pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 9, 2019

Ms. Erica Gevaudan
Administrator
Asbury Place, Inc.
760 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Asbury Place
Certificate #: 431550

Dear Ms. Gevaudan:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 6, 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,

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Received BHSL
8/28/19

Violation Report

Facility Information

Name: *ASBURY PLACE* License Number: *43155*
Address: *760 BOWER HILL ROAD, PITTSBURGH, PA 15243*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Erica Gevaudan* Phone: *4125715660* Email: *EGEVAUDAN@ASBURYHEIGHTS ORG*

Legal Entity

Name: *ASBURY PLACE INC*
Address: *760 BOWER HILL ROAD, PITTSBURGH, PA, 15243*

Certificate(s) of Occupancy

I1 12/16/10 Borough of Charleroi

Staffing Hours

Resident Support Staff: Total Daily Staff: *80* Waking Staff: *60*

Inspection

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

Inspection Dates and Department Representative

05/06/2019 - On-Site: Vicki Pfaff, Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *40*

Secured Dementia Care Unit

In Home: *Yes* Area: *Asbury Place* Capacity: *42* Residents Served: *40*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *2*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40*
Have Physical Disability: *0*

25c8 - Smoking

Regulations

2600.

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

8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

The house rules included in resident #2's residence agreement completed 1/25/19 indicate that smoking is only permitted outside on patios. However, according to the home's administrator, the home's smoking policy is now the same as UPMC's smoking policy indicating that smoking and the use of tobacco is prohibited in UPMC owned or leased facilities.

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 agreement updated 1/24/19 with new home rules. This agreement is being used for all new admisisons.

* New agreement initiated with Resident #2 showing new home rules on 7/24/19. (see attached)

* All resident agreements for 2019 admissions audited to ensure correct contract was signed. Completed 7/24/19

Legal Entity Representative

Signature

Erica Gevaudan, Administrator 7/29/19

Printed Name and Title Date

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

The above plan of correction is approved as of 8/29/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 8/29/19 (Date)

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

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 10:20 a.m., the bed enabler attached to Resident #1's bed had movement of approximately 6" away from the edge of bed.

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.)

* At time of inspection (5/6/19) , enabler tightened to resident and inspectors satisfaction.
* All enablers in facility checked for secureness by 5/7/19.
* All enablers in the facility will be checked weekly by DRC/ designee to ensure they are secure. (see attached audit)
* DRC will report results during QM mtgs.

Legal Entity Representative

Signature

Erica Gevaudan Administrator 7/29/19
Printed Name and Title Date

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225a - Assessment 15 Days

Regulations

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.

Description of Violation

The initial assessment completed 1/31/19 for resident #2, admitted 1/30/19, regarding telephone use is coded D - total physical. However, the assessment does not indicate what the resident's need is. This section is blank.

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.)

* All residents will have an initial assessment within 15 days of admission that is reflective of their needs.
* Resident #2 initial assessment updated to reflect the service need for telephone use(see attached)
* DRC to audit all resident assessments to ensure accuracy and completeness by 8/9/19
* Administrator / designee to review all initial assessments for accuracy and completeness and will report findings at QM meetings.

Legal Entity Representative

Signature | Erica Gevaudan, Administrator 7/29/19 (Printed Name and Title / Date)

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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 #2's support plan, completed on 1/31/19, does not describe the plan to meet the this need, including who will address the resident's need and the frequency related to mobility. The resident's support plan does not indicate the plan to meet the resident's need, who will address the resident's need and the frequency to meet the need of being incapable of obtaining clean seasonal clothing. The resident's support plan does not indicate the plan to meet the resident's need, who will address the resident's need and the frequency to meet the need writing correspondence.

Resident #4's support plan, completed on 12/7/18, does not indicate the plan to meet this need, who will address the resident's need and the frequency related to mobility. The resident's support plan does not indicate the plan to meet the resident's need, who will address the resident's need and the frequency to meet the need of being incapable of self-administering medications.

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.)

* All residents will have a support plan developed within 72 hours of admission to SDU that indicated residents support needs.
*Resident #2 and #4 support plans updated to reflect the service need, frequency and who will address the need. (see attached)
* DRC to audit all support plans for accurancy and completeness by 8/9/19.
* Administrator/ designee will review all initial and annual support plans to ensure compliance and will report results at QM meetings.

Legal Entity Representative

Signature

Erica Gevaudan, Administrator 7/29/19

Printed Name and Title Date

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231f - Assessed Annually

Regulations

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

The assessment for resident #3, completed 9/17/18 due to change in status following a hospitalization, did not include an assessment that the resident continued to be in need of a secure dementia care unit (SDCU). The resident's previous assessment was completed on 1/2/18.

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.)

* All residents will be assessed initially, annually or upon significant change for the need to be in a SDU.

* Assessment for Resident #3 dated 9/17/18 was updated on 7/25/19 to reflect that resident has a continuing need for placement in SDU. (See attached)

* DRC/ Designee to audit all assessments to ensure they reflect continued need for SDU by 8/9/19.

* Administrator/ designee will review all assessments for accuracy and completeness to ensure on-going compliance and will report results at QM meetings.

Legal Entity Representative

Erica Gavaudan — Signature

Erica Gavaudan, Administrator — Printed Name and Title

7/29/19 — Date

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