



October 3, 2019

Mr. William R. Polachek
President / CEO
Grand Residence of Upper St. Clair, Inc.
45 McMurray Road
Upper St. Clair, Pennsylvania 15241

RE: The Grand Residence at Upper St. Clair
Certificate #: 432320

Dear Mr. Polacheck:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 9, 2019 and May 10, 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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *THE GRAND RESIDENCE AT UPPER ST CLAIR*
Address: *45 MCMURRAY ROAD, UPPER ST CLAIR, PA 15241*
County: *ALLEGHENY* Region: *WESTERN*

License Number: *432320*

Administrator

Name: *Melissa Polachek-Filipovic* Phone: *4128332500* Email: *WRPOLACHEK@GMAIL.COM*

Legal Entity

Name: *GRAND RESIDENCE OF UPPER ST CLAIR INC*
Address: *45 MCMURRAY ROAD, PA, 15241*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/23/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

Inspection

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

Inspection Dates and Department Representative

05/09/2019 - On-Site: Cindy Mulick, Vikki Pfaff, Courtney Barry
05/10/2019 - On-Site: Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *63*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *1*

17 - Record Confidentiality

Regulations

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.

Description of Violation

On 5/9/19, at 10:13 a.m., the residency privacy coding document, containing the names of resident #1 and resident #2, was attached to the publicly posted license inspection summary, dated 5/17/18.

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.)


SEE ATTACHMENT (page 2a of 4)

Legal Entity Representative


Signature

MELISSA P. FILIPOVIC, EXECUTIVE DIRECTOR 7/19/19
Printed Name and Title Date

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

The above plan of correction is approved as of	<u>8/15/19</u> (Date)	Plan of correction implementation status as of	<u>8/15/19</u> (Date)
The above plan of correction was approved by	 (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

ATTACHMENT 2A

On 5/17/19, the privacy coding document was removed immediately from the publicly posted license inspection summary dated 5/17/18 upon being notified by the Department Representative that it was not to be posted with the rest of the license inspection summary.

Previous to the Department Representative's notification, we had understood that Chapter 2600.3 (3) required the complete current license inspection summary issued by the Department to be posted in a conspicuous and public place in the personal care home. We now understand that compliance with Chapter 2600.17 does not permit us to post the privacy coding document that is part of the license inspection summary.


On 7/18/19 all posted documents were reviewed by the Assistant Administrator to ensure compliance with Chapter 2600.17.


The Administrator and/or designee will ensure that the privacy coding document containing names of residents is not attached to the publicly posted license inspection summary. All resident records shall be kept confidential.

The Administrator and/or designee will review all documents before they are posted in a conspicuous and public place to ensure all resident records are kept confidential.

The Administrator and/or designee will review posted documents monthly to ensure compliance with section 17. Attached is a form that will be used to document the monthly review.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.


Melissa P. Filipovic
Executive Director
July 19, 2019
License# 432320

 8/15/19

224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #3's preadmission screening form does not indicate a date that it was completed. The resident was admitted on 4/26/19.

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.)

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.

The date which Resident #3's preadmission screen was completed by the Director of Community Development was documented on the preadmission screening form on 5/17/19 in the presence of the Department Representative. Please see attached.


As of 7/18/19 all preadmission screening forms were audited to ensure compliance with regulation 2600.224.a. by the Assistant Administrator and designee.

The Community Director and/or designee will ensure that all preadmission screening forms are completed, and all information is documented correctly.

The Administrator and/or designee will audit preadmission screening forms monthly to ensure compliance with completing all sections of the form according to section 224. (a). Attached is the form where the monthly auditing will be documented.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Legal Entity Representative



Signature

MELISSA P FILIPOVIK, EXECUTIVE DIRECTOR 7/19/19
Printed Name and Title Date

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

The above plan of correction is approved as of 8/15/19 (Date)

Plan of correction implementation status as of 8/15/19 (Date)

The above plan of correction was approved by  (Initials)

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

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's support plan, dated 4/26/19, is not signed by the resident and does not indicate the inability to sign or that the resident refused to sign.

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.)

Please note Resident #4's support plan was dated 4/22/19, not 4/26/19

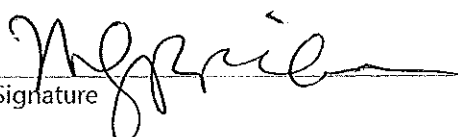
On 5/20/19, Resident #4's support plan was updated to show that the resident had refused to sign. The Assistant Administrator had missed checking that box when she originally completed the support plan with Resident #4.

As of 7/17/19 all residents' support plans were audited by the Assistant administrator and designee to ensure all residents had signed their support plan or the appropriate box was checked.

The Administrator and/or designee will review support plans monthly to ensure that all individuals who participate in the development of the support plan have signed and dated the support plan or the appropriate box was checked to signify otherwise. Attached is a form where the monthly reviews of the support plans for compliance with Section 227 (g) will be documented.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Legal Entity Representative

Signature 

MELISSA P FILIPVIC, EXECUTIVE DIRECTOR 7/19/19
Printed Name and Title Date

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The above plan of correction is approved as of 8/15/19
(Date)

Plan of correction implementation status as of 8/15/19
(Date)

The above plan of correction was approved by JW
(initials)

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