



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to MERCY LIFE CENTER CORPORATION

LEGAL ENTITY

To operate GARDEN VIEW MANOR

NAME OF FACILITY OR AGENCY

Located at 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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

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

\_\_\_\_\_  
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 56  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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 August 8, 2019 until February 8, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **440691**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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.



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

AUG 08 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 #: 440691

Dear Mr. Douglass:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 19, 2019, of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 440690 date October 29, 2018 to October 29, 2019 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated October 29, 2018 to October 29, 2019 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

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.

If you disagree with the decision to issue a **PROVISIONAL** license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your **PROVISIONAL** license, a written request for an appeal must be received within 10 days of the date of this letter by:

Mr. Douglass

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Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written in a cursive style.

Kevin Hancock  
Deputy Secretary  
Office of Long-Term Living

Enclosures  
License  
Violation Report

## Violation Report

### 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: *CMCCOV@PITTSBURGHMERCY.ORG*

### Legal Entity

Name: *MERCY LIFE CENTER CORPORATION*  
Address: *1200 REEDSDALE STREET, PITTSBURGH, PA, 15233*

### Certificate(s) of Occupancy

Type: *1-2* Date: Issued By:

### Staffing Hours

Resident Support Staff: *0* Total Daily Staff *54* Waking Staff, *41*

### Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*  
Reason: *Complaint*

### Inspection Dates and Department Representative

*06/19/2019 - On-Site: Amy Duncon*

**RECEIVED**

*7/13/2019*

### Resident Demographic Data as of Inspection Dates

Western Region Field Office  
Bureau of Human Services Licensing

#### General Information

License Capacity: *56* Residents Served: *54*

#### Secured Dementia Care Unit

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

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *54* Are 60 Years of Age or Older: *25*  
Diagnosed with Mental Illness: *54* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *1*

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident

Description of Violation

Throughout the morning/early afternoon of 5/30/19, resident # 1 reported to numerous staff persons, including staff persons A and B, of an allegation of abuse involving direct care staff persons C, D and E; however, direct care staff persons C and E continued to work unsupervised during the duration of their shifts on 5/30/19.

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.)

Moving forward, either the supervisor on site or the back-up supervisor on duty will make the determination if staff(s) should be removed from the site effective immediately, or if they should be paired with another staff member to work supervised. Based on the determination made, the following steps will be taken.

In the event of a suspension, the individual will be asked to leave the site immediately and will be advised that this suspension will be in place until the conclusion of the investigation. HR will be notified immediately, and they will follow-up with a written notification of the suspension and applicable terms during the next date of business. A copy of this letter will be placed in the staff file, and an additional copy will be retained at the site for DHS reporting purposes. Staff will remain suspended until the completion of the investigation, and HR notifies them of outcome. Staff will then be reinstated, transferred or terminated, as applicable.

If it is determined that staff may remain at the site during the investigation, a plan will be immediately implemented to ensure that the staff will not be permitted to be alone with any residents. The staff member will immediately be notified of the allegations, and the need for them to work under supervised conditions. They will be presented with a form outlining the terms of remaining at the site in a supervised capacity, and acknowledging that they understand that they can have no unsupervised contact with residents, or interfere with the investigation. When pairing a staff needing supervision, preference is given to Team Leads, Residential Care Specialists, and the senior most Residential Care Advisors. The staff who is providing supervision will be given a review of the expectation for providing this oversight to their peer. (see attached 2nd page)

See Page 2A of 6

Legal Entity Representative

These documents will be placed in the staff file, and an additional copy will be retained at the site for DHS. Staff will remain working in this supervisory

See attached: Sample letter of suspension; sample letter of supervised work conditions, sample letter of supervising staff obligations

Signature *Carla McCoy BS, PCNA* Printed Name and Title *Carla McCoy BS, PCNA* Date *7/13/19*  
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX *Program Supervisor*

The above plan of correction is approved as of *7/15/19* Plan of correction implementation status as of *7/15/19*  
(Date) (Date)

The above plan of correction was approved by *AM*  Fully Implemented  
(Initials)  Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

Throughout the morning/early afternoon of 5/30/19, resident # 1 reported to numerous staff persons, including staff persons A and B, of an allegation of abuse involving direct care staff persons C, D and E; however, direct care staff persons C and E continued to work unsupervised during the duration of their shifts on 5/30/19.

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.

Continuation of page 2 POC response

These documents will be submitted to the DHS regional office, placed in the staff file, and an additional copy will be retained at the site for DHS. Staff will remain working in this supervised capacity until the investigation is complete.

See attached: Sample letter of suspension; sample letter of supervised work conditions, sample letter of supervising staff obligations

Within 15 days of receipt of the plan of correction: All staff persons shall be reeducated on abuse reporting requirements in accordance with the Older Adult Protective Services Act, Adult Protective Services and the Department. The training shall include the home's procedures for immediate and timely reporting of all allegations of abuse. All supervisors and back-up supervisors shall be educated on their responsibility of ensuring timely reporting of allegations of abuse, as well as ensuring all staff persons involved in allegations of abuse are immediately suspended and placed under a plan of supervision. Documentation of all education shall be kept. *JA* 7/15/19

Legal Entity Representative

These documents will be placed in the staff file, and an additional copy will be retained at the site for DHS. Staff will remain working in this supervised

See attached: Sample letter of suspension, sample letter of supervised work conditions, sample letter of supervising staff obligations

Signature *Carla McCom* *BSPCA*

Printed Name and Title *Carla McCom* *BSPCA* Date *7/13/19*

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

The above plan of correction is approved as of

{Date}

Plan of correction implementation status as of

{Date}

The above plan of correction was approved by

{Initials}

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

15d - Resident Abuse-Notification

Regulations

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

Throughout the morning/early afternoon of 5/30/19, resident #1 reported to numerous staff persons, including staff persons A and B, of an allegation of abuse involving direct care staff persons C, D and E; however, the home did not report the allegation of abuse to the resident's designated person.

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 will be implementing improvements to the current system for timeliness documentation of an investigation. This will ensure that a resident's designated person is contacted, and that the contact is documented appropriately. The PCHAs will determine on a case-by-case basis, which PCHA or designated staff will take the lead on the investigation. This person will delegate/ make official notification calls, and document each action. This will reduce confusion if PCHAs are working off site, or if notifications cross shifts. These factors contributed to the breakdown in communication and documentation of this event. This form will be maintained by the PCHA, and their designees, and will be placed in an Investigation Folder. Within 15 days of receipt of the plan of correction: All staff persons shall be educated on the new procedures.

See attached Investigation Tracking Form; Investigation Folder Index

Documentation of the education shall be kept *JM* 7/15/19

Legal Entity Representative

Signature *Carla McCon* PCHA

Printed Name and Title *Carla McCon* Date *7/13/19*  
Program Supervisor

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(Date)

Plan of correction implementation status as of *7/15/19*  
(Date)

The above plan of correction was approved by

*JM*  
(Initials)

- Fully Implemented
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16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Throughout the morning/early afternoon of 5/30/19, resident # 1 reported to numerous staff persons, including staff persons A and B, of an allegation of abuse involving direct care staff persons C, D and E; however, the allegation of abuse was not reported to the Department until 5/31/19 at approximately 8:30 pm.

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 PCHAs reviewed all applicable reporting requirements, and ensured that all were well understood in order to effectively train staff on reporting abuse. Reporting times for this event were based on the time of the supervisor's initial interview with the resident. Reporting requirements will be reviewed with staff at the August staff meeting. The Investigation Tracking Form includes reporting requirements, and the appropriate time frames. To ensure accuracy and timeliness, a single PCHA or designee will be identified at the onset of the investigation and will be responsible for ensuring that the home makes all necessary oral and written notifications. This form will be placed in the Investigation Folder for DHS review.

See attached: Investigation Tracking Form

Legal Entity Representative

Signature *Carla McCom* BCPCHA

Printed Name and Title *Carla McCom BCPCHA*  
*Program Supervisor* Date *7/13/19*

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(Date)

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7/15/19  
(Date)

The above plan of correction was approved by

*AM*  
(Initials)

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18 - Compliance With Laws

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 Adult Protective Services Act 70 of 2010 requires an employee or an administrator who has reasonable cause to suspect that a resident is a victim of abuse or neglect to immediately make an oral report to the local contracted provider of Protective Services Agency.

Throughout the morning/early afternoon of 5/30/19, resident #1 reported to numerous staff persons, including staff persons A and B, of an allegation of abuse involving direct care staff persons C, D and E; however, the allegation of abuse was not reported to Liberty Healthcare, which is the local contracted provider of Protective Services Agency, until 6/3/19.

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.) The administrators reviewed all applicable reporting requirements, ensuring that all were well understood in order to effectively train staff on reporting abuse. Reporting requirements will be reviewed with staff at the August staff meeting. The Investigation Tracking Form includes reporting requirements, and the appropriate time frames. To ensure accuracy and timeliness, a single PCNA or designee will be identified at the onset of the investigation and will be responsible for ensuring that the home makes all necessary oral and written notifications. This form will be placed in the investigation folder for DHS review.

See attached Investigation Tracking Form

Legal Entity Representative

Signature *Carla McCoy BS PCNA*

Printed Name and Title *Carla McCoy BS PCNA* Date *7/13/19*  
*Program Supervisor*

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(Date)

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(Date)

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

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42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 5/29/19 at approximately 9.00 pm, resident #1, who is a resident with mental illness, was taken into the 2nd floor medication room by direct care staff persons C, D and E. The staff persons weighed the resident and told her she may be pregnant. The staff persons then began a "pregnancy examination", which included an examination of the resident's breasts, using a stethoscope in her abdominal area in an attempt to locate a heartbeat, poking her abdominal area while calling her "mammy" and asking her personal questions regarding her sexual activity and menstrual cycle. The continued to convince the resident she was pregnant and made plans to complete a pregnancy test the following day. Resident #1 was never pregnant at the time of the incident. On 5/30/19, resident #1 consumed additional food portions during meal times, because she was convinced she was pregnant. Resident #1 stated the incident made her feel "nervous, stressed and anxious" and cried over the thought of being pregnant.

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.)

After an internal investigation, staff members C, D, and E were terminated effective 6/1/19. The PCHAs have been supporting both Resident 1 and staff through the service recovery process, to rebuild trust and her confidence in her caregivers. She continues to remain in the home, and expresses that this is where she wants to remain. She reports feeling safe and supported, and was relieved when the staff members were terminated. PCHA offered the resident support in pressing legal charges if she desired, however she declined, she stated that she "just wanted to move on." PCHAs continue to check in with her, and offer support. She continues to be seen by her CTT therapist, peer support specialist and psychiatrist, and is being offered support on a weekly basis.

(See attached second page)

Legal Entity Representative

See Page 6A of 6

Signature *Carla McCreary BS PCHA*

Printed Name and Title *Carla McCreary BS, PCHA  
Program Supervisor* Date *7/13/19*

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Plan of Correction (POC)

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Continuation of page 6 POC response

To address the actions of the staff involved, and ensure that events such as this do not occur in the future, a training on Boundaries and Ethics will be completed by Pittsburgh Mercy compliance department at the mandatory July staff meeting scheduled for 7/17/19. In addition to our annual trainings on OMPSA and Abuse, all staff will be required to complete the following on-line training by 8/30/19, "PMHS-REL- Identifying and Preventing Dependent Adult Abuse and Neglect"

See attached Training Description Immediately: A designated staff person shall interview, in private, at least 5 residents weekly for one month, then monthly thereafter, to ensure all residents are free from abuse/neglect and feel safe in the home. Documentation of the interviews shall be kept and made available to the Department upon request. 7/15/19

Legal Entity Representative

Signature *Carla McCoy BS RCHA*

Printed Name and Title *Carla McCoy BS RCHA* - Date *7/13/19*  
*Program Supervisor*

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(Date)

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