pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: July 3, 2019

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 January 4, 2019, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

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: Carla McCoy	**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
Borough of Wilkinsburg

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

01/04/2019: Barry, Courtney

Off-Site Inspection Dates and Inspectors, if Applicable

01/07/2019: Barry, Courtney

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 Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 24

Have Mental Illness: 55

Have an Intellectual Disabliity: 0

Have a Mobility Need: 0

Have a Physical Disability: 1

Violation Report: 44059 - 01/04/2019 - Barry, Courtney
PCH Name: GARDEN VIEW MANOR

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
On 12/22/18, at approximately 2:00 p.m., staff person A, the activities director, drove the home's minivan and was stopped outside of a retail store to transport multiple residents back to the personal care home. Resident #1 had placed his purchases and cane inside the minivan and began to enter through the sliding door on the passenger side. The resident used the grip bar, with both hands, and had one foot inside the vehicle when staff person A moved the vehicle forward.

Staff person A indicated that she was distracted by another resident who did not arrive at the transport site timely, and moved the minivan forward in attempt to get a better view of the local fast food establishment where the tardy resident was thought to be. The motion of the minivan prior to resident #1 being securely inside the van, caused the van door to strike resident #1, resulting in the resident falling and landing on the ground between the van and the sidewalk.

Emergency services were contacted an ambulance was dispatched at 2:06 p.m. Resident #1 was taken to the hospital. Physician records indicated the resident suffered a "mechanical fall due to a car door bumping him and causing him to lose his balance, he fell hitting the right temporal parietal area with no loss of consciousness, also causing an abrasion to the left knee." The resident was admitted to the hospital with an initial diagnosis of traumatic intracranial hemorrhage. He was discharged on 12/26/18 with diagnoses of fall from ground level and subarachnoid hemorrhage (stroke). The home failed to follow safety procedures in transporting resident #1, causing serious bodily injury to 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.

The staff member that caused the accident on 12/22/18 was terminated after the investigation was completed. Said staff member did not have contact with resident during investigation because she was on vacation. Documentation/proof was faxed to DHS in incident report follow up. (1/9/19)
The home/agency already has vehicles procedures in place and staff are expected to follow these. All staff take the vehicle training which explicity tells staff to always ensure residents are in seat belts and to ensure everyone is secured before driving off. To further ensure staff at Garden View Manor are all aware of the seriousness of ensuring resident safety, superivisors had a staff training at the staff meeting on 1/16/19. This1 hr training covered Transportation, Outtings, and Meeting the Needs of the Residents.Supervisors reviewed assessing resident appropriateness for outings, best practices for pre-outing preparation

of vehicles and residents, and safe practices for loading and unloading the vans. The group was given the opportunity to share concerns and receive guidance on supporting specific situations with residents. In addition, emergency procedures for dealing with events such as injury, illness, or a lost person were reviewed. Staff are still expected to complete the agency annual vehicle safety training. In addition, supervisors and team leads will ensure that all new staff are given this additional support on supervision and transportation. See attached training log

Continued, see below:

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)
Carla McCoy BS, PCHA Program Supervisor

Date 2-6-19

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

The above plan of correction is approved as of 3/12/19 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 3/12/19 (Date)

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

Immediately – The administrator will implement transportation procedures that include an assistant to the driver who assists the driver to escort residents in and out of the home and provides assistance that meet the needs of the residents as specified in the resident's assessment and support plan. --JRW 3/12/19