



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 23 2014

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

RE: Asbury Place
License #: 431550

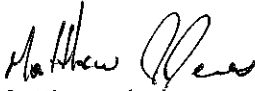
Dear Ms. Gevaudan:

As a result of the Department of Human Services' licensing inspection on September 8, 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.

Your regular license for the period December 21, 2014 to December 21, 2015 was issued on September 5, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

Enclosure
License 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 Gevaudan		Region: WEST
Legal Entity Name: ASBURY PLACE INC		
Legal Entity Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy 1-2 C 2 L P 01/05/1998 7/15/1997 Mount Lebanon L 7 I		RECEIVED NOV 29 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 76	Waking Staff: 57
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/08/2014: Whitney, Diane; Mandock, Nancy		
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: 42 Number of Residents Served: 38 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: 38 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 38 Have a Physical Disability: 0	

Violation Report: 43155 - 09/08/2014 - Whitney, Diane

PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

Multiple sterno cans with manufacturer's label indicating 'if ingested, contact poison control', were stored in the dry goods area next to salad oil and vinegar.

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.

At time of inspection sterno's immediately removed from dry storage and returned to the main building at Asbury Heights. (see attached photo of dry storage)

No poisonous items will be stored with any food or food preparation services.

Dining services staff in-serviced on storage procedures (see attached)

Audit to check kitchen storage will be conducted weekly by dining services manager / designee.

After 3 months of weekly compliance will then move to monthly. Results to be reported in monthly QM mtgs.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Erica Gerardan, Administrator* Date *11-26-14*

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

The above plan of correction is approved as of 12/3/14
(Date)

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

Plan of correction implementation status as of 12/3/14
(Date)

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

NOV 29 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43155 - 09/08/2014 - Whitney, Diane
PCH Name: ASBURY PLACE

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The stove in the kitchen in Meadow Lane had grease covering the entire backsplash, the 4 stove burners were covered with a 1/4" thick layer of burnt food particles, and inside the oven had burnt and bubbled food covering half of the oven base.

The toaster in the country kitchen between the brown and green house had a layer of bread crumbs, approximately 1/4" thick, in the bottom of the unit.

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.

On 9/9/14 the Country kitchen was completely scrubbed and cleaned from top to bottom. Walls, oven, refrigerator, toaster, cabinets all cleaned out. All food not dated was thrown away. (see attached photo's)

On 9/27/14 Administrator met with activities department to stress the importance of daily upkeep regarding cleanliness and food storage. We discussed the unsanitary conditions the country kitchen was in and that any opened food must be properly sealed and dated.

Introduced audit tool that will be completed weekly by administrative/ designee. Activities asked for a copy and posted on the refrigerator in the country kitchen as their checklist to maintain compliance.

Audits will be completed weekly to ensure sanitary conditions. If compliance is maintained for 3 months then audits will be done monthly thereafter. (see attached audit)/ Results of audits to be discussed in QM meetings.

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) *Erica Gevaudan, Administrator* Date *11/26/14*

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(Date)

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(Initials)

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- Not Implemented

RECEIVED

NOV 9 2014

Violation Report: 43155 - 09/08/2014 - Whitney, Diane
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in room #324 did not have emergency service numbers posted nearby.

The telephone in the kitchenette in the brown house did not have emergency service numbers posted nearby.

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.

At the time of the inspection new stickers with emergency numbers were placed on the phone of Room 324 and the brown house kitchen. (see attached photos).

All phone will be checked weekly by Administrator / designee for emergency phone numbers. (see attached audit). If compliance maintained weekly for 3 months then audits will move to monthly.

Results of audits will be reported 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
(Required on EVERY Page)

ERICA GEVAUDAN, Admin.

Date 11/26/14

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EG
(Initials)

Violation Report: 43155 - 09/08/2014 - Whitney, Diane
 PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The freezer in the country kitchen did not have a thermometer.

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.

Thermometer placed in the country kitchen freezer (see attached photo).

All refrigerators and freezers in the facility checked for compliance and documented on attached audit form. Audits will be completed weekly by dining services / designee. After 3 months of compliance will then move to monthly.

Results of 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)

Luca Gervaudan

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

Luca Gervaudan, Administrator

Date *11/26/14*

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NOV 20 2014

Violation Report: 43155 - 09/08/2014 - Whitney, Diane
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The kitchen freezer in the green house contained 1 package of pancakes, 5 packages of waffles, and 6 slices of bacon that were not dated.

The freezer in the country kitchen between the brown and green houses contained a bag of frozen peas, a bag of coffee, and a cheesecake that were not dated.

The kitchen freezer in the brown house contained three packages each of pancakes, french toast and waffles that were not dated.

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 items in the green house and Brown house freezers were immediately dated.

Plastic bins purchased so that any opened or loose items can be stored in a sealed container.

The date is put on the container via adhesive label. (see attached photo).

Items in the country kitchen freezer were disposed of. Any items in the freezer are labeled and sealed appropriately. (see photo)

All staff in-serviced on the importance of dating any food items as well as proper storage. (See attached in-service sheet and agenda).

Dietary staff person who stocks the refrigerators / freezers will check labeling daily. Dining services manager / designee will conduct weekly audits until complaint for 3 months and then will do audits monthly. (see attached audit).

Results to be reported 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
(Required on EVERY Page)

Erica Gevaudan, Administrator

Date 11/20/14

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12/3/14
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- Partially Implemented - Inadequate Progress
- Not Implemented

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EG
(Initials)

NOV 29 2014

Violation Report: 43155 - 09/08/2014 - Whitney, Diane
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The two gates in the fence around the exterior courtyard leading to a grassy area and the road are locked with padlocks, and there is no electronic or magnetic locking system.

The courtyard gate near the chapel leading to the road is locked with a deadbolt and the lock was stuck. There is no electronic or magnetic locking system on the gate.

3. PLAN OF CORRECTION

Include steps to be taken immediately

TEMPORARY lock installed with a code (code posted on the lock) which will allow for more immediate egress than a pad lock while we facilitate a magnetic locking system for the gates in outdoor courtyard. (See attached photo of temporary lock)

completed

On 11/25/14 Met with our Director of Maintenance and [redacted] from RWH to discuss options for magnetic locking system.

Courtyard will have to be wired for electric and depending on which lock option is chosen will depend on the complexity of wiring. Lead time for product once chosen is approximately 4-6 weeks and need to allow approximately 3-4 weeks for completion of labor. I would expect system to be installed and fully operational by Feb. 28, 2014. I will alert DPW to any delays experienced.

lock and a keypad will be installed Jan 12/3/14

(copies of proposed locks included) Approval of locking system will be obtained from the local building code official.

The courtyard gate near the chapel does NOT have a lock and has not had one. The slide / gate latch that keeps the gate closed was stuck. Gate/ latch was adjusted during inspection which allowed for gate to easily open. (see attached photo).

John 12/3/14

That courtyard is not used by the residents nor is it used as an evacuation route. Doors leading to the courtyard are on the mag lock system and courtyard only becomes accessible by entering the code OR when the fire alarm system engages.

Slide on the gate will be checked weekly by administrator /designee for ease of opening the gate. Results to be reported 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
(Required on EVERY Page)

Erica Gevaudan, Administrator

Date *11/26/14*

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(Date)

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(Initials)

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Violation Report: 43155 - 09/08/2014 - Whitney, Diane
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Seroquel 12.5mg at 5 P.M. On 9-5-14, resident #2 refused to take the medication and the home did not document the refusal in the resident's record.

Resident #2 is ordered Seroquel 50mg at 9 P.M. scheduled dose of Seroquel 50mg. On 9-5-14, the resident refused to take the medication and the home did not document the refusal in the resident's record.

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.

Nurses / Med techs in-serviced on the proper documentation of medication refusals as well as the importance of proper documentation. Also discussed self audits at the end of each shift. (see attached sign in sheet and agenda)

Staff will be reminded of proper documentation during monthly staff meetings.

At the end of each shift staff will perform a self audit to ensure their MAR is complete and correct.

Resident Care Director/ Designee will complete monthly audits to ensure compliance and provide additional education as needed. Results will be discussed at QM meetings. (See attached audit)

Oct. and Nov MAR included for Resident #2 for Seroquel to show compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Erica Geravudan

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

Erica Geravudan, Admin.

Date *11/24/14*

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The above plan of correction is approved as of

12/3/14
(Date)

Plan of correction implementation status as of

12/3/14
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)