



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 8, 2018

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 November 29, 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". The signature is written in a cursive style and includes a checkmark at the end.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44069 - 11/29/2017 - Bedford, Katie
 PCH Name: GARDEN VIEW MANDR

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
 Resident #1's current assessment is dated 8/4/15.
 Resident #2's current assessment is dated 9/10/16.
 Resident #3s current assessment is dated 6/8/15.

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.

Administrators have developed a system to avoid missing dates for annual paperwork. (See attached document 4 as sample). For each resident a series of three reminders are set, these correspond with the finalization timeframes established by DHS. The first reminder occurs 15 days before the deadline for the DME/MA-51, the second occurs the day of the DME-MA-51, and the third occurs the date the RASP is due for review by the PCHAs. These reminders have been set up to notify the staff assigned to this resident, the PCHAs, nurse, team leads, and residential care advisors. This notification system will permit the staff to allocate time to ensure the RASPs are completed, and will also ensure that the PCHAs are triggered to review documentation for completion and accuracy.

Resident #1 had a new assessment completed on 3/31/18. *pc. 4/9/18*

Resident #2 had a new assessment completed on 12/13/17. *pc. 4/9/18*

Resident #3's most recent assessment was completed on 6/28/17. *pc. 4/9/18*

Within 5 days of receipt of the plan of correction: A designated staff person will check resident records to ensure each resident has a current assessment completed in its entirety and present in the resident's record. *pc. 4/9/18*

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	Date 4-6-18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/9/18</u> (Date)	Plan of correction implementation status as of <u>4/9/18</u> (Date)
The above plan of correction was approved by <u>pc.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pc.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented