



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 08 2018

Mr. Raymond L. Wolfe
Chief Operating Officer
Mercy Life Center Corporation
Attn: Kimberly Munko
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's Bureau of Human Services Licensing annual inspection on April 16, 2018 and April 17, 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

RECEIVED

JUL 31 2018

Violation Report: 44069 - 04/16/2018 - Flinner-Aiman, Lisa
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The Influenza Awareness Act, enacted 11/21/16, requires Influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness Act.

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.

Influenza awareness information has been posted in the locked display cabinet in the building's main lobby. This posting is secured and cannot be removed. Additional postings of influenza information are hung on each floor of the building, in common areas. These postings will be checked and replaced as needed or if new information is made available.
See attached supporting documents:

- Attachment 1A: Influenza awareness posting in the front lobby display case
- Attachment 1B: Influenza awareness posting near ground floor elevator
- Attachment 1C: Influenza awareness posting on the first floor
- Attachment 1D: Influenza awareness posting on the second floor

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCoy* Program Supervisor Date *7/31/18*

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

The above plan of correction is approved as of 8/2/18
(Date)

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

Plan of correction implementation status as of 8/2/18
(Date)

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

Violation Report: 44069 - 04/16/2018 - Filmer-Alman, Lisa
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
The updated resident-home contract, dated 1/1/18, for resident #1 was not signed by the resident.

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.

Resident 1, can be difficult to engage in signing documents due to ~~his~~ paranoia and distrust of authority figures. Moving forward, residents who are resistant to signing documents will be given multiple opportunities to review and approve of admission agreements. If a resident refuses it will be noted with the date and staff member reviewing, directly on the Admission Agreement. Different staff or supervisors will offer to review the document with the resident. The PCHA or designee will review all Admission Agreements to ensure that they have been completed in their entirety.

Attachment 2A: Signed resident #1 Admission Agreement

If a resident has a POA or guardian, they will sign the document.

[Signature]
8/2/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/17/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCarty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCarty Program Supervisor* Date *7-31-18*

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

The above plan of correction is approved as of 8/2/18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of _____
(Date)

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

| | |
|---|--|
| Violation Report: 44069 - 04/16/2018 - Flinner-Alman, Lisa PCH Name: GARDEN VIEW MANOR | WEST REGION FIELD OFFICE Human Services Licensing |
|---|--|

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 Emergency services numbers were not posted nearby the following telephones:
 -Near exit door next to dining room, across from men's bathroom
 -Near exit door leading to hallway from kitchen 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 emergency phone list including emergency management and the PCH complaint hotline are posted at all phones including those sited in the violation report. On 4/19/18 all the home's phones were checked, and all postings were updated. New protective sleeves were ordered. On 7/30/18 home PCHA and Team Lead verified that all phones currently have postings. Members of the overnight staff are assigned to verify the phone lists are posted on a monthly basis, and random checks will be completed by members of the leadership team. An automatic reminder has been set up to remind staff of this assigned task and supervisors of this monthly check.

See attached supporting documents:
 Attachment 3A: Outlook calendar reminder sample (will occur monthly)
 Attachment 3B: Sample of phone postings

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carla McCam*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carla McCam* ^{Program supervisor} Date *7-31-18*

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

The above plan of correction is approved as of 8/2/18
 (Date)

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

Plan of correction implementation status as of 8/2/18
 (Date)

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

JUL 31 2018

Violation Report: 44069 - 04/16/2018 - Flinner-Alman, Lisa
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2500
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 4/16/18, there were multiple chairs with tears, holes and cracks in the seats in the activity room.

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

Chairs which were found to be damaged on 4/16/18 were patched immediately or disposed of until new chairs could be obtained for the activity room. All damaged chairs (including those which were patched) have been replaced as of the submission of the POC. The home will avoid future instances of damaged furniture by doing bi-weekly checks of all chairs in common areas. These checks will be completed by housekeeping staff. All staff have been asked to submit a maintenance request slip if a furniture item is found to be damaged. All reports assessed to see if the furniture item can be repaired or if it needs to be replaced.

See attached supporting documents:
Attachment 4A: Replacement chairs in the activity room
Attachment 4B: Old chair in good repair, still in place

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla M'Con

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

Carla M'Con Program Supervisor

Date 7-31-18

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

The above plan of correction is approved as of

8/2/18
(Date)

Plan of correction implementation status as of

8/2/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

RECEIVED

JUL 31 2018

Violation Report: 44089 - 04/16/2018 - Flinner-Alman, Lisa

PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There is no grab bar within reach of the toilet in the bathroom of room 117.

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.

Maintenance Supervisor attempted to attach a grab bar to Room 117, however the room's occupant felt that the bar was too large and made it difficult for him to ambulate. Due to ~~his~~ concerns the maintenance supervisor has obtained a second model which meets the resident's needs. It will be installed by Friday 8/3/18, a photograph showing the completed installation can be submitted. Within 14 days of this POC, all rooms will be evaluated for proper bar placement for each resident's mobility needs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy

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

Carla McCoy Program Supervisor

Date *7-31-18*

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

The above plan of correction is approved as of 8/2/18
(Date)

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

Plan of correction implementation status as of 8/2/18
(Date)

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

JUL 31 2018

Violation Report: 44069 - 04/16/2018 - Flinner-Alman, Lisa
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 6/6/17, for resident #1, does not include the resident's weight, pulse rate, blood pressure or temperature. These areas are 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.

On 7/23/18 Garden View nurse [redacted] updated the missing Blood Pressure, Height, Weight, Pulse and Temperature with permission from the assessing doctor. This information was verified and added to the form.

Moving forward, nursing staff will continue to assist PCP offices in completing the DME. Depending on the issues discovered, the DME is 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.

See attached supporting documents:
Attachment 7A- DME page 1 with corrections

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy

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

Carla McCoy Program Supervisor

Date *7-31-18*

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

The above plan of correction is approved as of 8/2/18
(Date)

Plan of correction implementation status as of 8/2/18
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

RECEIVED

JUL 31 2018

Page 8 of 12

Violation Report: 44069 - 04/16/2018 - Filmer-Alman, Lisa
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 4/16/16, the posted menu did not include alternative foods from which resident may choose. Also, the menu for the upcoming week was not posted in 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.

Weekly menus were printed and posted as of 4/19/20, and have remained posted throughout Garden View Manor. Menu locations include the dining room, kitchen, and common areas on the 1st and 2nd floors, and in the locked display cabinet in the main lobby. Menus are posted at least one week in advance. All menus include alternative food options a resident may choose for lunch or dinner (Peanut Butter and Jelly, or Deli Sandwich). Our daily breakfast is continental style, and features multiple cold and hot cereals, toast or bagels, fruits, yogurts, hard boiled eggs, etc.

See Attachment 8 A- menu posting sample

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McLean

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

Carla McLean Program Supervisor

Date 7-31-18

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

The above plan of correction is approved as of

8/2/18
(Date)

Plan of correction Implementation status as of

8/2/18
(Date)

The above plan of correction was approved by

dm
(Initials)

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

Violation Report: 44069 - 04/16/2018 - Flinner-Alman, Lisa
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Advair Discus 250mg-50mcg. The medication in the cart was opened on 2/20/18, and expired after 30 days.

Resident #3 is ordered Humalog 100u/ml Kwikpen. The medication in the cart was opened on 12/20/18 and expired on 1/17/18.

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.

During the inspection, expired medications were discarded. Nurses will complete monthly medication cart audits to address issues with expiring medication. Additionally, the home's pharmacy partner will complete quarterly cart audits. Nurses will work to provide ongoing education to all medication passers regarding the proper way to open and date insulin, inhalers, and other medications. An outlook reminder has been created to prompt the nurses to complete this task and submit documentation by the 10th of the month. This alert has also been sent to the PCHA and Team Leads who will review the audits.

See attachment 9A- Outlook calendar reminder (will reoccur monthly)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/18/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy

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

Carla McCoy

Date 7-31-18

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

The above plan of correction is approved as of

8/21/18
(Date)

Plan of correction implementation status as of

8/21/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44069 - 04/16/2018 - Flinner-Alman, Lisa
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Silver Sulfadiazine 1% cream; however, this medication is not on the resident's April 2018 medication administration record (MAR). Resident #KC is also ordered Trazadone 50mg, 1 tablet every 4 hours as needed; however, the MAR indicates 1 tablet daily at bedtime.

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 resident was hospitalized until 3/29/18, and an error was made in the creation of ~~the~~ MARs for the month of April, and this medication was omitted. We have initiated a new process for the cart audits to be completed, as referenced in the violation on page 9.

The Trazadone was on our PRN medication sheet, however the words "as needed" were omitted. This was corrected at the time of inspection.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Carla McCoy

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Carla McCoy Program Supervisor Date 7-31-18

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

The above plan of correction is approved as of 8/2/18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 8/2/18
(Date)

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

RECEIVED

JUL 31 2018

Page 11 of 12

Violation Report: 44069 - 04/16/2018 - Filmer-Alman, Lisa
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
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

The assessment dated 6/8/17, for resident #1, does not include the diagnoses of Hepatitis C, low back pain, Diabetes and acid reflux, as indicated on the resident's medical evaluation, dated 6/6/17.

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 residents 2017 RASP was updated to reflect the omitted medical diagnosis, moving forward staff, nurses, team leads will ensure that all diagnosis written on the medication evaluation are addressed in the assessment. Team Leads will work with staff to ensure that they talk with the nurses and ensure that appropriate interventions are in place on the RASP.

See Attachment 11 A- updated RASP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy

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

Carla McCoy Program Supervisor

Date *7-31-18*

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

The above plan of correction is approved as of 8/2/18
(Date)

Plan of correction implementation status as of 8/2/18
(Date)

The above plan of correction was approved by *2*
(Initials)

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