



June 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 annual inspection on April 9, 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](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". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

5/10/2019

Violation Report

Western Region Field Office  
Bureau of Human Services Licensing

Facility Information

Name: GARDEN VIEW MANOR  
Address: 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221  
County: ALLEGHENY Region: WESTERN

License Number: 440690

Administrator

Name: Carla McCoy Phone: 4123424602 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: I-2 Date: 04/08/2010 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

Inspection

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

Inspection Dates and Department Representative

04/09/2019 - On-Site: Michael Marini, Lauren Spagna, Joe Eveges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 Residents Served: 52

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 52 Are 60 Years of Age or Older: 26  
Diagnosed with Mental Illness: 52 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 0 Have Physical Disability: 1

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

Resident #1's glucometer was not calibrated to the correct time.

Resident #1 is prescribed blood glucose checks 4 times a day; however, the resident's blood sugars were incorrectly documented on the resident's April 2019 medication administration record (MAR) numerous times, to include the following dates/times:

<u>Date and Time</u>	<u>Glucometer Reading</u>	<u>Medication Administration Record</u>
4-3-19 10:48 PM	209	not documented on MAR
4-5-19 10:42 AM	175	157
4-6-19 7:41 PM	144	140
4-7-19 2:28 PM	152	150

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.)

Immediately after our inspection, at our 4/10/19 staff meeting we provided staff with the feedback from the inspectors and reviewed the importance of accurate documentation and common glucometer issues. At the staff meeting on 5/15/19 GVM nursing staff will provide an training on MAR documentation of both scheduled and unscheduled blood glucose checks. Best practices for using glucometer histories, and accurate transcription will be provided. Staff will be provided with a review of how sliding scale insulin administration can be impacted by incorrect transcription of blood glucose checks on the MAR.

GVM supervisors/Nurses/Team Leads will develop a process and tracking document for the overnight staff to use for the purpose of verifying the accuracy of all blood glucose checks and corresponding MAR entries on a weekly basis. This process will be completed by 6/30/19, so that all staff can be trained on the process, time verification, and the correct use of the history features.

Legal Entity Representative

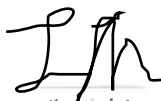
  
Signature

Carla McCoy Program Supervisor 5-10-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 5/13/19  
(Date)

Plan of correction implementation status as of 5/13/19  
(Date)

The above plan of correction was approved by   
(Initials)

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



227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted to the home on 11-8-18; however, resident #1's initial support plan was completed on 10-23-18, which was prior to admission.

Resident #2 was admitted to the home on 10-22-18; however, resident #2's initial support plan was completed on 10-10-18, which was prior to admission.

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 home had an existing process of working in direct collaboration with a new residents previous residential provider and/or service coordinator to develop a Support Plan and increase our knowledge of the resident's needs prior to admission. Because there was a process of providing feedback and exchanging detailed information the home accepted these Support Plans. Moving forward, we will continue to utilize our collaborative process, as we feel this provides the strongest foundation for supporting a new resident. However, the home will redo the Support Plan within 30 days to reflect any additional needs or strengths identified once the resident is on site. The assessors will be an employee of the home.

The RASPs for Resident 1 and Resident 2 have been updated. See attached.

Within 7 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a completed support plan within 30 days of admission. *JM* 5/13/19

Immediately: A designated staff person shall develop and implement a tracking system to ensure each newly-admitted resident has a completed support plan within 30 days of admission. *JM* 5/13/19

Legal Entity Representative

*Carla McCoy*  
Signature

Carla McCoy Program Supervisor  
Printed Name and Title  
Date 5-10-19

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