



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 27 2015

Mr. William R. Polachek, President/CEO
Grand Residence of Upper St. Clair, Inc.
45 McMurray Road
Upper St. Clair, Pennsylvania 15241

RE: The Grand Residence at Upper St. Clair
License #: 432320

Dear Mr. Polachek:

As a result of the Department of Human Services' licensing inspection on October 7, 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 November 16, 2014 to November 16, 2015 was issued on August 27, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director_{JH}

Enclosure
License Inspection Summary

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

PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR		License Number: 43232
Address: 45 MCMURRAY ROAD, UPPER ST CLAIR, PA 15241		County: Allegheny
Administrator: Melissa Polachek Filipovic		Region: WEST
Legal Entity Name: GRAND RESIDENCE OF UPPER ST CLAIR INC		
Legal Entity Address: 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA 15241		
Certificate(s) of Occupancy C-2 LP 01/23/2001 Dept L&I		
FEB 03 2015 WEST REGION FIELD OFFICE Human Services Licensing		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 103	Waking Staff: 77
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/07/2014: Pfaff, Vicki; Rosol, Jennifer		
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: 85 Number of Residents Served: 78 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 11 Number of Hospice Residents In past year: 28	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 76 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 2	

Violation Report: 43232 - 10/07/2014 - Plaff, Vicki
PCH Name: THE GRAND RESIDENCE AT UPPER ST. CLAIR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The edge of the area rug in the activity room at the exit to the outside smoking area was curled up and posed a tripping hazard.

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 area rug was immediately removed and discarded. The on-site department representative verified that it had been removed and discarded by doing a second inspection of the area on 10/7/14.

The area rug was replaced and is regularly replaced weekly through a rental company, Model Corporation. Attached is an invoice for the weekly replacement of the rug and other rugs at The Grand Residence.

Maintenance will perform daily checks of all rugs. Maintenance will document on the maintenance log, remove any carpet that is not clean and in good repair or free of hazards, and immediately report any concerns to the Wellness Staff Director.

The Wellness Staff Director or designee will also perform weekly checks to ensure that carpets appear clean and in good condition. Any carpet that is not clean and in good repair and free of hazards will be removed to ensure compliance.

By 2-15-15 - All staff persons will be educated on reporting and/or correcting any floors, walls, ceilings, windows, doors and any other surfaces which are not clean, not in good repair or are hazardous. Documentation of education will be kept. 2-9-15

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa P Filipovic, Executive Director* Date *1/30/15*

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

The above plan of correction is approved as of <u>2-9-15</u> (Date)	Plan of correction implementation status as of <u>2-9-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43232 - 10/07/2014 - Plaff, Vicki
 PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

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

FEB 2 2015

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 10:15 a.m. the temperature of the hot water at the sink in the home's activity room measured 125 degrees Fahrenheit.

At 10:18 a.m. the temperature of the hot water at the sink in the common bathroom off of the activity room measured 126.8 degrees Fahrenheit.

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 plumbing and sprinkler system was being inspected for repairs on 10/7/14. When the independent contractor completed their repairs, the water temperatures were checked again on 10/7/14 and were found to be 113 degrees in the Activities Area kitchen sink and 116 degrees in the Activities Area bathroom sink. The water temperatures were checked every day for one week and all temperatures were found to be under 120 degrees. See attached checklist. Weekly checks were then instituted.

Maintenance will perform weekly checks of hot water throughout the building that is accessible to the residents. Maintenance will document the area and the temperature on the Water Temperature Checklist. Maintenance will immediately adjust the boiler and report and concerns to the Director of Community Development and/or their designee for temperature readings above 120 degrees. The hot water in that area will then be checked again to ensure the temperature is less than 120 degrees.

Should repairs be needed the Director of Community Development and/or their designee will contact the appropriate independent contractor.

The Director of Community Development will check water temperatures throughout the building bimonthly and will audit and review the Water Temperature check list that the maintenance department completes weekly.

By 2-9-15 - All STAFF persons will be educated on the requirement of regulation 2600.89(c)(6). Documentation of education will be kept. 2-9-15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa P. Filipovic*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa P. Filipovic, Exec DIR* Date *1/30/15*

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Violation Report: 43232 - 10/07/2014 - Pfaff, Vicki
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home has no emergency drinking water on site. The home's emergency water contract with Tyler Mountain Water and Coffee does not indicate the amount of water to be delivered or that the water will be delivered immediately upon request.

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

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

84 (1) gallon jugs of water was purchased from Tyler Mountain Water and Coffee and delivered on 1/29/15. Attached is the invoice. The water will be stored on site. The expiration date will be monitored by the maintenance department twice a year. Maintenance will report any expired water to the Wellness Staff Director and the order will be placed to replace the water.

Also, our hot water heater holds 574 gallons of potable water, which we would also use in case of emergency.

As per the RCG's recommendations if 1 gallon of water per person is stored on site, then the home has 24 hours to have water delivered. Our contract ensures that Tyler will deliver water within 6 hours of our contacting them.

Because the amount of water varies depending on the number of residents in the home, the contract only specifies that they will deliver 1 gallon of water per person for 2 days or more depending on our needs. The contract with Tyler Mountain Water and Coffee was amended to include that Tyler would deliver up to 85 gallons per 2 days as we are licensed for 85 residents, although our maximum capacity may be less than 85 depending upon the ratio of private to shared apartments. Attached is the amended contract.

The contract will be audited yearly by the Administrator and designee to ensure compliance with all the requirements of section 107 (c).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MENISSA P FILIPOVIC, EXEC DIR	Date 1/30/15
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Violation Report: 43232 - 10/07/2014 - Pfaff, Vicki
 PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

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.

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 WEST PENNSYLVANIA FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's October 2014 treatment administration record section of the medication administration record indicates Desonide 0.05% cream, apply to skin rash from patch twice a day until resolved. The resident's physician discontinued the straight order and changed the order to a prn order on 3/17/14.

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.

Resident #1's Desonide 0.05% cream order was updated to reflect that it was a PRN as of 10/7/14.

All new orders will be reviewed in QuickMar by 1 wellness nurse and by 1 staff nurse upon receiving the new order to ensure that all current orders are correctly reflected in QuickMar.

All medication and treatment administration records will be reviewed by a staff nurse monthly for each resident to ensure compliance with 187 (a).

By 2-15-15 - All STAFF persons qualified to administer medications will be educated on the requirements of regulation 2600.187(a). Documentation of education will be kept. 2-9-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Melissa P. Filipovic

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

MELISSA P. FILIPOVIC, EXEC DIR

Date 1/30/15

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Violation Report: 43232 - 10/07/2014 - Pfaff, Vicki
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

FEB 05 2015

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/13/14, resident #1 was prescribed Desonide 0.05% cream apply to skin rash from patch twice a day until resolved. The resident's physician changed the order to a prn order on 3/17/14. The resident received this medication as a regular order at 9:00 a.m. and 9:00 p.m. from 10/01/14 through 10/6/14 and at 9:00 a.m. on 10/7/14.

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.

On 10/7/14 our Wellness nurse and staff nurse indicated to the on-site department representative, Vicki Pfaff that Resident #1 came to the Wellness Office twice daily requesting her Desonide 0.05% cream be applied to her skin from 3/17/14 until present. The nurses indicated they were aware of it being a PRN but because Resident #1 requesting it twice daily, they applied it as she requested.

The nurses are only applying the Desonide 0.05% cream to Resident #1's skin per her request and according to the current prn order.

All new orders will be reviewed in QuickMar by 1 wellness nurse and by 1 staff nurse upon receiving the new order to ensure that the directions of the prescriber are correctly reflected in QuickMar so that they can be followed. All medication and treatment administration records will be reviewed by a staff nurse monthly for each resident to ensure compliance with 187 (d).

A nurse in-service will be held on 2/5/15 to reinforce that the nurses shall follow the directions of the prescriber when administering medications and treatments. If they are unsure of an order, they should stop and confirm or clarify before proceeding.

By 2-9-15. A designated staff person qualified to administer medications will review all incident medication records at least weekly to ensure all directions of the prescriber are followed. 2-9-15

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) MELISSA P FILIPOVIC, EXEC DIR Date 1/30/15

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Violation Report: 43232 - 10/07/2014 - Pfaff, Vicki
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION
Resident #2's assessment, completed on 6/4/14, does not include the resident's diagnosis of depression as indicated on the resident's medical evaluation dated 5/19/14.

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.

Resident #2's assessment and support plan was completed in the Tabula Pro system on 6/4/2014, but all the information inputted did not print out. See attached. On 10/7/14 the Director of Guest Services reprinted the assessment and support plan for on-site department representative, Vicki Pfaff, to review with all the diagnoses. See attached.

The Administrator or designee will audit the Resident assessment and support plan form monthly to ensure that all information, including the diagnoses, from the DME is documented on the form, and the form is completed within 15 days after admission. The Administrator or designee will use the department's Resident's Assessment - Support Plan form.

By 2-15-15 - The administrator or designated staff person will review all resident assessments to ensure all resident diagnoses and needs are documented. 2-9-15

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

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

Printed Name and Title of Legal Entity Representative
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