



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2013

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 licensing inspection on September 4, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period December 21, 2013 to December 21, 2014 was issued on September 5, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosure
License Inspection Summary

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

PCH Name: ASBURY PLACE		RECEIVED SEP 23 2013 WEST REGION FIELD OFFICE Human Services Licensing	License Number: 43155
Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243			County: Allegheny
Administrator: Erica Gevaudan			Region: WEST
Legal Entity Name: ASBURY PLACE INC			
Legal Entity Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243			
Certificate(s) of Occupancy I-2 01/05/1998 Mount Lebanon			
Staffing Hours Resident Support: N/A Total Daily Staff: 80 Waking Staff: 60			
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced			
Reason(s) for Inspection(s) Renewal			
On-Site Inspections Dates and Department Representatives On-Site 09/04/2013: Mazza, Larry; Glidden, Michelle			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details Partial or Full Triggers: N/A Random Indicators: N/A			
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 42 Number of Residents Served: 40 Secured Dementia Care Unit in Home: Yes Area: Entire facility Secured Dementia Unit Capacity, if Applicable: 42 Number of Residents Served in Secured Dementia Care Unit, if applicable: 40 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 14		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 40 Have a Physical Disability: 0	

SEP 23 2013

Violation Report: 43155 - 09/04/2013 - Mazza, Larry
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

A piece of paper with medical information for resident #1 including incontinence care and shower care was posted on the Greenhouse refrigerator.

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.

- Item described above immediately removed from refrigerator at time of inspection (9-4-13) (This paper was on a new admission).
 - All staff inservice on 9/11/13 on the importance of keeping resident information confidential. (See attached sign-in from inservice).
 - Any information on new residents will be placed in a binder in our utility room which is kept locked at all times.
 - Shift supervisors will check common areas daily each shift during rounds. If any unacceptable items found they will be secured immediately + Res. Care Director made aware.
- Administrator/designee will conduct a monthly audit of common areas and report findings at Quality Management meetings (see attached audit).

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/18/2012

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 *9-13-13*

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The above plan of correction is approved as of <u>9/23/13</u> (Date)	Plan of correction implementation status as of <u>9/23/13</u> (Date)
The above plan of correction was approved by <u>WS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43155 - 09/04/2013 - Mazza, Larry PCH Name: ASBURY PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
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.			
2a. DESCRIPTION OF VIOLATION The following poisonous materials with a manufacturer's label indicating "If ingested, get medical help or contact a poison control center right away" were unlocked and accessible to residents in resident #2's bathroom: *1 liter bottle of Crest pro-health mouthwash *2 tubes of A&D ointment Not all residents of the home including resident #2 have been assessed capable of recognizing and using poisons safely.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<ul style="list-style-type: none"> - Mouthwashes & A&D ointment immediately removed at time of inspection (9-4-13) - wife of Res # 2 educated on above regulation on 9/5/13. - Staff inservice on 9-11-13 concerning The safe storage of poisonous materials and the risk to residents. Reiterated that anything with a poison label or call an MD if ingested is unsafe. (see attached inservice sign-in) - A designated staff person will check the facility daily on each shift for unlocked poisons. If any are found they will be immediately removed & reported to supervisor. - Letter sent to families notifying them of the regulation & a copy will be given to all new admissions. (see attached). - Adm/designee will conduct monthly audit in resident rooms/ common areas for on-going compliance. Results will be reported at QM meetings. 			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/18/2012	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Erica Gevaudan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Erica Gevaudan, Administrator		9-13-13	
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Violation Report: 43155 - 09/04/2013 - Mazza, Larry PCH Name: ASBURY PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.125(b) - Combustible materials shall be inaccessible to residents.			
2a. DESCRIPTION OF VIOLATION There was an approximate 1/2 full propane tank, attached to the gas grill, which was unlocked and accessible to residents in the Woodland Drive courtyard.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>- Propane tank disconnected from grill and is now stored in a locked Rubbermaid storage cabinet (see attached photos)</p> <p>- Activities staff & supervisor keys given key to the lock for cabinet.</p> <p>- Inservice staff on the need to have any combustible materials locked.</p> <p>- Adm / designee will complete audit weekly x 4 weeks to ensure compliance & if compliant move to monthly audit of locked cabinet. (see attached audit).</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Erica Gevaudan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Erica Gevaudan, Administrator	
		Date	9-13-13
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Violation Report: 43155 - 09/04/2013 - Mazza, Larry
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #3 was prescribed a mechanical soft diet on 5/7/13. However, the home has been serving the resident a regular diet, since admission on 5/10/13.

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.

- Order for diet immediately sent to dietary on 9/11/13 and resident received mechanical soft / gluten free diet for lunch on 9/11/13 (see attached diet form sent to dietary).

Also attached meal ticket from dinner on 9/10/13 to show on-going compliance with diet.

- All resident diets checked for accuracy and diet list updated. (see attached)

- Res. Care Director will conduct diet audits monthly and submit to dietary to ensure correct dietary restrictions / special diets are accurate. RCD will submit finding at QM mtg.

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 9-13-13

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(Initials)

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Violation Report: 43155 - 09/04/2013 - Mazza, Larry
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed "Lorazepam-0.5mg-take 1 tablet by mouth every 8 hours as needed." However, the pharmacy label for the medication indicates "Lorazepam-0.5mg-take 1 tablet by mouth every 6 hours as needed."

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.

- Direction change sticker immediately applied at time of inspection (see attached copy of pharmacy label).
- All pharmacy labels reviewed for accuracy (9-16-13) by Res. Care Director (RCD)
- RCD/designee will review all order changes to ensure accuracy between pharmacy label and MAR. Any corrections needed (including change of direction stickers) will be made during these reviews if needed. (11-7 nurse will assist with this as a designee).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Erica Gevaudan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erica Gevaudan, Administrator</i>	Date <i>9-16-13</i>
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Violation Report: 43155 - 09/04/2013 - Mazza, Larry
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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, dated 3/10/13, for resident #2 does not indicate if the home can meet the resident's 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.

- During the prescreen process in March 2013 it was determined that Resident # 2 was appropriate for Asbury Place and that his needs could be met. It was an oversight that the box indicating that was not checked.
- Res. # 2 remains at the facility & continues to be appropriate & do well.
- Spoke with staff that do pre-admission screenings (Family Liaison & RCD) to remind them to always check to ensure prescreen is complete and to always check one of the boxes indicating if a residents needs can be met.
- RCD will check all pre-screens for accuracy prior to adm + placing in chart & provide any re-education if necessary.
- Pre-Screen on Resident [redacted] included to show compliance.
- Adm/designee will complete monthly audit x 5 residents (see attached)

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erica Gevaudan, Administrator* Date *9-16-13*

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Violation Report: 43155 - 09/04/2013 - Mazza, Larry
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SEP 23 2013

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The assessment, dated 5/11/13, for resident #3 does not include a mechanical soft diet as indicated on the medical evaluation, dated 5/7/13.

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.

- Resident # 3's assessment (RASP) was updated to reflect Mechanical soft diet. (see attached) p 1, 2 + 7 of RASP
- RCD + 7-3 nurse reviewed all residents diets for accuracy and checked RASPs to ensure accuracy.
- RCD will audit diets monthly & submit to dining service to crosscheck diets. Results will be reported at QM meetings. (see attached audit).

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

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Violation Report: 43155 - 09/04/2013 - Mazza, Larry
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 3/11/13; however, the initial medical evaluation was completed on 8/23/12.

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.

- Upon realization that DME was out of compliance in early August 2013 a new DME was requested and completed on 8/15/13. This will become the new annual for res # 2. (see attached DME)
- All DME's checked for compliance by Administrator
- All DME's will be completed within 60 days prior to admission.
- RCD will check all DME's prior to admission to ensure accuracy.
- Adm/designee will conduct monthly audit to ensure compliance & will report at QM meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Erica Gevaudan

Printed Name and Title of Legal Entity Representative
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PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

Resident #2 uses an enabler on the bed; however, this is not addressed on the resident's support plan, dated 8/15/13.

Resident #3 was prescribed a mechanical soft diet on 5/7/13; however, this is not addressed on the resident's support plan, dated 5/11/13.

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.

- Resident # 2 RASP (support plan) was immediately updated to address his bed enabler (see p 2,3,5 of RASP) enclosed

- Res # 3 RASP (support plan) was immediately updated to reflect mechanical soft diet (see attached p. 1,2,7 of RASP)

- By Oct 15, 2013, RCD/designee will review all RASPs for accuracy + completion

- Adm/designee will conduct monthly audits x 5 residents to ensure on-going compliance. Audits will be reviewed at QM meetings.

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
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Erica Gevaudan, Administrator

Date

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