



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

Ms. Erica Gevaudan  
Administrator  
Asbury Place, Inc.  
760 Bower Hill Road  
Pittsburgh, Pennsylvania 15243

RE: Asbury Place  
Certificate #: 431550

Dear Ms. Gevaudan:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 9, 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](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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: ASBURY PLACE		License Number: 43155
Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243		County: Allegheny
Administrator: ERICA GEVAUDAN		Region: WEST
Legal Entity Name: ASBURY PLACE INC		
Legal Entity Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243		<b>RECEIVED</b>
Certificate(s) of Occupancy R-3 01/05/1998 Mt. Lebanon Twp.		JUN 01 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 76	Waking Staff: 57
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/09/2018: Bartlett, Patricia; Winters, Lynn		
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: 42 Number of Residents Served: 38 Secured Dementia Care Unit in Home: Yes Area: Asbury Place Secured Dementia Unit Capacity, if Applicable: 42 Number of Residents Served in Secured Dementia Care Unit, if applicable: 38 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 38 Have a Physical Disability: 0

Violation Report: 43155 - 05/09/2018 - Bartlett, Patricia  
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
There was no thermometer in the Green House's kitchen refrigerator.

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.

- Thermometer immediately placed in the Green house refrigerator.
- Staff re-educated on importance of thermometers to ensure foods are stored at proper temperatures. (see attached in-service sheet-attachment A)
- All refrigerators and freezers will be checked daily by dining services staff for thermometers.
- Administrator/ designee will monitor compliance weekly.
- Results to be reported at QM meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Erica Gevaudan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erica Gevaudan, Administrator* Date *5/31/18*

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

The above plan of correction is approved as of 6-4-18  
(Date)

Plan of correction implementation status as of 6-4-18  
(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: 43155 - 05/09/2018 - Bartlett, Patricia  
PCH Name: ASBURY PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

On 01/24/18, resident #1 was prescribed a special diet to include nectar thick liquids. However, on 5/9/18, resident #1 was served unthicken beef soup.

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.

- Staff will abide by special diets/ dietary restrictions.
- Dining staff, activities, nurses and caregivers re-educated on the importance of following special diets and specifically thickened liquids. (see attached in-service—attachment A)
- "Thick & Easy" available to staff for thickening. (See attached photo)
- RCD/ designee will monitor the adherence to special diets to ensure residents are receiving the proper diets/ modifications.
- Results to be reported in QM meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Erica Gevaudan*

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

*Erica Gevaudan, Administrator*

Date *5/31/18*

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