



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 8, 2017

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

RE: Asbury Place
#431550

Dear Ms. Gevaudan:

As a result of the Department of Human Services' licensing inspection on December 14, 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 cursive script that reads "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

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 Gevaudan		Region: WEST
Legal Entity Name: ASBURY PLACE INC		
Legal Entity Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243		RECEIVED
Certificate(s) of Occupancy I-2 01/05/1998 Mt. Lebanon		MAR 04 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 78	Waking Staff: 59
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/14/2016: Knee, Donald; Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable 01/20/2017: Sutherland, Brent 01/26/2017: Sutherland, Brent		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 42 Number of Residents Served: 39 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: 39 Number of Current Hospice Residents: 5 Number of Hospice Residents In past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 39 Have a Physical Disability: 0

MAR 03 2017

Violation Report: 43155 - 12/14/2016 - Knee, Donald
PCH Name: ASBURY PLACE

WEST FREEDENHOLD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

Resident #1's contracted phone service in his/her bedroom was deactivated on 12/8/16 and the resident was required to ask for staff permission to use the nonprivate telephone at the nurse's station until the resident's bedroom phone was reactivated on 12/27/16.

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 have access to a phone to make calls in privacy.
- Phone service reactivated on 12/27/17 for Res #1. (see attached email)
- Resident #1 phone service remains intact. Family has also provided a new cell phone as well.
- Staff re-educated on phone protocol (see attached) as well as resident rights.
- POA's or Family members do not have the right to restrict access to phones.
- All residents are asked upon admission if they would like phone service in their room.
- All residents also have access to the portable phones available in each "house"
- Administrator / designee will monitor that phones are in proper working order, that cordless phones are available and that residents are using phones in private areas.
- Results will 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)	<i>Erica Gevaudan</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Erica Gevaudan, Administrator</i>	<i>3/3/17</i>

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

The above plan of correction is approved as of 3/6/17
(Date)

Plan of correction implementation status as of 3/6/17
(Date)

The above plan of correction was approved by BS
(Initials)

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

Violation Report: 43155 - 12/14/2016 - Knee, Donald
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 #1 is prescribed Vimpat 150 mg with instructions to take 1 tablet by mouth twice daily. The resident refused the medication on 12/8/16, 12/11/16, and 12/12/16 and the home failed to report the refusals to the prescriber.

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 medication refusals will be reported to prescriber within 24 hours unless otherwise instructed by the prescriber.
- Contacted Res #1 PCP (Dr. [redacted]) on 2/24/17 via email to ask how he wants to be notified of refusals.
- Dr. [redacted] replied to my email (See attached) on 2/24/17 and indicated that notifications on a weekly basis are appropriate for Res #1 and all other resident's he cares for in the facility.
- Refusal log created and will be emailed or faxed to Dr. [redacted] every Thursday if he is not in the facility. (Thursdays is his day to round at Asbury Place). (See attached log)
- All staff involved in medication administration educated on refusal process on Res #1 and on the medication refusal regulation. (see attached in-service sign in and policy)
**** Refusal of another resident and physician notification enclosed to show on-going compliance.
- Administrator/ Designee will review log weekly to ensure proper notifications are made to physicians.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Erica Gevaudan</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented