pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 2 1 2016

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' annual licensing inspections on June 27, 2016 and June 28, 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,

JRowe

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Bureau of Human Services Licensing
625 Forster Street, Room 631 | Harrisburg, PA 17120 | 717.783.3670 | F 717.783.5662 | www.dhs.state.pa.us

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 Gavaudan	Region: WEST
Legal Entity Name: ASBURY PLACE INC	RECEIVED
Legal Entity Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243	SEP 03 2016

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Certificate(s) of Occupancy

I-2
01/05/1998
Mt. Lebanon

Staffing Hours

Resident Support: 40	Total Daily Staff: 120	Waking Staff: 90
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

06/27/2016: Pfaff, Vicki; McConnell, Deb; DeLuca, Santo
06/28/2016: Pfaff, Vicki; DeLuca, Santo

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 licensed area

Secured Dementia Unit Capacity, if Applicable: 42

Number of Residents Served in Secured Dementia Care Unit, if applicable: 40

Number of Current Hospice Residents: 4

Number of Hospice Residents in past year: 8

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 40

Have Mental Illness: 1

Have an Intellectual Disability: 0

Have a Mobility Need: 40

Have a Physical Disability: 0

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43155 - 06/27/2016 - Pfaff, Vicki
PCH Name: ASBURY PLACE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

(1) Training that includes a demonstration of job duties, followed by supervised practice.
(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
(3) Initial direct care staff person training to include the following:
(i) Safe management techniques.
(ii) ADLs and IADLs.
(iii) Personal hygiene.
(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
(vi) Implementation of the initial assessment, annual assessment and support plan.
(vii) Nutrition, food handling and sanitation.
(viii) Recreation, socialization, community resources, social services and activities in the community.
(ix) Gerontology.
(x) Staff person supervision, if applicable.
(xi) Care and needs of residents with special emphasis on the residents being served in the home.
(xii) Safety management and hazard prevention.
(xiii) Universal precautions.
(xiv) The requirements of this chapter.
(xv) Infection control.
(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A provides direct care services to residents in the home. However, direct care staff person A has not completed the Department-approved direct care staff training course and passed the competency test.

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.

- Direct Care Staff A was a GPN & we mistakenly accepted her GPN license. DCSA is now a licensed LPN (see attached license).
- All new staff, including GPNs will complete the direct care staff competency course and pass the test. (Recent new hire cert. included to show compliance).
- Administrator/designee will audit all new hires for compliance to 65d (see attached audit)

Immediately: The Administrator or designee shall audit all direct care staff records to ensure all direct care staff persons meet the requirements of regulation 2600.65d. 9-12-16

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: 9-1-16

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

The above plan of correction is approved as of 9-12-16 (Date)

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

Plan of correction implementation status as of 9-12-16 (Date)

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

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Human Services Licensing

Violation Report: 43155 - 06/27/2016 - Pfaff, Vicki
PCH Name: ASBURY PLACE

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
On 6/27/16, there was an uncovered large gray garbage can that was ¾ full of trash in the main kitchen next to the food warming cart.

On 6/27/16, there was an uncovered medium sized gray garbage can that was 1/3rd full of trash in the main kitchen next to the office.

On 6/27/16, there was a garbage can with an approximately 10" hole cut in the lid of the garbage can in the main kitchen. The garbage can was ½ full of garbage.

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.

- All trash cans in Kitchens & shared bathrooms will be kept covered.
- Covers obtained for above mention kitchen trash cans (see photos)
- Staff inserviced on importance of keeping lids on kitchen + shared bathroom garbage cans. (see attachment "A")
- Administrator/designee will complete audit to ensure compliance. Audit will be done weekly until compliant for 8 weeks and will then be monthly. (see attachment "B")
- Results of audit will be reported at QM mtg.

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

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Violation Report: 43155 - 06/27/2016 - Pfaff, Vicki
PCH Name: ASBURY PLACE

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

On 6/27/16, there was a water stain measuring approximately 14" by 6" on the ceiling tile above the Garden Way linen room door.

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.

- Ceiling tile replaced (see attached photo).
- Staff inserviced on the importance of reporting any area in disrepair immediately to the maintenance hotline and to log it on the maintenance log so we can track when issue is resolved. (see attachment "A")
- Administrator/designee will monitor maint. log weekly and check any areas logged in to ensure completion.
- To ensure on-going compliance, maint. supervisor & Administrator will do facility walk thru inspections monthly.
- Any areas of concern will be reported at safety meetings & QM mtgs.

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

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Violation Report: 43155 - 06/27/2016 - Pfaff, Vicki
PCH Name: ASBURY PLACE

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
On 6/27/16, exit door in the Green House kitchen leading to the courtyard was locked with a magnetic locking device which required a key to open.

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 7/11/16 completion of keypad installation on green house kitchen doors (see attached photos)
- All doors open using keypad + code (codes posted) or when fire alarm engaged.
- All doors/keypads will be inspected monthly by [redacted] (indep. contractor) to insure all hardware is functioning properly.
- Any issues will be reported to Administrator and reported at QA mtg

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/27/2015	09/08/2014	

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 9-1-16

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Violation Report: 43155 - 06/27/2016 - Pfaff, Vicki
PCH Name: ASBURY PLACE

1. REGULATION 55 Pa.Code §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
The home conducted a fire drill on 4/22/16 at 6:11 p.m. with 39 residents present in the home. However the home's fire drill record only indicates 36 of the residents were evacuated during the fire drill.

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.

- All residents will participate in fire drills. (on 4/22/16 all residents were evacuated but documentation was a mathmatical / transcription error - all 39 were evacuated).
- on 8/29/16 met w/ maintenance supervisor to discuss proper procedure & documentation necessary to remain in compliance.
- All maint. Staff re-educated by Dir. of facility & Maint Supervisor on proper completion of fire drill log & fire drill procedures. (see attached inservice log)
- To ensure on-going compliance, maint. Supervisor will review fire drill log after each drill and if non-compliant drill will be repeated.
- 2016 Fire drill log for July & August included to show compliance
- Results will be discussed at QM mtg.

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1. REGULATION 55 Pa.Code §2600
2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
On 6/27/16, the home served 40 residents. The exit door in the Green House kitchen leading to the courtyard did not have an exit sign.

On 6/27/16, the home served 40 residents. The left exit door in the Brown House living room leading to the courtyard did not have an exit sign.

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.

*Please reconsider this violation - see attached statement from [redacted] Dir. of Facility Services. Doors mentioned above are not designated exit doors.

- On 6/29/16, Exit signs (homemade) placed on courtyard door in the Green house kitchen and the Brown House living room door (see attached photos).

- Maintenance will check to ensure monthly that all exits are properly marked and signs that are illuminated are lit. Administrator/designee will also check signs weekly x 8 weeks and if compliant monthly. (see attachment "B")

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Violation Report: 43155 - 06/27/2016 - Pfaff, Vicki
PCH Name: ASBURY PLACE

1. REGULATION 55 Pa.Code §2600
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
On 6/27/16, resident #1's prescription Triamcinolone Acetonide 0.1% cream was unlocked unattended and accessible in the Meadow Lane common bathroom.

On 6/28/16 at 10:55 a.m., there was an unlocked, unattended and accessible medication cart next to the nurse's station in the Brown House hallway.

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 notification from DHS, Resident #1 cream was removed from bathroom & secured in med cart.
- on 6/28/16, upon noticing unlocked med cart it was immediately locked.
- all staff inserviced on the importance of securing any resident medication when not being administered and locking the med cart when unattended. (See attachment "A")
- RCD/designee will make daily rounds to ensure med carts are locked and all meds are properly secured. RCD will report findings at QM mtg.

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Violation Report: 43155 - 06/27/2016 - Pfaff, Vicki
PCH Name: ASBURY PLACE

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's medical evaluation, completed on 12/15/15, does not include the resident's need to be served in a secure dementia care 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.

- Resident # 2 was admitted on [redacted] 15. On [redacted] 15, [redacted] was transferred to Asbury SNF for additional rehab. [redacted] returned on 1/8/16 with a status change DME that does have SDU checked. (see attached)
- Original DME corrected via order from physician. (see attached DME + physician order)
- During the week of 7/11-7/15/16 all DME's of current residents checked to ensure all DME's are complete + SDU checked.
- ED/Designee will audit all new admission + annual DME's to ensure ongoing compliance.
- Results will be reported at QM mtg.

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): Erica Gevaudan, Administrator Date 9-1-16

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