



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 14 2016

Mr. Raymond L. Wolfe, COO
Mercy Life Center Corporation
Attn: Cheri Richard
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Garden View Manor
441 Swissvale Avenue
Pittsburgh, Pennsylvania 15221
License #: 440690

Dear Mr. Wolfe:

As a result of the Department of Human Services' annual licensing inspections on May 27, 2016 and June 1, 2016 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 that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: GARDEN VIEW MANOR		License Number: 44089
Address: 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221		County: Allegheny
Administrator: Carla McCoy		Region: WEST
Legal Entity Name: MERCY LIFE CENTER CORPORATION		
Legal Entity Address: 1200 REEDSDALE STREET, PITTSBURGH, PA 15233		RECEIVED
Certificate(s) of Occupancy 1-2 09/09/2009 Borough of Wilkinsburg		AUG 29 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 56	Working Staff: 42
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 05/27/2016: Barry, Courtney; Garrigan, Laurie; Evages, Joseph 06/01/2016: Barry, Courtney		
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: 56 Number of Residents Served: 56 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 58 Are 60 Years of Age or Older: 23 Have Mental Illness: 56 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1

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Violation Report: 44059 - 06/27/2016 - Barry, Courtney
PCH Name: GARDEN VIEW MANOR

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 88 Pa. Code §2800
2800.96 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 5/27/16, there was a tear, approximately 3 feet long, in the black rubber seal on the door of the small kitchen refrigerator in the kitchen, posing an unsafe food storage 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 seal on the door of the small refrigerator was fixed by the maintenance supervisor on the day of the inspection. Moving forward, staff will check seals to all cooling appliances when recording the daily temperatures of refrigerators and freezers. When an issue is noticed, staff will complete a maintenance request for maintenance staff to make necessary repairs. Maintenance supervisor/staff will make all necessary repairs. If unable to fix, maintenance supervisor will consult/contract with outside providers to make any necessary repairs. Note staff in the kitchen already utilize a communication log/notebook where they document any kitchen issues as well. The new form with the appliance checks will go into effect at the beginning of the month, September 1, 2016.

A few weeks after this refrigerator was repaired in May, the refrigerator became inoperable. We chose not to replace this small refrigerator and instead utilize the walk-in refrigerator.

(See attached pictures a,b,c,d of the fixed seal and new logs.)

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

Signature of Legal Entity Representative *A* *Carla McCoy, BS PCHA*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Carla McCoy, BS, PCHA* Date *8-26-16*
(Required on EVERY Page)

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

The above plan of correction is approved as of 9/1/16
(Date)

Plan of correction implementation status as of 9/1/16
(Date)

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

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

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Violation Report: 44069 - 05/27/2016 - Barry, Courtney
PCH Name: GARDEN VIEW MANOR

AUG 29 2016

WESTMINGTON FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
On 5/27/16, the bed belonging to resident #3 did not have a source of lighting that can be turned on/off from bedside.

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.

As of day of audit, housekeeping staff replaced the lamp at the resident's bedside. Administrators spoke with auditors about this resident's tendency to constantly remove furniture/fixtures and rearrange room. In addition to the lamp on nightstand that all residents have, maintenance supervisor installed a new source of lighting on the left of resident's bed (8/19/16). Resident now has two lamps at bedside. Housekeeping staff will be checking this resident's lighting sources daily when cleaning room. If source is removed, it will be replaced immediately. If resident continues to destroy these sources of lighting, supervisors will explore other options to add lighting sources. Administrators and staff will continue to work closely with and meet regularly with resident's Community Treatment Team and resident to convey these necessary rules for resident to follow. Site will formally review this with the resident and his treatment team on the next scheduled treatment team meeting for Garden View Manor - scheduled 9-7-16.

Such as
flashlight
or push
light.

8/11/16

(See attached photo 3a)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy, BS PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **Carla McCoy, BS, PCHA** Date **8-26-16**

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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

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Violation Report: 44069 - 05/27/2016 - Barry, Courtney
PCH Name: GARDEN VIEW MANOR

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
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
On 5/27/16, at approximately 10 a.m., the temperature of the walk-in freezer in the kitchen measured 10°F.
On 5/27/16, at approximately 10:07 a.m., the temperature of the small refrigerator in the kitchen measured 46°F; at 2:15 p.m., the temperature measured 42°F.

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.
Temperatures of all refrigerators and freezers are taken daily. Kitchen staff are responsible for logging the temperatures on kitchen log. Temps taken at the time of licensing were taken during the food service delivery and preparation. We will ensure that temperatures are taken during non peak hours when the food is not being prepared/delivered to have a more accurate reading of temperatures that meet regulations. The freezer temperature was once again taken after licensing came (6-3-16, 10:28am) and the temperature was within regulation at 0 degrees.
The small refrigerator was repaired shortly after licensing. Since this time, the refrigerator became inoperable. We chose not to replace this small refrigerator and instead utilize the walk-in refrigerator.

(Attached photos 4a,b,c.)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy, BS PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Carla McCoy, BS, PCHA** Date **8-26-16**

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WEST VIRGINIA STATE SERVICE
Human Services Licensing

Violation Report: 44060 - 05/27/2016 - Barry, Courtney
PCH Name: GARDEN VIEW MANOR

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The most recent sleeping hours fire drill was held on 9/18/15.

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.

Quiet hours are between 10:30pm and 6:30am. After the audit, the maintenance supervisor ensured that the site abided by regulation listed and conducted a sleeping drill. This drill occurred on July 8, 2016. We will have another sleeping drill in January 2017. Annually, administrators will meet with maintenance supervisor to review the yearly fire drill schedule. At this time, administrators will ensure that we are following the regulation to ensure a drill occurs once every 6 months during sleeping hours.

(See attachment 5a)

must sign and date any attached pages.)
If steps cannot be completed immediately, include dates by which the steps will be completed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy BS PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Carla McCoy, BS, PCHA** Date **8-26-16**

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Page 6 of 9

Violation Report: 44069 - 05/27/2016 - Barry, Courtney
PCH Name: GARDEN VIEW MANOR

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2800.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
During the fire drill on 10/26/15 at 9:45 a.m. there were 56 residents in the home; however, only 55 residents evacuated to the designated meeting place outside the building. The home does not have interior fire safe areas.

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.

Correction, date of fire drill was on 10-14-15. The drill was originally scheduled for 10/26/15. Fire safety trainer came and we conducted the drill on this date. We forgot to adjust the actual date on the form. The date was not corrected to show actual/new date of 10-14-15.

Resident did not evacuate as [redacted] stated his legs hurt. After [redacted] was redirected, supervisors/administrators presented a letter (10-14-15) to this resident warning [redacted] of [redacted] failure to evacuate and how this places [redacted] housing at risk. Resident evacuated properly at the next drills. We have a process in place to give residents a warning letter, initial meeting, pre- eviction notice, and then possible eviction notice if they have offenses of this nature. In addition, during this entire process, we involve supports such as family, service coordinators, CTT (Community Treatment Team) and peer supports to help ensure that residents are aware of the seriousness of the issue and are given opportunities to maintain his/her housing.

(See attachments 6 a,b,c,d).

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/14/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy, BS, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Carla McCoy, BS, PCHA Date 8-26-16

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Violation Report: 44069 - 05/27/2016 - Barry, Courtney
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Training

1. REGULATION 55 Pa. Code §2800.2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 7/23/15, for resident #2 is blank in the areas of height, weight, pulse, blood pressure, and temperature.

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.

After the medical evaluations are completed, the Garden View Manor nurses will review to ensure that all items are filled out in it's entirety. The nurse will then give the form to a supervisor/administrator for review. If the form is incomplete, necessary steps will be taken by the nurse to ensure the form is fixed. Prior to appointments, the nurses will make sure they instruct staff to remind doctors to complete the entire form (even highlighting the areas needed) to help the doctor remember areas to complete. If for some reason it is incomplete, a nurse will call and speak with doctor and obtain necessary information to add with their initials and date permission given to edit (if doctor cannot correct in appropriate time frame). Garden View Manor nurses/administrators will ensure these items occur as of September 1, 2016.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy, BS, PCHA

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

Carla McCoy, BS, PCHA

Date 8-26-16

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Violation Report: 44089 - 05/27/2016 - Barry, Courtney
PCH Name: GARDEN VIEW MANOR

INVESTIGATION DIVISION
Fluoridation Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.98 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
On 5/27/16, there were no first aid kits in the large van or small van. Both vehicles are used to transport residents.

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.
Supervisors/administrators will ensure that all vans have proper first aide kits inside at all times. First aid kits were placed in both vans on the day of audit. To ensure that the kits remain in the vans and are stocked properly, a staff member will be assigned to check the kits monthly. This will begin as of August 2016. An administrator will follow up with assigned staff to ensure that this task is completed. We will also have a stock of supplies on site that staff can access to replace any supplies that have been used.

(See attached photos 8 a & b of kits in van)

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(Required on EVERY Page) *Carla McCoy, BS, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Carla McCoy, BS, PCHA Date 8-26-16

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Violation Report: 44069 - 05/27/2016 - Barry, Courtney
PCH Name: GARDEN VIEW MANOR

AUG 28 2016

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Records for residents #1 and #4 contained photos that were undated, therefore it is unable to be determined if the photos are no more than 2 years old.

The records for residents #2 and #5 contained photos dated January 2014.

The records for residents #6 and #7 did not contain photographs of the residents.

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.

Pictures of all of the above mentioned residents were taken, dated, and placed in their records after licensing left. Pictures were actually taken in January 16 and one Feb 16. Activity Director always takes the pictures and the staff places them on the charts. Going forward, we will retake pictures of residents every year during the month of December. This task will be completed by the activity director and a counseling staff member assigned by PCH administrator to assist. By the end of January, all photos will be replaced in charts. An administrator will follow up to make sure that the task is completed properly.

(See attached photos 9 a,b,c,d,e,f)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy, BS, PCHA

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

Carla McCoy, BS, PCHA

Date 8-26-16

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