



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 17, 2017

Ms. Christine Panepinto
Administrator
West Mifflin Operating, LP
1422 Clarkview Road
Baltimore, Maryland 21209

RE: Symphony at Locust Grove
4043 Irene Street
West Mifflin, Pennsylvania 15122
License #443410

Dear Ms. Panepinto:

As a result of the Department of Human Services' licensing inspection on March 8, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

JUL 06 2017

Violation Report: 44341 - 03/08/2017 - Cutter, Jan
 PCH Name: SYMPHONY AT LOCUST GROVE

WEST REGION FIELD OFFICE
 Human Services Licensing

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 #1 was admitted to the secured dementia care unit (SDCU) on [REDACTED] however, the resident's medical evaluation, dated 6/14/2016, does not include the need for the resident to be served in a SDCU.

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.

With Respect to the Specific Residents Cited:

Resident #1's Medical Evaluation was updated on 3/8/17 to include the diagnosis of Alzheimer's

With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action:

Director of Health and Wellness, Memory Care Coordinator, and Admissions have reviewed the guidelines as to Medical Evaluation requirements upon admission to a secured dementia unit.
 All Medical Evaluations from our Memory Care neighborhood have been reviewed for accuracy

With Respect to What Systemic Measures have been put in place to Address the Stated Concern:

In-Service training was provided for the Director of Sales, Director of Health and Wellness and Memory Care Coordinator to review Medical Evaluation diagnosis requirements

With Respect to How the Plan of Corrective Measures will be Monitored:

Director of Health and Wellness will review compliance during weekly meetings with the Executive Director.

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

Signature of Legal Entity Representative (Required on EVERY Page) Christine Panepinto

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine Panepinto Executive Director Date 7.7.17

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

The above plan of correction is approved as of 8/15/17
 (Date)

Plan of correction implementation status as of 8/15/17
 (Date)

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

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