



pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 15, 2019

Mr. Craig Douglass
Chief Operating Officer
Mercy Life Center Corporation
Attn: Kimberly Munko
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Outlook Manor
3560 Outlook Drive
West Mifflin, Pennsylvania 15122
License# 430080

Dear Mr. Douglass:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 1, 2019, of the above facility, the violations 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

RECEIVED
JUNE 25 2019
WEST REGION FIELD OFFICE
Human Services Licensing

License Number: 430080

Facility Information

Name: *OUTLOOK MANOR*
Address: *3560 OUTLOOK DRIVE, WEST MIFFLIN, PA 15122*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *AMY BENEDETTI* Phone: *4123260012* Email: *KMUNKO@PITTSBURGHMERCY.ORG*

Legal Entity

Name: *MERCY LIFE CENTER CORPORATION*
Address: *ATTN: KIMBERLY MUNKO 1200 REEDSDALE STREET, PA, 15233*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/15/1986* Issued By: *PA Dept of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

03/01/2019 - On-Site: Lisa Flinner-Alman, Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *12* Residents Served: *12*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *2*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

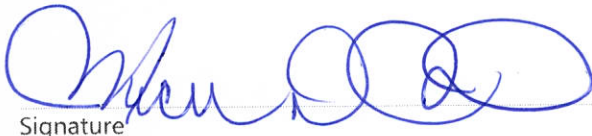
A copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

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.)

2600-3c- A copy of 55 Pa Code Chapter 2600 currently posted on the board in at the front desk board facing the entrance. Outlook Supervisor will check on a monthly basis to make sure the Pa Code is in the proper place. (See attached)

Legal Entity Representative


Signature

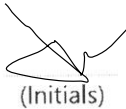
Michelle Jamison
Printed Name and Title

Supervisor
Date 6/25/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/26/19
(Date)

Plan of correction implementation status as of 6/26/19
(Date)

The above plan of correction was approved by 
(Initials)

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

18 - Compliance With Laws

Regulations

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has a gas stove in the kitchen.

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.

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.)

2600-18-As physical space allows at best 13' to place a carbon monoxide alarm from the stove; therefore an additional detector has been placed in the back of the "U" shaped kitchen at Outlook Manor. This allows the CM detector to share the same space/room in the kitchen as the stove, yet give the required 15' away. Additional monthly battery checks will be done along with the fire exit checks. (See Attached)

- 2600-18-The Influenza Awareness Act-Outlook Manor has posted the most recent Influenza Awareness and precaution poster outside the Nurse's office where it can be immediately viewed by all residents and Outlook staff. Additionally, Outlook Supervisor will check the DHS website quarterly for any Health and Safety additions or addendums. (See attached)

Legal Entity Representative



Signature

Michelle Jamison 6/25/19
 Supervisor Date


Printed Name and Title

Date

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25c4 - Payment Responsibility

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

Description of Violation

The resident-home contract, dated 1/1/19, for resident #1 does not indicate the party responsible for payment. The resident has a representative payee.

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.)

2600-25c4- In addition to annual updating of all resident charts, Outlook will now have an excel spreadsheet available to all staff who are assigned resident charts. Every month, designated staff will complete a monthly resident chart audit monthly to ensure that all paperwork is updated in a timely manner, i.e. resident-home contract (Responsible party for payment).

Supervisor will also conduct a refresher training on resident charts and DHS paperwork will be conducted at the July/2019 meeting. Supervisor will review all paperwrok to insure that staff understand the importance of full completiton and accuarcy.

Legal Entity Representative

Signature

Michelle Samson, Supervisor

Printed Name and Title

Date 6/25/19

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65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A received only 9 hours of annual training during training year 2018.

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.)

2600-65.e. Upon inspection of Direct Staff person A not receiving the required 12 hour training in the year of 2017/ 2018, this is an accurate finding. Outlook Manor has a new Supervisor has instituted the following changes to ensure mandatory training within the training year.

- Supervisor will supply a copy of the required trainings (Names of trainings and description) to all current and new Outlook staff at the beginning of Pittsburgh Mercy's fiscal year (July 1st). See attached copy of required trainings for Outlook Manor/PCH staff.
- Included is staff person A's 2018-2019 completion of required trainings; to show that Outlook Manor has proactively instituted the new procedure. (See Attachment)

At least quarterly - The administrator or designee will review staff training as part of a quality management program to ensure all staff receive at least 12 hours of annual training and all required topics are included. - JRW 6/26/19

Legal Entity Representative

Signature

Michelle Tomlin, Supervisor 6/25/19

Printed Name and Title

Date

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A, hired 6/1/03, did not receive the following required training topics during the 2018 training year:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- Personal care service needs
- Safe management techniques

Plan of Correction (POC)

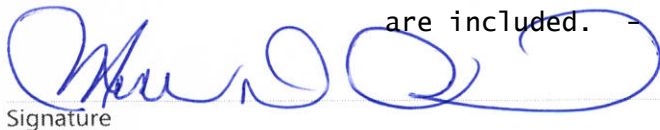
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2600-65.e. Upon inspection of Direct Staff person A not receiving the required 12 hour training in the year of 2018, this is an accurate finding. Outlook Manor has a new Supervisor has instituted the following changes to ensure mandatory training within the training year.

- Outlook Supervisor will supply a copy of the required trainings (Names of trainings and description) to all current and new Outlook staff at the beginning of Pittsburgh Mercy's fiscal year (July 1st) and in January to check employee progress on trainings. See attached copy of required trainings.
- Included is staff person A's 2018-2019 completion of required trainings; to show that Outlook Manor has proactively instituted the new procedure. (See Attachment)

*Staff person A will complete the Medical Evaluation training by 6/30/2019.

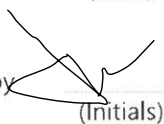
Legal Entity Representative At least quarterly - The administrator or designee will review staff training as part of a quality management program to ensure all staff receive at least 12 hours of annual training and all required topics are included. - JRW 6/26/19

Signature 

Printed Name and Title Michelle Jamison, Supervisor Date 6/25/19

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65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of 2018 annual training for direct care staff person A does not include the name of the staff person trained, date, source and length for several trainings, including the following:

- The Older Adult Protective Services Act
- Reporting Abuse
- Investigation Process and Rights of Reporters and Accused
- Criminal Background Checks

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.)

2600-65.i.

Upon inspection of Direct Staff person A's record of trainings including the staff person trained, date, content, length of each course and copies of any certifications received being kept for 2018, is an accurate finding. As stated above, Outlook Manor Supervisor has instituted the following changes to ensure mandatory training within the training year. (See current training log attachment)

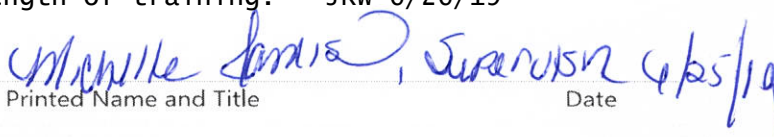
- The Older Adult Protective Services Act- Staff A-completed on 6/14/2019-DHS paper training, 1-hour training
- Reporting Abuse-Staff A-completed on 6/15/2019-DHS paper training, 1-hour training
- Investigation Process and Rights of Reporters and Accused-Staff A-completed 6/15/2019-DHS paper training, 1-hour training.
- Criminal Background checks-Staff A-completed on 6/12/2019-DHS paper training, 1-hour

Immediately - The administrator will review all trainings completed in 2019 to ensure all required information is included in the training record. JRW 6/26/19

Within 30 days of receipt of this plan of correction - The administrator or designee will reeducate all persons involved in staff trainings of the required information to record and retain, including names of staff trained, course content and length of training. - JRW 6/26/19



Signature




Printed Name and Title

Date

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83a - Indoor Temperature

Regulations

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

At 11:20 a.m., the temperature of bedroom 112 measured 64.9 degrees Fahrenheit.
At 11:27 a.m., the temperature of bedroom 111 measured 66.3 degrees Fahrenheit.

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.)

2600-83a. (Landlord Residential Resources) corrected both rooms #111 and #112 with the installation of fans that now maintains 70°F while residents are present at Outlook Manor. Monthly checks will be conducted on the first of the month during maintenance's monthly fire extinguisher checks.

Legal Entity Representative

Signature

Michelle D. Jamis, Supervisor (initials)

Printed Name and Title

Date

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91 - Telephone Numbers

Regulations

2600.

- 91. Emergency Telephone Numbers - 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.

Description of Violation

There were no emergency telephone numbers on or by the telephone in the dining room.

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.)

2600-91. Emergency phone numbers were posted in the dining room in a secure plastic covering on the wall next to the resident phone and facing the entrance to the dining room for immediate visual view. Outlook Supervisor and Food Service Specialist will conduct monthly checks to make sure the emergency numbers are posted. See attached photo

Legal Entity Representative



Signature

Michelle Jamis, Supervisor 4/25/19


Printed Name and Title

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123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures were not posted in a conspicuous and public place. They were in a binder in the locked office behind the front desk.

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.)

2600-123 b. A copy of the PEMA Outlook Manor and West Mifflin emergency procedure manual has been posted in the posting area/front entry of the site for quick access. Additionally, a comprehensive and site specific binder has been created, included all of the above information as well as; contact information for Outlook's pharmacy, food, shelter and the like. The binder also includes emergency contact information for site residents; this will be kept in the staff office in easy to reach in case of an emergency.

Legal Entity Representative

Signature

Michelle Jamison, Supervisor 6/25/19

Printed Name and Title

Date

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162c - Menus Posted

Regulations

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.

Description of Violation

No menus were posted in the home for the current week or upcoming week for 3/1 - 3/7/19.

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 the day of inspection, this was corrected. Menus indicating what is served for each meal and alternative meals will be posted and the upcoming week for the calendar year in 3 locations at Outlook Manor. The Outlook Food Specialist will be responsible for posting menus bi-weekly in the below locations.

- Location 1. In the dining area in the enclosed glass display board along the wall facing outward for the residents to see as they enter and sit in the dining area.
 - Location 2. In the dining area on the white dry erase board attached to the wall facing the residents as they sit. This board will have large print displaying the dinner choice for the day.
 - Location 3. In the kitchen there will be the 2 week (current week and the upcoming week for the calendar year) menu posted on the back of the kitchen door to ensure that staff is preparing the indicated meal or adding or changing meals if necessary.
- See attached photos

Legal Entity Representative

Signature

Michelle J. Jones, Supervisor 6/25/19

Printed Name and Title

Date

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Glucometers for residents #2, #3, and #4 were not calibrated to the correct date and time.

At 3:24 p.m., there were three loose pills on the floor under the medication cart: a Metoprolol tablet, a Famotidine tablet and a Vitamin D capsule.

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.)

Outlook Nurse will calibrate/check resident glucometers for date and time once a week to ensure accuracy of the device. Outlook Nurse will also train all staff on how to calibrate glucometers to ensure accuracy.

Additionally, all medication administrators will thoroughly check the medication cart for any loose pills that may have fallen from the packs before and after every medication distribution.

Legal Entity Representative



Signature


Michelle Thomas, Supervisor 6/26/19

Printed Name and Title

Date

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221c - Post Activity Calendar

Regulations

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendars that are posted on both bulletin boards in the home's entryway are dated February 2019.

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.)

2600-221.c. As the Inspectors arrived on 3/1/2019, Staff had not hung the new activities calendar for the month of March/2019 as this was corrected the day of inspection. Outlook has instituted a large Black Dry Erase Board to accompany the monthly calendar, the dry erase board will have large print and is updated weekly to better highlight the site activities. See attached

Weekly board will be updated on our overnight shift every Sunday night for the upcoming week. Any additional activities that come during the week or requested by residents will be added as scheduled to the new activity dry erase board.

Legal Entity Representative



Signature

Michelle James, Supervisor

Printed Name and Title

Date

6/25/19

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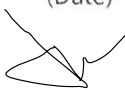
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225c - Additional Assessment

Regulations

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.

Description of Violation

The assessment, dated 2/22/18, for resident #1 does not include the diagnoses of traumatic brain injury (TBI), nasal congestion and insomnia that are indicated on the medical evaluation, dated 11/7/18.

The assessment, dated 5/14/18, resident #2 does not include the diagnosis of movement disorder that is indicated on the medical evaluation, dated 3/13/18.

The assessment, dated 10/9/18, for resident #5 does not include the diagnoses of movement disorder and wheezing that are indicated on the medical evaluation, dated 8/13/18.

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.)

2600-225c

* Resident #1-Upon inspection of resident #1, the diagnosis of TBI was Not listed on the assesemnt but on the medical evaluation,this an accurate finding. The diagnosis of nasal congestion and insomnia are listed in the (MAR) and not on the medical evaluation dated 11/7/2018 (not 2/22/2018 as reported). All 3 diagnoses will be added to the Assessment.

* Resident #2-Upon our inpection of resident of #2 having diagnosis of movement disorder that is indicated on the DME dated 3/13/2018. This finding is inaccurate; resident #2 does not have a diagnosis of movement disorder on their DME. (See attached copy of resident of medical evaluation dated 3/13/2019 indicated on the inspection).

* Resident #5-Upon our inspection of resident #5 having a diagnosis of movement disorder and wheezing that is indicated on the medical evaluation dated 8/13/2018. this finding is inaccurate. (See attached medical evaluation dated 8/13/2018).

Immediately - The administrator or designee will review the assessments of all current residents to ensure each is complete and correct. - JRW 6/26/19

Legal Entity Representative



Signature

Michelle Jamison, Supervisor

Printed Name and Title

Date 6/25/19

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan, dated 11/22/18, for resident #1 does not address the frequency and responsible party for multiple needs, including the following:

- Personal hygiene, managing health care, securing health care, doing laundry, shopping
- Total blindness, hyperlipidemia, hypertension, COPD
- Dental need, vision need
- Depression, anxiety
- Irritability, judgment, agitation

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.)

2600-227d-Upon inspection of Resident #1 support plan dated 11/22/2018, the above findings are accurate. Outlook Supervisor has instituted changes to ensure that all support plans are reviewed in their entirety to make sure responsible parties and frequency are being completed. (See corrected support plan dated 11/22/2018)

Immediately - The administrator or designee will review the support plans of all current residents to ensure each is complete and correct. - JRW 6/26/19

Legal Entity Representative

Signature

Michelle Januson, Supervisor

Printed Name and Title

Date 6/25/19

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