



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 12, 2017**

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

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

Dear Mr. Wolfe:

As a result of the Department of Human Services' licensing inspection on March 24, 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, appearing to read "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

Page 1 of 3

PCH Name: GARDEN VIEW MANOR		License Number: 44069
Address: 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221		County: Allegheny
Administrator: LAURA SPIGLER		Region: WEST
Legal Entity Name: MERCY LIFE CENTER CORPORATION		<b>RECEIVED</b>
Legal Entity Address: 1200 REEDSDALE STREET, PITTSBURGH, PA 15233		
Certificate(s) of Occupancy I-2 09/09/2009 Borough of Wilkensburg		JUN 26 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 55	Waking Staff: 41
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/24/2017; Flinner-Alman, Lisa; Georgoulis, Karen		
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 who:	
Number of Residents Served: 55	Receive Supplemental Security Income: 55	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 21	
Area:	Have Mental Illness: 55	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

JUN 26 2017

Violation Report: 44069 - 03/24/2017 - Flinner-Alman, Lisa  
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

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

There has not been a fire drill conducted during sleeping hours in the past 12 months.

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.*

Garden View Manor (GVM) determined that sleeping hours were from 10 PM to 6 AM daily, as over 50% of residents are in bed after 10 PM, as supported by the RCG explanation. On 2/28/17 a drill was held at 10:45 PM see Attachment 1A. At the 3/24/17 inspection, inspectors questioned the sleeping hours. A fire event occurred on 3/20/17 in which GVM staff collected all necessary information about the fire event, and shared with maintenance supervisor. He had not entered this information on the PCH Fire Drill Record upon inspection thus, DHS did not utilize this as a sleeping drill. Please see supporting evidence 1B.

Moving forward, GVM will now utilize 11 PM to 7 AM as sleeping hours, effective June 2017. See drill on 6/22/17 as documented on Attachment 1A. GVM will ensure that at least one drill occurs during sleeping hours every six months.

See attached supporting documents:  
Attachment 1A: PCH Drill Record  
Attachment 1B: Detailed Activity Report 3/20/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/27/2016

Signature of Legal Entity Representative  
(Required on EVERY Page) *Laurel Spigler, MA PCHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Laurel Spigler, MA PCHA Site Supervisor*      Date *6/26/17*

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

The above plan of correction is approved as of 7/3/17  
(Date)

Plan of correction implementation status as of 7/3/17  
(Date)

The above plan of correction was approved by *LS*  
(Initials)

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

JUN 26 2017

Violation Report: 44069 - 03/24/2017 - Flinner-Alman, Lisa

PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

On 3/20/17, between 8 p.m. and 11:40 p.m., residents #1 and #2 received smoking violations for smoking outside of the home at the nook window. At approximately 11:45 p.m., the trash can with an ashtray attached caught on fire on the cement island outside of the front door of the home. Residents of the home are not permitted to smoke on the home's grounds and are to smoke on the sidewalk at the end of the driveway. However, residents indicated that often residents will walk down the driveway from the sidewalk with lit cigarettes and extinguish them into the ashtray attached to the trash can.

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.

Garden View Manor (GVM) now has fireproof receptacles/ashtrays at both smoking areas (front of building/ end of driveway and back of the property/near rear gate). Please see attached pictures 2B through 2E documenting the placement. After the fire, the trash can with the ashtray attached was not replaced in the non smoking area, therefore this fire hazard is no longer present (was not present the day of the inspection). See attached photo 2A.

Staff immediately (3/20/17) talked to residents during meal times and in the front lobby as residents went outside to smoke; they were reminded of the proper smoking areas (offsite) and to always put out/stomp out cigarettes, not to throw them around the grounds for safety purposes. Fire Safety is discussed monthly at Resident Community Meetings. At the March Meeting held on 3/23/17 after the fire, smoking safety was discussed with residents. See attached proof of meeting attachment 2I. Smoking safety was discussed again at the April and June meetings to reiterate the importance of residents smoking in the proper areas and not throwing lit cigarettes down on property. See attachments 2J and 2K. Signs are posted on the property reminding residents, staff, and visitors that the campus is smoke-free. See attachments 2F to H. As of 6/26/17 fireproof receptacles were placed in the off site smoking areas, moving forward residents will be provided with ongoing education and signs to remind them to use fireproof receptacles. Maintenance staff will monitor the receptacles and ensure they are present and in good working condition.

Immediately - A designated staff person, daily and on each shift will monitor the smoking areas.

*[Handwritten signature]*  
7/3/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*, MA PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laurel Spigler, MA PCHA Site Supervisor Date 6/26/17

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The above plan of correction is approved as of <u>7/3/17</u> (Date)	Plan of correction implementation status as of <u>7/3/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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