster daily at the beginning and end of the shift to ensure it is closed. Administrator will spot check monthly and report findings at QM meetings.

Plan implemented as of 11/15/12.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Elica Gevaudan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Elica Gevaudan, Administrator* Date *11/15/12*

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

The above plan of correction is approved as of 11-27-12 (Date)

Plan of correction implementation status as of 11-27-12 (Date)

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

- Fully Implemented 11-27-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42431 - 10/18/2012 - Pfaff, Vicki  
PCH Name: ASBURY PLACE

1. REGULATION 55 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

NOV 26 2012

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The water temperature in the Douwe Egbert's coffee machines in the kitchen area of both the Brown House and the Green House measured 163 degrees Fahrenheit. All residents of the home reside in a secure dementia care unit and have unsupervised access to the coffee machines.

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 coffee machines were removed from both the Green and Brown houses on 11/19/12 and relocated to the main kitchen which is not accessible to the residents. (see attached invoice and photo).

Staff will fill carafes with coffee and hot water for meal times and as needed throughout the day. Staff will pour all coffee / hot water for tea from the carafes.

Staff in-serviced on new procedure. (See attached sign in sheet.

Implemented as of 11/19/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Elica Gevaudan*

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

Elica Gevaudan, Administrator

Date 11/19/12

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

The above plan of correction is approved as of 11-27-12  
(Date)

Plan of correction implementation status as of 11-27-12  
(Date)

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

- Fully Implemented 11-27-12g
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented