



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: dbryce@vcs.org
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MAILING DATE: May 22, 2020

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 #: 449860

Dear Mr. Vizzoca:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 11, 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 "Suzy Quinn".

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: SCHENLEY GARDENS

License Number: 44986

Address: 3890 BIGELOW BOULEVARD,, PITTSBURGH, PA 15213

County: ALLEGHENY

Region: WESTERN

Administrator

Name: Danielle Bryce

Phone: 4125087807

Email: JPRUETT@VCS.ORG

Legal Entity

Name: VINCENTIAN DE MARILLAC

Address: 5300 STANTON AVENUE, PITTSBURGH, PA, 15206

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: 94

Waking Staff: 71

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

12/11/2019 - On-Site: Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 164

Residents Served: 76

Secured Dementia Care Unit

In Home: Yes

Area: 5th Floor

Capacity: 32

Residents Served: 13

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 74

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 18

Have Physical Disability: 0

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Diltiazem ER 120MG; take one capsule by mouth one time a day for Atrial Fibrillation. However, per her November 2019 medication administration record, this medication was not administered on 11/1/2019 and 11/2/2019, because it was not available in 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.)

Resident #1's medications are provided by the family through an outside pharmacy.

Upon readmission, the nurse or med tech will review all orders and medications on hand in the facility. If a medication is not available, the family will be notified immediately and asked to provide the medication from their pharmacy of choice. If the family is unable to obtain the medication within the ordered timeframe, the family will be informed that the facility will order the medication from the house pharmacy (Grane) for the duration of time necessary for the family to obtain the medication from their pharmacy of choice.

LPN Manager of Resident Services provided education on 3/16/2020 to Schenley Gardens nurses and med techs on reviewing medications upon admission and readmission. (See attached documentation of education). This includes confirming that medication orders match the medications on hand at the facility. Nurses and med techs were instructed on how to inform families of any discrepancies and contact the house pharmacy for an adequate medication supply as needed.

A monthly med cart audit will be performed by a designated staff person. The designated LPN or med tech will compare the Medication Administration Record to the medications and treatments present in the cart to ensure that everything is available and matches. Any discrepancies will be verified by the pharmacy and the provider. Please see attached blank audit form. The monthly audits will begin in the month of May 2020 and continue monthly for 6 months.

Legal Entity Representative



Signature

Danielle Bryce PCHTA 4/30/20
Printed Name and Title Date

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The above plan of correction is approved as of 5/15/20
(Date)

Plan of correction implementation status as of 5/15/20
(Date)

The above plan of correction was approved by 
(Initials)

Implemented
 Not Implemented

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 10/23/19; however, her written cognitive preadmission screening was completed on 10/24/19.

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.)

Prior to a resident admission to Schenley Gardens SDCU, a preadmission screening is completed by the Administrator (or designee, most often the LPN Manager of Resident Services). The "Part IV: Cognitive Screening" portion of the preadmission screening form is completed within 72 hours prior to the admission to the SDCU and signed by a physician (or extender such as PA/CRNP). The completion of this form is mandatory for admission to the SDCU. Admission is not granted without a copy of the completed and signed form within the 72-hour time frame.

Resident #2 was already residing at Schenley Gardens in the non-secured portion of the personal care home at the time of the transfer. The transfer was made quickly to ensure resident safety. At the time of the transfer, a physician was not immediately available to sign the form that day same day.

Reviewed 2600.231c in the RCG in regard to a geriatric assessment team. The Schenley Gardens assessment team is made up of the Administrator (who is a registered dietitian) and the LPN manager. Per the RGG, "A geriatric assessment team may be composed entirely of staff from the home."

While the Schenley Gardens team will continue to obtain a physician/physician extender signature on all cognitive preadmission screenings for resident admission from outside of the facility, our staff "geriatric assessment team" will be available for urgent internal SDCU transfers moving forward in the event that a physician is not available in the regulatory time frame.

A designated staff person will review all required paperwork for new admissions to the SDCU effective 4/30/2020. The pre-admission screening is completed by the administrator or LPN Manager of Resident Services (or designee). The LPN Manager was educated on 4/30/2020 on the cognitive preadmission screening and required completion timeframe for residents admitting to the SDCU. See attached record of training.

Existing SDCU records were audited on 4/30/2020 to ensure a preadmission screen was completed in the required time frame. Any errors identified were documented (related to change in ownership). Please see attached audit.

Legal Entity Representative



Signature

Danielle Bryce RCHA 4/30/20
Printed Name and Title Date

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(Initials)

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 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 #2 was admitted to the SDCU on 10/23/19; however, her initial support plan was not completed.

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.)

Administrator, LPN Manager of Resident Services, and the Lead Med Tech are responsible for completing all resident support plans at Schenley Gardens. Administrator provided education on 3/12/2020 to the LPN Manager of Resident Services and Lead Med Tech regarding regulation 2600.234a and the designated time frame. See attached record of training.

Resident #2's support plan was immediately updated at the time the violation was identified. See attached RASP for resident #2.

SDCU support plans audited on 4/30/2020, please see attached audit.

A designated staff person with review all required paperwork for new admissions to the SDCU effective 4/30/2020.

Legal Entity Representative

[Handwritten Signature]
Signature

Danielle Bryce PRNA 4/30/20
Printed Name and Title Date

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The above plan of correction is approved as of 5/15/20
(Date)

Plan of correction implementation status as of 5/15/20
(Date)

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

Implemented
 Not Implemented