



MAILING DATE: November 21, 2019

Ms. Lori Lasosky
Chief Executive Officer
1151 Scenery Drive
Elizabeth, Pennsylvania 15037

RE: Grandview Estates Memory Care
License C.O.C. #: 449920

Dear Ms. Lasosky:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 22, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

11/7/2019

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

License Number: 44992

Facility Information

Name: *Grandview Estates Memory Care*
 Address: *1151 Scenery Drive, Elizabeth, PA 15037*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Rebecca Green* Phone: *412-872-4856* Email: *rebecca.green@grandvieweoe.com*

Legal Entity

Name: *Grandview Estates Memory Care, LLC*
 Address: *1151 Scenery Drive, Elizabeth, PA, 15037*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/07/1994* Issued By: *L&I*
 Type: *I-1* Date: *05/30/2019* Issued By: *Elizabeth Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection

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

Inspection Dates and Department Representative

10/22/2019 - On-Site: Lauren Spagna, Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *8*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *18* Residents Served: *8*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *8*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

No operable locks were present on the bathroom doors in bedrooms #102, #104 and #106 to provide privacy while in use.

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.) By December 9, locks will be placed on resident bathroom doors. Maintenance to check operational aspect of locks monthly. Audit to be submitted to Quality Management.

Legal Entity Representative

Lori Lasosky RN
Signature

Lori Lasosky Admin. 11/7/19
Printed Name and Title Date

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The above plan of correction is approved as of 11/7/19
(Date)

Plan of correction implementation status as of _____
(Date)

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

Implemented

 Not Implemented

86b - Bathroom

Regulations

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The exhaust fans in the bathrooms of bedroom #100 and bedroom #103 were not operable. No operable, outside window was present in either bathroom.

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.)

Upon inspection, breaker was on the off position on 11/4/19. When Breaker was turned on fans were operational. Maintenance educated on breaker audit and will monitor monthly to ensure breaker is on. The audits will be submitted to Quality Management.

Legal Entity Representative

Lori Lasosky RN
Signature

Lori Lasosky Admin
Printed Name and Title

11/7/19
Date

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(Date)

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

Implemented

 Not Implemented

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

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

Description of Violation

Resident #1's bedside lamp was approximately 4.5' from his bed and could not be turned on/off at bedside. No other source of lighting was present at the resident's bedside.

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's Lamp was placed at bedside on 10/22/19. This action will be placed on Staffing Sheet on 11/4/19 and to be checked daily by each shift. Staff educated on 11/4/19.

Legal Entity Representative

Lori Lasosky
Signature

Lori Lasosky Admin 11/7/19
Printed Name and Title Date

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(Date)

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

Implemented

 Not Implemented

162c - Menu Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The only menu post in the home was for the week of 10/20/19 through 10/26/19. The menus for one week in advance were not posted in a conspicuous and public place.

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.)

Menu's posted immediately on 10/22/19. Dietary Supervisor educated on 11/4/19 regarding placement of 2 week menus. Administrator will be doing weekly audits to ensure proper placement and submitted to Quality Management

Legal Entity Representative

Lori Lasosky
Signature

Lori Lasosky
Printed Name and Title

11/7/19
Date

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(Initials)

Implemented

 Not Implemented

184a - Labeling OTC/CAM

Regulations

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed Haloperidol 2mg/ml-Give 1ml by mouth 3 times a day; however, the pharmacy label indicates Haloperidol 2mg/ml-Give 0.75ml by mouth twice a day, Give 1ml by mouth at bedtime and give 1ml every 4 hours as needed.

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.) Pharmacy Label Corrected on 10/22/19. Directions changed refer to chart labels have been implemented. All med tech and supervisors educated regarding use of label. Monthly audits will be done on 25% of chart and submitted to quality management.

Legal Entity Representative

Joni Casosey
Signature

LOA Casosey
Printed Name and Title

11-04-19
Date

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The above plan of correction is approved as of 11/14/19
(Date)

Plan of correction implementation status as of _____
(Date)

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

- Implemented
- 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

The support plan for resident #1, dated 9/27/19, is not signed by the assessor or the resident, and does not indicate if the resident refused to sign, was unable to sign, declined to participate or was unable to participate.

The support plan for resident #3, dated 9/27/19, is not signed by the assessor.

REPEAT VIOLATION: 7/26/2019

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.)

Support Plan corrected on 10/22/19 by the assessor. Assessor's signature was obtained and resident was unable to sign indicated on the support plan. Clinical Coordinator was educated on regulation 227 g. on 10/22/19. All charts were audited on 11/4/19. 25% of the Charts will be audited monthly by Clinical Coordinator and Administrator and submitted to quality Management.

Legal Entity Representative

Lori Lasosky RW
Signature

Lori Lasosky Admin 11/7/19
Printed Name and Title Date

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(Date)

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

Implemented

 Not Implemented

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the secured dementia care unit (SDCU) on 9/18/19; however, there is no documentation that the resident and the resident's designated person did not objected to the 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.) Family signed on 10/23/19 and Resident signed addendum on 11/14/19. 100 % of charts audited. Admission checklist will be completed on day of admission for all new admissions to ensure compliance. 25% of charts will be audited monthly and submitted to quality management.

Legal Entity Representative

Lori Lagosy

Signature

Lori Lagosy

Printed Name and Title

11/14/19

Date

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11/14/19

(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

PLM

(Initials)

Implemented

Not Implemented

234a - Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the SDCU on 9/18/19; however, the resident's initial support plan was not completed until 9/27/19.

Resident #3 was admitted to the SDCU on 9/5/19; however, the resident's initial support plan was not completed until 9/18/19.

REPEAT VIOLATION: 7/26/2019

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.) 100% chart review completed on 11/4/19. Admission checklist to be completed upon day of admission as well as monthly audits to be completed on 25% of charts.

Legal Entity Representative

Lori Lasosky
Signature

LORI LASOSKY
Printed Name and Title

11.14.19
Date

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(Date)

11/14/19
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by _____

FLM
(Initials)

Implemented

Not Implemented

234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #3 is currently receiving hospice services; however, the services and frequency of services are not indicated on the resident's most recent support plan, dated 9/27/19.

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.)

Support plan corrected on 11/4/19 by Administrator. All hospice residents were reviewed on 11/4/19 by Clinical Coordinator and corrected as needed. Monthly Audits will be done on 25% hospice residents by Administrator and Clinical Coordinator and submitted to Quality Management.

Legal Entity Representative

Lori Lasosky RN
Signature

Lori Lasosky, Admin 11/7/19
Printed Name and Title Date

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