



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 24, 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 July 25, 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 "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PC# Name: GARDEN VIEW MANOR		License Number: 44069
Address: 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221		County: Allegheny
Administrator: Laurel Spigler		Region: WEST
Legal Entity Name: MERCY LIFE CENTER CORPORATION		
Legal Entity Address: 1200 REEDSDALE STREET, PITTSBURGH, PA 15233		
Certificate(s) of Occupancy 1-2 09/09/2009 Borough of Wilkinsburg		<b>RECEIVED</b>  SEP 11 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
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 07/25/2017: Garrigan, Laurie		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 55 Number of Residents Served: 55 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: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 55 Are 60 Years of Age or Older: 24 Have Mental Illness: 55 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 44069 - 07/25/2017 - Garrigan, Laurie  
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1's contract, dated [redacted] 17, is not signed by the administrator or designee of the home.

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.

The Program Administrators and team leads will review all Admission Agreements (contract) with the residents within 24 hours of move in. For subsequent annual Admission Agreements (contracts) Program Administrators and Team Leads will delegate the completion of the admission agreements (contracts) to individual counseling staff. After the admission agreements have been reviewed by counseling staff and resident, the completed agreement will be reviewed and signed by the Administrator. Team Leads will work with counseling staff to complete chart audits and ensure that all necessary documents, including Admission Agreements (contracts) are completed in their entirety.

Resident #1's contract was signed by the Administrator/Designee on 7/26/17 *pu.*  
Within 15 days of receipt of the plan of correction: a designated staff person will review all resident contracts to ensure each one is signed in accordance with 2600.25b. *pu.* 10/10/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carla McCoy, BS, PCNA*

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

*Carla McCoy, BS, PCNA Program Supervisor*

Date *9-8-17*

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

The above plan of correction is approved as of 10/10/17  
(Date)

Plan of correction implementation status as of 10/10/17  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *pu.*
- Partially Implemented - Inadequate Progress
- Not Implemented

SEP 11 2017

Violation Report: 44069 - 07/25/2017 - Garrigan, Laurie  
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

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

At 9:00 a.m., yellow caution tape was taped across the stairs from the 2nd floor balcony to the front driveway and parking lot area

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.

The yellow caution tape sited from 7/25/2017 was removed while DHS staff was on-site. On 7/28/17, the Maintenance Supervisor had a meeting with the maintenance staff discussing the violation, regulation, and safety risk of visual barriers. The supervisor informed all staff that after all outside vendor companies complete contracted work, all areas must be cleared of any barriers barring entry. Maintenance staff will inform Administrators about work and Administrators and Team Leaders will ensure that these things are completed. At September staff meeting, all counseling staff will be reminded of this regulation so that they too are aware of this safety concern/potential risk.

*Immediately: A designated staff person will check the home daily to ensure all egress routes from rooms and from the building remain unlocked and unobstructed. J.V. 10/10/17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy BS, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCoy BS, PCHA Program Supervisor* Date *9-8-17*

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The above plan of correction is approved as of 10/10/17  
(Date)

Plan of correction implementation status as of 10/10/17  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *J.V.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44069 - 07/25/2017 - Garrigan, Laurie  
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following. (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 8/8/16, does not include the resident's temperature. This section of the form is blank.

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.

Moving forward, nursing staff will continue to assist PCP offices in completing the DME. Depending on the issues discovered, the DME will be returned to the PCP by fax or email with specific written instructions or changes will be made with PCP approval by nursing staff. For minor omissions, site nurses will contact the PCPs office for verbal information and permission to modify the form. This will be documented in accordance with DHS standards. To avoid the issue of uncorrected DMEs being placed in the chart, staff will be directed to give original copies of the DME to the nurses for review, and the administrators to review prior to being placed in the DPW section of the resident chart.

Resident #1 had a new medical evaluation completed on 7/28/17. With 30 days of receipt of the plan of correction: a designated staff person will review all current medical evaluations to ensure accuracy and completion, including temperature. *pw. 10/10/17*

*pw. 10/10/17*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/27/2016 *etal*

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carla McCoy, BS, PEHA*

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

*Carla McCoy, BS, PEHA Program Supervisor* Date *9-8-17*

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- Not Implemented

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