



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 06 2018

Mr. William R. Polachek
President / Chief Executive Officer
Grand Residence of Upper St. Clair, Inc.
45 McMurray Road
Upper St. Clair, Pennsylvania 15241

RE: The Grand Residence at Upper St. Clair
Certificate #: 432320

Dear Mr. Polachek:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 17, 2018; May 18, 2018 and November 8, 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: 43232 - 05/17/2018 - Barone, Barbara
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
On 5/16/18 at 3:41 PM, resident #1's glucometer was used to measure resident #2's blood glucose.

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.

SEE ATTACHMENT

See page 2a of 4

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

Signature of Legal Entity Representative (Required on EVERY Page) *Meg Filipovic*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa P. Filipovic Executive Director* Date *8/16/18*

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The above plan of correction is approved as of 11/30/18
(Date)

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

Plan of correction implementation status as of 11/30/18
(Date)

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

2600.85(a) Sanitary conditions shall be maintained.

The staff person that mistakenly used the wrong glucometer to check a resident's blood sugar was counseled on the importance of maintaining sanitary conditions and using the correct glucometer for the correct resident on 5/18/18. On 5/18/18, Resident #1's glucometer was disposed of and a new meter was ordered to replace it. See attachment 2a, which is a receipt for the glucometer. Both residents and their PCPs were notified.

On 5/31/18, all nurses and med techs were trained on the importance of using the correct glucometer for the correct resident. Please see Attachment 2b, which is the sign in sheet for the training, and Attachment 2c, which includes the details of the training. On 7/17/18 at the Annual Diabetic Training by the Certified Diabetic Trainer additional med trained staff received the Training found in 2c. Attached is 2d, which is the sign in sheet for the 7/17/18 training.

On 5/21/18, all the glucometers and their cases were updated with a picture of the resident that the glucometer belongs to. Please see Attachment 2e and 2f for photos of how the cases and glucometer now look.

On 6/1/18 at 11pm, the 11-7:30 Nurse/Med Tech started nightly monitoring of each resident's Glucometer readings against their recorded BS entered in QuickMar. They will check BS taken within the previous 24 hours (for example, on Friday June 1, Midnight will monitor the BS taken between 11pm Thursday, May 31 through 11pm Friday, June 1). Each resident will have their own monitoring form in the BS TAR. Midnight will monitor the residents who have regularly scheduled BS checks. See Attachment 2g and 2h for Resident #1 and Resident #2's nightly checks for August 2018.

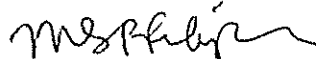
BS and glucometers will continue to be monitored weekly by the staff RN or LPN and provided to the Executive Director for review to ensure compliance. The weekly audits will check all residents with BS orders (PRN and standing) against the glucometers. See Attachment 2i-2i7 for the most recent weekly check completed.

If a recorded BS is not found in that resident's meter, all other meters must be checked for that BS value. If the BS value is found in another resident's meter, your supervisor must be notified BEFORE the meter is to be used again. The meter used on more than one person will be discarded. A replacement meter will be ordered through the pharmacy provider and paid for by The Grand Residence. The cost of the meter will be deducted from the responsible employee's next paycheck.

The Nurse/Med Tech must notify the residents (or POA) who had the commingled glucometer used on them and the resident whose glucometer was used on another resident. The PCP for all residents involved must be notified and requested if they would like a test for blood borne pathogens performed. A response must be received for each resident so follow up may be required. If the PCP orders such testing, the testing should be arranged by the Wellness Coordinator at the next available time and they must ensure the test is completed according to the prescriber's orders. Please see Attachment 2j and 2k, which are responses from Resident #1 and Resident #2's primary care physician.

The Nurse/Med Tech responsible will be disciplined according to policy and as noted above.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.



Melissa P. Filipovic, Executive Director

August 16, 2018

License #432320

Violation Report: 43232 - 05/17/2018 - Barone, Barbara
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 5/17/18, at 1:15 PM, the hot water temperature in the private bathroom of bedroom #209 measured 126.1 degrees Fahrenheit

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 5/17/18, the Boiler temperature was found to have been turned up above 130 degrees Fahrenheit (F), which resulted in a water temperature which exceeded 120 degrees F. The boiler is normally kept at 130 degrees F, which results in temperature less than 120 degrees F in areas of the building that residents have access to. The boiler had recently been serviced by an outside plumber contractor who must have adjusted the temperature as no other manager or maintenance staff had adjusted the temperature. Only Managers and Maintenance staff have access to the Boiler area.

On 5/17/18, the boiler was turned down to 130 degrees F and the temperature was rechecked in Suite 209. The temperature was found to be 116 degrees F.

All staff will be educated to monitor and report any water temperatures that they feel may be too hot or scald a resident immediately to their supervisor and to remove the resident from the area to ensure resident's safety. Please see Attachment 3a for a copy of the staff training that will be completed with all current employees by 8/30/18. This training will be done with new employees during their orientation.

Maintenance will perform weekly checks of hot water throughout the building that is accessible to the residents. Maintenance will document the area and the temperature on the Water Temperature Checklist. Please see Attachment 3b, Weekly Log. Maintenance will immediately adjust the boiler and report any concerns to the Director of Culinary and Wellness Staff and/or their designee for temperature readings above 120 degrees F. The hot water in the area will then be checked again to ensure the temperature is less than 120 degrees F.

Maintenance will perform weekly checks on the Boiler to ensure it is set at or below 130 degrees F. Please see Attachment 3c, Weekly Boiler Log. The Director of Culinary and Wellness Staff will check water temperatures throughout the building where residents have access monthly, will check the Boiler temperature monthly, and audit and review the Water Temperature checklist that the maintenance department completes weekly to ensure compliance. See Attachments 3d and 3e. Should repairs be needed the Director of Culinary and Wellness Staff and/or their designee will contact the appropriate independent contractor.

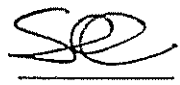

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa P. Filipovic Executive Director Date 8/16/18

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|--|---|
| The above plan of correction is approved as of <u>11/30/18</u> (Date) | Plan of correction implementation status as of <u>11/30/18</u> (Date) |
| The above plan of correction was approved by  (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress  <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 43232 - 05/17/2018 - Barone, Barbara
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

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

On 5/17/18 at approximately 10:40 AM, the temperature of the ice cream freezer was 4 degrees Fahrenheit.

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 5/17/18 the temperature of the ice cream freezer was 4 degrees Fahrenheit. Our Culinary staff make Gelato, which is defined as Merriam-Webster Dictionary as "a soft rich ice cream containing little or no air". Gelato is served softer than ice cream. Please see Attachment 4a-4a1, regarding the industry standard temperatures for serving Gelato and Ice Cream.

All refrigerators and freezers in the kitchen and culinary areas have thermometers inside them, as well as ones that may be built-in.

We do not store our gelato or ice creams in the ice cream cooler. The ice cream cooler is used to serve the gelato and ice cream at meal times so that it can be at the desired soft consistency that gelato is supposed to be and to meet the requests of our residents. We have a separate walk in freezer where the ice cream and other frozen foods are kept at a temperature of 0 degrees Fahrenheit or below.

The Allegheny Health Department regularly inspects our culinary area. They require frozen foods be stored at or below 32 degrees Fahrenheit. See Attachment 4b.

On 8/15/18 at 3pm upon receipt of the Violation Report, the ice cream cooler's temperature was adjusted to 0 degrees Fahrenheit. Attached is 4c, a picture of the ice cream cooler's temperature taken on 8/16/18.

The ice cream cooler's temperature will be maintained at or below 0 degrees Fahrenheit at all times. The temperature will be monitored weekly by the Executive Chef or his designee. The Executive Director or designee will audit temperatures monthly to ensure compliance. See Attachment 4d, weekly log.

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Date(s) of Previous Violation(s):

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

Melissa P. Filiporic Executive Director

Date 8/16/18

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