



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 05 2017

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

RE: Outlook Manor
3560 Outlook Drive
West Mifflin, Pennsylvania 15122
License #: 430080

Dear Mr. Wolfe:

As a result of the Department of Human Services' annual licensing inspection on February 16, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: OUTLOOK MANOR	License Number: 43008
Address: 3550 OUTLOOK DRIVE, WEST MIFFLIN, PA 15122	County: Allegheny
Administrator: Amy Benedelli	Region: WEST
Legal Entity Name: MERCY LIFE CENTER CORPORATION	
Legal Entity Address: 1200 REEDSDALE STREET, PITTSBURGH, PA 15233	

RECEIVED

Certificate(s) of Occupancy LP 07/15/1986 Labor & Industry	APR 14 2017 WEST REGION FIELD OFFICE Human Services Licensing
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Staffing Hours	Resident Support: N/A	Total Daily Staff: 12	Working Staff: 9
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced	

Reason(s) for Inspection(s) Renewal

On-Site Inspections Dates and Department Representatives On-Site 02/16/2017: Park, Beth

Off-Site Inspection Dates and Inspectors, if Applicable
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Other Details
Partial or Full Triggers: _____ Random Indicators: _____

Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 12 Number of Residents Served: 12 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: 1	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 6 Have Mental Illness: 12 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 2

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APR 14 2017

Violation Report: 43008 - 02/16/2017 - Park, Belh
 PCH Name: OUTLOOK MANOR WEST REGION FIELD OFFICE
 Human Services Licensing
 1. REGULATION 65 Pa.Codo §2800
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired [redacted] 2014, only had 10.5 hours of training during the training year 7/1/15 - 6/30/2016.
 Direct care staff person B, hired [redacted] 2012, only had 8 hours of training during the training year 7/1/15 - 6/30/2016.

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 completed trainings filed
 - All training not completed during 7/1/15 - 6/30/16 have been completed
 - Training records attached
 - PCHA will assume all responsibilities for coordinating/monitoring trainings moving forward, tracking spreadsheet developed
- Immediately: the administrator will review all staff person training records as part of the quality management review to ensure all direct care staff persons receive at least 12 hours of annual training in each training year. J.W. 4/27/17

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Benedetti Date 4/14/17

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

The above plan of correction is approved as of 4/27/17 (Date)

Plan of correction implementation status as of 4/27/17 (Date)

The above plan of correction was approved by J.W. (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress J.W.
- Partially Implemented - Inadequate Progress

APR 14 2017

Violation Report: 43008 - 02/10/2017 - Park, Both
PCH Name: OUTLOOK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment to medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [REDACTED]/2014; direct care staff person B, hired [REDACTED]/2012; and direct care staff person C, hired [REDACTED] 2014 did not receive training during the training year 7/1/15 - 6/30/2016, in the following required topics:

- * Medication self-administration training
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Care for residents with dementia and cognitive impairments
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Personal care service needs of the resident
- * Safe management techniques

Also, direct care staff person B did not have training in care for residents with mental illness or intellectual disability, or both, if the population is served in the home.

Currently 12 of the residents served in the home have a diagnosis of mental illness and 1 resident has a diagnosis of intellectual disability.

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.

- Staff have completed all training
- training plan updated to ensure all required trainings are included
- PCH will assume all responsibility for monitoring/updating/implementing training plan immediately: the administrator will review all staff person training records as part of the quality management review process to ensure each direct care staff person receives training in all topics required by 2600.65F in each training year.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

JW.
4/27/17

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

Amy Benedetti

Date 4/14/17

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4/27/17
(Date)

Plan of correction implementation status as of

4/27/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress JW
- Partially Implemented - Inadequate Progress
-

The above plan of correction was approved by

[Signature]
(Initials)

RECEIVED

APR 14 2017

Violation Report: 43008 - 02/18/2017 - Park, Belh
PCH Name: OUTLOOK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired [REDACTED] 2012, did not have training in the Older Adult Protective Services Act during the training year 7/1/15 - 6/30/2016.

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.


- This training was completed but not filed (attached)

- Personnel file audits added to Quality Management Plan to ensure all required trainings are completed and filed

Immediately: the administrator will review all staff person training records as part of the quality management review process to ensure all staff persons receive training in all topics required by 2600.65g in each training year. J.W. 4/27/17

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)

Amy Benedetti

Date 4/14/17

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The above plan of correction is approved as of 4/27/17
(Date)

Plan of correction implementation status as of 4/27/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 4/27/17
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by J.W.
(Initials)

APR 14 2017

Page 5 of 10

Violation Report: 43008 - 02/16/2017 - Park, Beth
PCH Name: OUTLOOK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Codo §2800
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

A fire drill was held during sleeping hours on 3/30/16 at 11:45 PM; however, another fire drill during sleeping hours was not held until 10/10/16 at 6:00 AM.

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.

- Fire drill schedule adjusted (attached)
- Fire drill scheduled to be reviewed ~~annually~~ ^{monthly} JW. 4/27/17 as a part of Quality Management Plan to ensure a fire drill is held during sleeping hours once every 6 months. JW. 4/27/17

Within 30 days of receipt of the plan of correction = all staff persons will receive education on the requirement that a fire drill must be held during sleeping hours at least once every 6 months.

JW.
4/27/17

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) *Amy Benedetti* Date *4/14/17*

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The above plan of correction is approved as of 4/27/17
(Date)

Plan of correction implementation status as of 4/27/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by JW.
(Initials)

APR 14 2017

Page 6 of 10

Violation Report: 43008 - 02/18/2017 - Park, Beth
PCH Name: OUTLOOK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B's most recent annual medication practicum was completed on 1/28/2016. Staff person B administered Fluoxetine, 40 mg, to resident #2 on 2/2/2017 at 9:00 AM.

Staff person C's most recent annual medication practicum was completed on 1/28/2016. Staff person C administered Famotidine, 20 mg, to resident #2 on 2/2/2017 at 9:00 PM.

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.

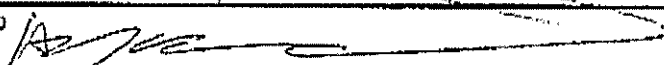
- STAFF who were out of compliance have re-taken initial medication administration course (attached)
 - RN completed med training schedule to include:
Initial training dates, most recent MAR Review date, date review date, most recent Med Observation + due date (Schedule attached)
 - RN to complete MAR Review/Med Obs according to Schedule, PCHA to monitor
- Within 15 days of receipt of the plan of correction: a designated staff person, qualified to administer medications will review all staff medication training to ensure all staff who administer medications are qualified to do so.

PN
4/27/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Amy Benedetti

Date 4/14/17

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4/27/17
(Date)

Plan of correction implementation status as of

4/27/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *PN*
- Partially Implemented - Inadequate Progress
-

The above plan of correction was approved by

PN
(Initials)

APR 14 2017

Page 7 of 10

Violation Report: 43008 - 02/16/2017 - Park, Beth
PCH Name: OUTLOOK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1's pre-admission screening form, dated [REDACTED] 16, did not include a determination that the home could meet the resident's needs.


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.

Pre-screening corrected - (attached)

PCHA and RN to Review all pre-admission screenings together to ensure accuracy prior to all admissions and within 15 days with receipt of plan of correction. per 4/27/17

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) Amy Benedetti Date 4/14/17

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

The above plan of correction is approved as of <u>4/27/17</u> (Date)	Plan of correction implementation status as of <u>4/27/17</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 <i>PL</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/>

APR 14 2017

Violation Report: 43008 - 02/16/2017 - Park, Beth
PCH Name: OUTLOOK MANOR

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

The assessment for resident #1, admitted on [REDACTED] 16, was not dated. Therefore, it is unable to be determined if it was completed within 15 days of admission.

The assessment for resident #2, admitted on [REDACTED] 16, was not dated. Therefore, it is unable to be determined if it was completed within 15 days of admission.

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.

- Dates added to forms on page 11, based on final dates on last page of RASP
- DHS Paperwork training (attached) completed by all staff. This training reviews content + purpose of forms including focus on pages where specific pages require dates
- Staff to review chart audits w/ PCHA in supervision (chart audit forms attached)

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) *Ann Marie Benedetti* Date *4/14/17*

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The above plan of correction is approved as of 4/27/17
(Date)

Plan of correction implementation status as of 4/27/17
(Date)

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

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

APR 14 2017

Violation Report: 43008 - 02/16/2017 - Park, Beth
PCH Name: OUTLOOK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION


The assessment for resident #3, admitted [REDACTED]/04, was undated. Also, the prior assessment was undated. Therefore, it is unable to be determined if it was completed in a timely manner.

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 forms have been corrected with dates added to Page 11
- DHS paperwork training completed with all staff and added to training calendar
- chart audit form updated (attached) to specifically identify dates
- these forms will be reviewed with PCHA in Supervisions

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amy Berdehi Date 4/14/17

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(Date)

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(Initials)

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- Partially Implemented - Adequate Progress *pl.*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

APR 14 2017

Violation Report: 43008 - 02/18/2017 - Park, Bell
PCH Name: OUTLOOK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form

2a. DESCRIPTION OF VIOLATION

The support plan for resident #1, admitted on [redacted] 10, was not dated. Therefore, it is unable to be determined if it was completed within 30 days of admission.

The support plan for resident #2, admitted on [redacted] 6, was not dated. Therefore, it is unable to be determined if it was completed within 30 days of admission.

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 forms updated with correct Dates
- DHS Paperwork training completed with all staff + added to training calendar
- Chart audit forms updated + will be reviewed with PCH in Supervisions

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Amy Benedetti

Date 4/14/17

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(Date)

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

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