



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 2, 2014**

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

RE: Asbury Place  
# 431550

Dear Ms. Gebaudan:

As a result of the Department of Public Welfare's licensing inspection on May 27, 2014 and June 2, 2014 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 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jill Pezzino". The signature is written in a cursive style with a large, sweeping flourish at the end.

Jill Pezzino  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: ASBURY PLACE		License Number: 43155
Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243		County: Allegheny
Administrator: Erica Gebaudan		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		<b>RECEIVED</b>  AUG 27 2014  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 84	Waking Staff: 63
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/27/2014: Williams, Jason; Perry, Carole 06/02/2014: Williams, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 06/02/2014: Williams, Jason		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 42 Number of Residents Served: 42 Secured Dementia Care Unit in Home: Yes Area: Entire building Secured Dementia Unit Capacity, if Applicable: 42 Number of Residents Served in Secured Dementia Care Unit, if applicable: 42 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 4	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 42 Have a Physical Disability: 1	

AUG 20 2014

Violation Report: 43155 - 05/27/2014 - Williams, Jason  
PCH Name: ASBURY PLACE

WEST BERNHARD COUNTY  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
On 5/25/14 at 7:00 PM, an accusation of physical and verbal abuse by Staff person A toward Resident #1 was made to Staff person B, the Director of Nursing. The home did not report this incident to the Area Agency on Aging until 5/27/14.

**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/ designee will immediately report suspected abuse in accordance with the Older Adult Protective Services Act (Act 13 and Reportable incident sent 5/27/14)
- Protocol for alleged abuse reviewed with staff as well as dignity, respect and signs of abuse at in-service held on 7/16/14 and 7/17/14. (See attached sign-in sheets, protocol and handouts labeled attachments A-F)
- Staff will continue to receive initial training upon hire and annually on abuse and resident rights.
- 24 hr hotline # posted to promote reporting of suspected abuse. (see attachment G)
- Administrator completed self study course units 1-4 on abuse through the Dept. of Aging website. See attached self check quizzes labeled attachment H.

*Within 30 days of receipt of the approved plan of correction, all direct care staff and management staff including the administrator will receive training in abuse reporting and prevention from an outside source. Documentation shall be kept. JHP 8-22-14*

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 *8/18/14*

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

The above plan of correction is approved as of <u>8-22-14</u> (Date)	Plan of correction implementation status as of <u>8-22-14</u> (Date)
The above plan of correction was approved by <u>JHP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JHP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43155 - 05/27/2014 - Williams, Jason  
 PCH Name: ASBURY PLACE

AUG 20 2014

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

WEST REGION FIELD OFFICE  
 Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

On 5/25/14 at 7:00 PM, an accusation of physical and verbal abuse by Staff person A toward Resident #1 was made to Staff person B, the Director of Nursing. The home did not report this incident to the Department until 5/27/14.

**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/ designee will immediately report suspected abuse in accordance with the Older Adult Protective Services Act (Act 13 and Reportable incident sent 5/27/14)
- Protocol for alleged abuse reviewed with staff as well as dignity, respect and signs of abuse at in-service held on 7/16/14 and 7/17/14. (See attached sign-in sheets, protocol and handouts labeled attachments A-F)
- Staff will continue to receive initial training upon hire and annually on abuse and resident rights.
- Policy for Reportable incidents reviewed with all nursing supervisors by Resident Care Director. (see attached policy labeled I).
- 24 hr hotline # posted to promote reporting of suspected abuse. (see attachment G)
- Administrator completed self study course units 1-4 on abuse through the Dept. of Aging website. See attached self check quizzes labeled attachment H.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Enea Gevaudan*

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

*Enea Gevaudan, Administrator*

Date

*8-18-14*

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

The above plan of correction is approved as of

*8-22-14*  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

Plan of correction implementation status as of

*8-22-14*  
 (Date)

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

Violation Report: 43155 - 05/27/2014 - Williams, Jason  
PCH Name: ASBURY PLACE

AUG 20 2014

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

-On 5/25/14 at approximately 7:00 PM, staff person C overheard staff person D yelling in a loud voice at resident #1 in the process of redirecting this resident out of another resident's room. Resident #1, a resident with dementia, was upset by being spoken to in this tone of voice.

-On 6/2/14 at approximately 2:00 PM, staff persons C and E witnessed staff person F say to Resident #2 "What the f\*\*\* (Resident #2)?" after the resident drank from a bottle of iced tea belonging to staff person F that was left out on a counter within reach of the resident. Resident #2 is a resident with dementia.

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 receipt of the approved plan of correction, the licensee shall submit proof of implementation in person to at least 3 residents or their family members and document the process to ensure residents' cases have been addressed with dignity and respect. Documentation of implementation is due 8-22-14

- Both employees were immediately removed from the schedule at the time of the incident (and subsequently terminated).
- Protocol for alleged abuse reviewed with staff as well as dignity, respect and signs of abuse at in-service held on 7/16/14 and 7/17/14. (See attached sign-in sheets, protocol and handouts labeled attachments A-F)
- Staff will continue to receive initial training upon hire and annually on abuse and resident rights.
- 24 hr hotline # posted to promote reporting of suspected abuse. (see attachment G)
- Any violation of residents rights, dignity or abuse will be immediately reported to DPW and AAA as mandated.
- Administrator completed self study course units 1-4 on abuse through the Dept. of Aging website. See attached self check quizzes labeled attachment H.

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 *8/18/14*

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

The above plan of correction is approved as of 8-22-14  
(Date)

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

Plan of correction implementation status as of 8-22-14  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *EG*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 43155 - 05/27/2014 - Williams, Jason  
 PCH Name: ASBURY PLACE

AUG 28 2014

1. REGULATION 55 Pa.Code §2600

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

WEST REGION FIELD OFFICE  
 PHILADELPHIA, PA 19104

2a. DESCRIPTION OF VIOLATION

The support plan, dated 1/16/14, for Resident #1, does not address the diagnoses of back pain, depression, osteoporosis or hyperlipidemia which are listed on the resident's medical evaluation of the same date.

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.

- RASP updated to reflect diagnosis of back pain, depression, osteoporosis and hyperlipidemia. (see attached RASP Pages 1, 6,8)
- All RASPs will be reviewed by RDC/ designee for completeness and accuracy to ensure all diagnosis listed on DME are on RASP by 9/1/14
- Administrator/ designee will conducts audits monthly on new / annual DMEs/RASPs for accuracy and will report findings at QM meetings.  
 \*\*\* Annual DME for resident F. Neurovo and pages 1,6,7 and 8 included to show compliance with diagnosis from DME to RASP.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/04/2013	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Erica Gerarden*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Erica Gerarden, Administrator* Date *8/18/14*

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

The above plan of correction is approved as of 8-22-14  
 (Date)

Plan of correction implementation status as of 8-22-14  
 (Date)

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

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