



pennsylvania
DEPARTMENT OF HUMAN SERVICES

June 3, 2019

Ms. Danielle Bryce
Administrator
Vincentian Home, Inc.
111 Perrymont Road
Pittsburgh, Pennsylvania 15237

RE: Vincentian Home
Certificate #: 431530

Dear Ms. Bryce:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 19, 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: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 10:08 a.m., the privacy coding document, to include the names of residents #1 and #2, was attached to the licensing inspection summary, dated 3/20/18, and was posted on the bulletin board in the main lobby.

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 privacy coding document of the inspection summary was removed immediately when identified by the Department Representative. The Administrator was educated by the Department Representative regarding the violation. The privacy coding document will be removed by the Administrator prior to posting the results of the 3/19/19 inspection summary upon receipt of the approved Plan of Correction on the bulletin board in the lobby.

Immediately: A designated staff person shall inspect the home daily to ensure all resident records and resident information is kept in an area that is locked.

LM 5/10/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Danielle Bryce

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

Danielle Bryce PCHA

Date *5/8/19*

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

The above plan of correction is approved as of

5/10/19

(Date)

LM

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #3's resident-home contract, dated 2/18/17, is not signed by 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.

Resident #3's signature was obtained on her resident-home contract by the Administrative Assistant.

The Administrator or Administrative Assistant (designee) will review the resident-home contract and explain its contents to the resident and resident's designated person prior to admission, or within 24 hours of admission. The resident and designated person (if any) are then asked to sign the contract. Education of the violation and regulation 2600.25(b) was provided to the Administrative Assistant to ensure that all resident-home contracts are always signed by the resident moving forward.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Danielle Bryce

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

Danielle Bryce PCHA

Date 5/8/19

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LM
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Violation Report: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The maximum safe evacuation time as indicated by the fire safety expert on 3/11/19, for the personal care section of the home, is 10 minutes. However, the fire drill conducted on 9/6/18 at 3:24 a.m. was completed in 10 minutes and 50 seconds.

The maximum safe evacuation time as indicated by the fire safety expert on 3/11/19, for the secured dementia care unit section of the home, is 7 minutes. However, the fire drills conducted on the following dates/times exceeded the maximum safe evacuation time:
 * 9/21/18 at 4:05 a.m.=evacuation conducted in 10 minutes, 26 seconds
 * 9/6/18 at 3:24 a.m.-evacuation conducted in 11 minutes, 9 seconds

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 maximum safe evacuation time for the secured dementia care unit was increased to 12 minutes by the fire safety expert on 5/8/19.
Personal Care section of the building:

On 9/21/18 at 4:05AM, a second sleeping hour fire drill was conducted, and the residents were evacuated in 8 minutes and 33 seconds. *JM* 5/10/19

The Administrator and LPN Manager met with the residents to explain the importance of a rapid evacuation on 9/6/18 at breakfast, due to not meeting the maximum evacuation time frame during the first sleeping hour drill. Explained to the residents that they must get out of bed and immediately evacuate to the designated fire-safe areas. The staff will assist with any personal care needs that the residents have upon the "all clear" announcement at the completion of the drill. Until the drill is completed, the residents must evacuate as quickly as possible. Staff will be rounding to provide any assistance needed for transferring out of bed and/or walking to the fire-safe areas.

Will share the violation and reinforce the importance of a rapid evacuation with the residents at the next Resident Council Meeting, which has been scheduled for May 9, 2019.

Immediately: A designated staff person shall review all fire drill records monthly to ensure all residents evacuated the home or to a fire safe area designated in writing within the past year by a fire safety expert, within the time specified by the fire safety expert. *JM*

Secured Dementia Care Unit section of the building:

Following the two sleeping hour drills on 9/6/18 and 9/21/18, the Administrator contacted Dan Stack, the Fire Marshal for the Town of McCandless. Mr. Stack is the fire-safety expert who conducts the annual fire safety inspection and the annual observed fire drill for Vincentian Personal Care and SDCU. Mr. Stack inspected the SDCU on 10/11/18 with the Administrator, LPN Manager, and facility Safety Director. He determined that since the SDCU is a fully sprinklered building with rated walls, doors and ceiling assemblies, and is protected by an automatic continuously monitored fire alarm system, 12 minutes was an acceptable maximum evacuation time for the SDCU for sleeping hour fire drills. *JM* 5/10/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Danielle Bryce PCHA* Date *5/8/19*

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The above plan of correction is approved as of 5/10/19
 (Date)

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

Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The dining room exit was the only exit route used for each of the monthly fire drills conducted from 3/16/18 through 3/11/19 on the secured dementia care unit.

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 Administrator (or designee that has knowledge of the unannounced drill) will alternate blocking an exit route during fire drills, so that staff and residents will alternate exit routes used during fire drills. Documentation of all fire drills including exit routes will be kept.

Staff will be educated on the two available exit routes in the SDCU during our mandatory in-service scheduled for May 9, 2019. The staff will be informed of the regulatory requirement to alternate exit routes used during fire drills.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2018 et al
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Danielle Bryce PCHA* Date *5/8/19*

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Violation Report: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #4's most recent medical evaluation, dated 12/31/18, does not include the name of the medical professional who completed the medical evaluation. This section of the form is blank.

Resident #6's most recent medical evaluation, dated 12/7/18, does not include the resident's height. This section of the form is blank. Also, the medication addendum section indicates "see attached"; however, nothing is attached.

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.

Resident #4's medical evaluation dated 12/31/18 has been updated to include the name of the medical professional.

Resident #6's medical evaluation has been updated to include the resident's height. The medication addendum has been attached to the medical evaluation.

The Administrator, LPN Manager, or designee will audit DME forms to verify that all of the required information was recorded. Five DME forms will be audited quarterly. The results of the audits will determine ongoing frequency. Documentation of the audits will be kept. Proper completion of the DME form will be reviewed at the mandatory staff in-service schedule for May 9, 2019.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Danielle Bryce

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

Danielle Bryce PCHA

Date

5/8/19

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Violation Report: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Ipratrop/Albuterol inhaler solution-Inhale 1 puff orally via nebulizer every 4 hours as needed; however, the pharmacy label does not include this order.

Resident #6 is prescribed Ipratrop/Albuterol inhaler solution-Inhale 1 puff orally via nebulizer every 8 hours as needed; however, the pharmacy label indicates Ipratrop/Albuterol inhaler solution-Inhale 1 puff orally 3 times a day for 14 days.

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.

Resident #3 has both a routine and a PRN physician order for Ipratrop/Albuterol Inhaler Solution. Pharmacy was contacted and both the routine and PRN Ipratrop/Albuterol Inhalers are now labeled appropriately, reflecting the resident's current physician order.

Resident #6 has a PRN order for Ipratrop/Albuterol Inhaler Solution. Pharmacy was contacted and the PRN Ipratrop/Albuterol Inhaler is now labeled appropriately, reflecting the resident's current physician order.

All residents with Ipratrop/Albuterol Inhaler Solution were checked to reflect the current physician order.

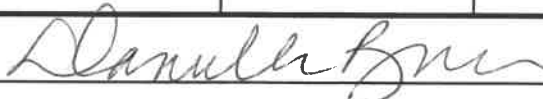
LPN Manager of Resident Services/Designee will provide education to the nurses/med techs on confirming that all pharmacy medication labels match the current physician orders. This education will be conducted on May 9, 2019.

The Pharmacy Nurse Consultant will conduct quarterly audits of the Medication Carts and report these findings to the LPN Manager of Resident Services/Designee.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Danielle Bryce RHA

Date 5/8/19

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Violation Report: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #4's preadmission screening, dated 12/13/18, does not include a determination that the home can meet the resident's needs. This section of the form is blank.

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.

Resident #4's preadmission screening was updated on 3/19/19 to indicate the home can meet the resident's needs. *LM* 5/10/19

The Administrator or LPN Manager of Resident Services (or designee) will complete the DHS preadmission screening form on all new residents admitting to the facility to determine if the home can meet the needs of the resident. Both the Administrator and LPN Manager were present for the exit interview of the inspection conducted on 3/19/18 and informed by the Department Representatives of the violation due to the blank section of the form. The Administrator and LPN Manager will review the form once completed to ensure that all sections are completed prior to filing in the residents' medical records.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2018 et al
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle Bryce*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Danielle Bryce PCHA* Date *5/8/19*

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Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4's most recent medical evaluation, dated 12/31/18, includes the diagnoses of Alzheimer's Disease and Spinal Stenosis; however, the resident's most recent assessment, dated 1/9/19, does not include these diagnoses.

Resident #6 was admitted to the home's secured dementia care unit on 12/7/18; however, the resident's assessment is undated, so it is unable to be determined if it was completed within 15 days of admission.

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.

Resident #4's most recent assessment was updated to include the diagnoses of Alzheimer's Disease and Spinal Stenosis. The Administrator, LPN Manager, and med techs will audit DME and RASP forms to verify that all diagnoses documented on the DME's are also documented on the RASP's. Five DME and RASP forms will be audited quarterly. The results of the audits will determine ongoing frequency. Documentation of the audits will be kept. Proper completion of diagnoses on the DME and RASP forms will be reviewed at the mandatory staff in-service scheduled for May 9, 2019.

Resident #6's assessment was updated to include the date. *LM* 5/10/19

The Administrator and LPN Manager were present for the exit interview of the inspection conducted on 3/19/18 and informed by the Department Representatives of the violation due to the missing date. All RASP's are completed by Administrator, LPN Manager or Med Techs. Will provide education to the med techs regarding the importance of dating all RASPs upon completion at the mandatory staff in-service scheduled for May 9, 2019.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Danielle Bryce PCA* Date *5/8/19*

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- Fully Implemented
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- Not Implemented

Violation Report: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the home's secured dementia care unit on 12/7/18; however, the resident's cognitive screening, dated 12/7/18, does not indicate that secured care is required. This section of the form is blank.

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.

Resident #6's cognitive screening was updated to indicate secured care is required. *LN* 5/10/19
 The Administrator or LPN Manager of Resident Services (or designee) will complete the DHS preadmission screening form on all new residents admitting to the facility to determine if the home can meet the needs of the resident. Part IV is completed by the physician or representative of the Geriatric Assessment Team for residents seeking admission to the SDCU. Once Part IV is completed by the appropriate professional, the Administrator, LPN Manager or designee will review to make sure all sections are completed prior to placing in the resident's medical record. Administrator, LPN Manager or designee will audit two preadmission screens quarterly to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Danielle Bryce

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

Danielle Bryce POHA

Date

5/8/19

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Violation Report: 43153 - 03/19/2019 - Garrigan, Laurie
 PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the home's secured dementia care unit on 12/7/18; however, the resident's support plan is undated, so it is unable to be determined if it was completed within 72 hours of admission.

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.

Resident #6's support plan was updated to include the date. *LN* 5/10/19

The Administrator and LPN Manager were present for the exit interview of the inspection conducted on 3/19/18 and informed by the Department Representatives of the violation due to the missing date. All RASP's are completed by Administrator, LPN Manager or Med Techs. Will provide education to the med techs regarding the importance of dating all RASPs upon completion at the mandatory staff in-service scheduled for May 9, 2019.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Danielle Bryce

Printed Name and Title of Legal Entity Representative
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Danielle Bryce ACTA

Date *5/8/19*

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