



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 23, 2018**

Mr. Craig Douglass  
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. Douglass:

As a result of the Department's Bureau of Human Services Licensing inspection on August 30, 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.

Sincerely,

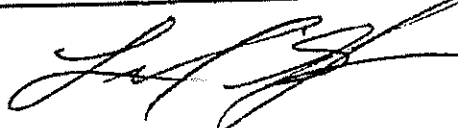
A handwritten signature in black ink that reads "Jon Kimberland". The signature is written in a cursive style with a large, sweeping flourish at the end.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: GARDEN VIEW MANOR		License Number: 44069
Address: 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221		County: Allegheny
Administrator: Laurel Spigler		Region: WEST
Legal Entity Name: MERCY LIFE CENTER CORPORATION		
Legal Entity Address: 1200 REEDSDALE STREET, PITTSBURGH, PA 15233		
Certificate(s) of Occupancy I-2 04/08/2010 Dept of L & I		
Staffing Hours Resident Support: 0	Total Daily Staff: 54	Waking Staff: 41
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 8/30/18 Grace, Desmond		
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: 56 Number of Residents Served: 54 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 Hoapice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 54 Are 60 Years of Age or Older: 25 Have Mental Illness: 54 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

 , MA PCHA 10/4/18

Violation Report: 44069-18/30/18 - Grace, Desmond  
 PCH Name: GARDEN VIEW MANOR

- 1. REGULATION 65 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 most current annual assessment on record was completed on 9/16/16.

**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 RASP for [redacted] was updated on 9/10/18, after the omission/conflicting dates was discovered on 9/3/18. See attached RASP for 9/10/18. Our previously established reminder system did not work as planned, as we did not account for the reminders not carrying over to newly hired staff previously not in the system and/or changes in primary counselors. As a result, these reminders did not correctly activate. To increase RASP deadline awareness and increase visibility and accountability, a physical calendar will be established and posted in the staff office. Additionally, to support our team in improving RASP skills, monthly we will rotate through a program of RASP reviews at staff meetings, and/or small shift based workshops. This would assist us in ensuring that all applicable information is correctly documented on the RASP, and that all staff are aware of deadlines. PCHAs, team leads, and residential care specialists will review all documentation within the designated time frames.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/16/2018	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Laurel Spigler, MA PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Laurel Spigler, MA PCHA* Date *10/4/18*

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

The above plan of correction is approved as of <u>10/5/18</u> (Date)	Plan of correction implementation status as of <u>10/5/18</u> (Date)
The above plan of correction was approved by <u><i>LS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>4</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented