



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

JUN 18 2018

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

Dear Mr. Wolfe:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 16, 2018, 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: 3560 OUTLOOK DRIVE, WEST MIFFLIN, PA 15122		County: Allegheny
Administrator: Amy Bennedelli		Region: WEST
Legal Entity Name: MERCY LIFE CENTER CORPORATION		
Legal Entity Address: 1200 REEDSDALE STREET, PITTSBURGH, PA 15233		
Certificate(s) of Occupancy LP 07/16/1986 L&I		RECEIVED MAY 11 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0		Total Daily Staff: 12 Waking Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/16/2018: Bedford, Katie		
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: 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: 0	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 7 Have Mental Illness: 12 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 43008 - 02/16/2018 - Bedford, Katie
PCH Name: OUTLOOK MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record does not include the number of residents evacuated for the drills conducted on April 18, 2017 at 5:00 AM and May 26, 2017 at 7:20 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.

Upon completion of monthly Fire drill, Administrator will review documentation for the drill. Both Administrator and staff will initial the document after reviewing and ensuring documentation is accurate. This process began with drill on 3/12/18 - see attached form.

The written fire drill record for the fire drills conducted on 1/22/18, 2/15/18, 3/12/18, 4/16/18 and 5/5/18 includes all required information, including number of residents evacuated. *pu. 5/14/18*

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, Personal Care Home Administrator* Date *5/10/18*

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

The above plan of correction is approved as of 5/14/18
(Date)

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

Plan of correction implementation status as of 5/14/18
(Date)

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