



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to VINCENTIAN DE MARILLAC  
LEGAL ENTITY

To operate SCHENLEY GARDENS  
NAME OF FACILITY OR AGENCY

Located at 3890 BIGELOW BOULEVARD, PITTSBURGH, PA 15213  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 164  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)  
**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 26, 2019 until December 26, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449861**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



June 17, 2019

Mr. Nick Vizzoca  
Chief Executive Officer  
Vincentian De Marillac  
5300 Stanton Avenue  
Pittsburgh, Pennsylvania 15206

RE: Schenley Gardens  
3890 Bigelow Boulevard  
Pittsburgh, Pennsylvania 15213  
License #: 449861

Dear Mr. Vizzoca:

As a result of the Department's Bureau of Human Services Licensing inspection on May 14, 2019, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, citations on the enclosed violation report were found. All citations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosures  
License  
Violation Report

**Facility Information**

Name: SCHENLEY GARDENS  
Address: 3890 BIGELOW BOULEVARD, PITTSBURGH, PA 15213  
County: ALLEGHENY Region: WESTERN

License Number: 449860

**Violation Report**

**Administrator**

Name: DANIELLE LYNN BRYCE Phone: 412.366.5600 Email: dbrycc@vcs.org

**Legal Entity**

Name: VINCENTIAN DE MARILLAC  
Address: 5300 STANTON AVENUE, PA, 15206

**Certificate(s) of Occupancy**

Type: I-1	Date: 11/08/2000	Issued By: CITY OF PITTSBURGH
Type: I-2	Date: 11/08/2000	Issued By: CITY OF PITTSBURGH
Type: Other	Date: 11/08/2000	Issued By: CITY OF PITTSBURGH

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 113 Waking Staff: 85

**Inspection**

Type: Full BHA Docket #: Notice: Announced  
Reason: Change Legal Entity

**Inspection Dates and Department Representative**

05/14/2019 - On-Site: Laurie Garrigan, Amy Duncan

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 164 Residents Served: 78

**Secured Dementia Care Unit**

In Home: Yes Area: 5TH FLOOR Capacity: 32 Residents Served: 14

**Hospice**

Current Residents: 5

**Number of Residents Who:**

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 75
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 35	Have Physical Disability: 2

18 - Compliance With Laws

WEST REGION FIELD OFFICE  
Human Services Licensing

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 Standard 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. If the approved carbon monoxide detector cannot be heard by staff on a certain floor or wing of the home, a single approved carbon monoxide detector shall be installed where it can be heard by staff on duty in addition to the alarm installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance.

There were 2 boilers on the G4 level of the home and a single carbon monoxide detector was present. No additional carbon monoxide detectors were present in the hallways with resident bedrooms on floors 1, 2, 3, 4 and 5 that could be heard by staff.

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 attached photos of CO detectors that have been installed by the maintenance team: Terrace level corridor, second floor laundry room, second floor corridor, second floor service area, third floor corridor, third floor laundry room, third floor service area, fourth floor laundry room, fourth floor corridor, fourth floor service area, fifth floor laundry room, fifth floor corridor, mechanical room. The installation of additional local CO detectors was completed as an immediate resolution until permanent, more desirable solution could be implemented. First Alert and Sentinel detectors in use. See attached quote from Integrated Systems, Inc for installation of CO detectors that will be connected into the fire alarm system. Once installed, any CO detector that is activated will then activate the fire alarm system, which is monitored continuously. Installation scheduled for 6/4/19.

Legal Entity Representative

*Danielle Bryce*  
Signature

Danielle Bryce RCHA  
Printed Name and Title

6/4/19  
Date

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

The above plan of correction is approved as of 6/4/19  
(Date)

Plan of correction implementation status as of 6/4/19  
(Date)

The above plan of correction was approved by BB  
(Initials)

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

JUN 04 2019

85e - Trash Outside Home

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 12:05 p.m., there were multiple trash items on the ground outside the 4th floor high side exit door to include the following:

- Empty plastic soda bottle
- Empty peat moss bag
- Candy bar wrapper
- 1/2 full 24-ounce bottle of Sevin ready to use insect killer
- White plastic planter full of trash
- Broken pipe

At 12:40 p.m., there were 6 uncovered dumpsters in the loading dock, 3 of the dumpsters contained trash.

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.)

Trash items outside of the 4th floor high side exit door were cleaned up and disposed of at the time of the inspection. Garbage can with lid was placed outside of the 4th floor high side exit door (see attached photo). Audit tool developed to monitor compliance. The Vincentian team has begun performing Community Space Audits and will continue to do so moving forward following the change of ownership). Frequency will be determined by the results of the audits. See attached audit tool.

There are currently 4 dumpsters in the loading dock. Three are covered with lids (see attached photo). Dumpster #4 is missing a lid (no hinges available on dumpster for a lid). Dumpster #4 has been cleared and removed from the room. It has been covered so it cannot be used. Republic has been contacted regarding the dumpster without a lid. Republic will be out to repair the dumpster on 6/7/19 - confirmation number 80110233, account number 35905.

See attached documentation of Dumpster Room/Trash Handling training provided by Bill Curry, Schenley Gardens Building Services Director, on May 20, 2019. Training was provided to the housekeepers, maintenance team, and employees that run trash from the kitchen to the dumpsters. Copies of the meeting agenda and Record of Training Sign in Sheet included.

Legal Entity Representative

*Danielle P. Joyce*  
Signature

Danielle Bryce ACTHA 6/4/19  
Printed Name and Title Date

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WEST REGION FIELD OFFICE  
Human Services Licensing

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There was a 4-inch brown stain on the carpeting on the floor near the middle of the bed in bedroom #119.

There was a 6-inch by 4-inch stain and multiple grey and brown stains on carpeting on the floor near the middle of the bed in bedroom# 216.

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.)

Carpet was replaced in room #119. See attached photo.

Carpet was cleaned in room #216 cleaned by housekeeping. See attached photo.

Schenley Gardens Change of Ownership Plan of Correction Resident Room Audit developed (see attached template - names have been removed). Performed by Vincentian team on occupied rooms on May 23, 2019. Rooms identified to have stained carpet were cleaned by Schenley Gardens housekeeping team. Working to obtain a quote for replacement flooring for those rooms with stains that were not able to be removed by cleaning the carpet - this is ongoing.

Vincentian team will perform the audit again after the change of ownership occurs. Will also audit each room for clean carpet prior to admitting a new resident.

Once change of ownership occurs, DCS will be educated on the proper way to notify the environmental services team when a carpet needs to be cleaned (or other repairs need to be made). Housekeeping team will be educated on the proper procedure for cleaning the resident room carpets.

Legal Entity Representative

*Danielle Bryce*  
Signature

*Danielle Bryce PCHA 6/4/19*  
Printed Name and Title (Date)

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91 - Telephone Numbers

WEST REGION FIELD OFFICE  
Human Services Licensing

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

At 11:55 a.m., there were no emergency phone numbers posted on or near the phone in bedroom 411.

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.)

Emergency phone number posted on the phone in bedroom 411 (see attached photo).

Added "emergency phone number posted on the outside line" to the Schenley Gardens Change of Ownership Plan of Correction Resident Room Audit Template. Vincentian team will complete the audit after the change of ownership occurs. Will place a sticker with the emergency phone numbers on any phones that are not properly labeled. Will place a sticker on the phone for all new residents as they admit to Schenley Gardens to prevent the violation from occurring in the future.

Legal Entity Representative

*[Handwritten Signature]*  
Signature

Danielle Bryce PCHA  
Printed Name and Title

6/4/19  
Date

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95 - Furniture and Equipment

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

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

Description of Violation

At 11:19 a.m., the sink in the bathroom of bedroom #220 was in disrepair and draining slowly due to being clogged.

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.)

Bathroom sink in room #220 has been repaired by the maintenance team. Water is flowing down the drain, which is free of clogs. See photo of running water and repair work underneath the sink.

Once change of ownership occurs, DCS will be educated on the proper way to notify the environmental services team when repairs need to be made. Housekeeping team will also be educated on how to notify maintenance if a problem is identified when cleaning the room.

Legal Entity Representative

*Danielle Bryce*  
Signature

*Danielle Bryce PCHA*  
Printed Name and Title

*6/4/19*  
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101j7 - Lighting/Operable Lamp

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

101.j.7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 11:15 a.m., resident #1 did not have a source of light that could be turned on/off from the sofa where she sleeps.

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.)

Push light was installed by the Building Services Director next to the sofa where the resident #1 sleeps at the time of the inspection (see attached photo).

Schenley Gardens Change of Ownership Plan of Correction Resident Room Audit was performed by Vincentian team on occupied rooms on May 23, 2019. Rooms identified to have functioning lamp that was not in reach of the bedside were noted and communicated with the Schenley Gardens maintenance team for repair. Vincentian team will perform the audit again after the change of ownership occurs. Will also ensure that a lamp is within reach when a new resident admits to Schenley Gardens.

Once change in ownership takes place, will educate DCS on the proper way to notify the environmental services team when a new light bulb, push light, or lamp repair is needed.

Legal Entity Representative

  
Signature

Danielle Bryce PATA 6/4/19  
Printed Name and Title Date

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JUL 04 2019

125b - Combustible Restrictions

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

At 12:35p.m., there was a red plastic 5-gallon container of gasoline unlocked, unattended and accessible to residents in the loading dock area of 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.)

The gas can was removed from the property. The maintenance team is currently using an electric powered pressure washer instead of a gas powered one. The snow blower does require gas but is not currently in use. A lockable, flammable storage cabinet will be purchased before winter to allow for the gasoline to be safely and securely stored on-site. This will be coordinated by the Building Services Director. When new storage cabinet is installed, maintenance team will be educated on proper storage of combustible materials. Education will be completed by the Building Services Director.

Legal Entity Representative

*[Handwritten Signature]*  
Signature

Danielle Bryce PCHA  
Printed Name and Title

6/4/19  
Date

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RECEIVED

JUN 04 2019

WEST REGION FIELD OFFICE  
Human Services Licensing

131f - Fire Extinguisher Inspection

Regulations

2000.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

At 10:03 a.m., there was no annual inspection tag on the fire extinguisher by the elevator on level G4 of the home. It could not be determined if the fire extinguisher inspection was current.

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.)

G4 fire extinguisher without a tag was taken out of commission. Building Services Director had an additional fire extinguisher on hand with a current annual inspection tag – this fire extinguisher was mounted on the wall on G4. See attached photos.

Fire extinguishers are inspected annually by Steel City Fire. Fire extinguishers are inspected monthly by the maintenance team. The maintenance team dates the back of the tag to document monthly checks.

Audit tool developed to monitor compliance. The Vincentian team has begun performing Community Space Audits (which include “all fire extinguishers have a tag with the date of the latest inspection”) and will continue to do so moving forward following the change of ownership. Frequency will be determined by the results of the audits.

Legal Entity Representative

*[Handwritten Signature]*  
Signature

Danielle Bryce PATA 6/4/19  
Printed Name and Title Date

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JUN 04 2019

WEST REGION FIELD OFFICE  
Human Services Licensing

132f - Alternate Exit Routes

Regulations

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home's fire drill record indicates "all" exits were used for every drill from 7/18/18 at 5:54 a.m. through 4/29/19 at 9:00 a.m.

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.)

Fire drill held at Schenley Gardens on 5/31/19. Drill completed by Bill Curry, Schenley Gardens Building Services Director. The hallway by the kitchen was the simulated fire area. The Terrace Level low-side exit was not used for egress during the drill. See attached Fire Drill Report for documentation for the 5/31/19 fire drill.

The Building Services Director was present for the exit meeting of the Change Legal Entity Inspection. He was educated by the inspectors of the violation. He manages the monthly fire drills and will continue to alternate exits used during fire drills moving forward.

Immediately and at least monthly thereafter - The administrator will review fire drill records to ensure that alternate exit routes are used during fire drills. *BB 6/4/19*

Legal Entity Representative

*Danielle Bryce*  
Signature

*Danielle Bryce PUA* *6/4/19*  
Printed Name and Title Date

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