



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: mjamison@pittsburghmercy.org

MAILING DATE: May 4, 2020

Mr. Craig Douglass
Chief Operating Officer
Mercy Life Center Corporation
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Outlook Manor
3560 Outlook Drive
West Mifflin, Pennsylvania 15122
License# 430080

Dear Mr. Douglass:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 28, 2020, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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

RECEIVED

4/14/2020

Western Region Field Office
Bureau of Human Services Licensing

License Number: 43008

Violation Report

Facility Information

Name: *OUTLOOK MANOR*
Address: *3560 OUTLOOK DRIVE, WEST MIFFLIN, PA 15122*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Michelle Jamison* Phone: *4123260012* Email: *LICENSING@PITTSBURGHMERCY.ORG*

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/15/1986* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection

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

Inspection Dates and Department Representative

02/28/2020 - On-Site: Michael Marini

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *12* Residents Served: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *7*
Have Mobility Need: *0* Have Physical Disability: *2*

02/28/2020

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

The privacy coding document, which included the names of residents #1 and #2, was attached to the license inspection summary, dated 3/1/19, and was posted on a bulletin board.

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. 17. Upon inspection, the privacy coding document is a correct finding. Supervisor mistakenly failed to remove the the last page of the past licnese inspection summary dated 3/1/2019. Supervisor moving foward will proof-read all licensing documents before posting them for view.

Legal Entity Representative



Signature

Michelle Jamison - Supervisor 4/14/20


Printed Name and Title

Date

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The above plan of correction is approved as of 4/14/2020

Plan of correction implementation status as of (Date)

The above plan of correction was approved by  (Initials)

Implemented
 Not Implemented

02/28/2020

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on 12-23-19, has not successfully completed and passed the Department-approved direct care training course and passed the competency test. Direct care staff person A has provided unsupervised ADL services to residents since 2-15-20.

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 65.d. Upon inspection Direct care staff did not complete the Department mandatory direct Care training course before providing unsupervised ADL services to residents. Supervisor errored in not following up with the mandatory for new hire trainings. Moving foward, supervisor will create a training log consisting of all mandatory training and ensure that new staff have completed these trainings before any unsupervised ADLs services to residents.

Immediately: Direct care staff person A shall not provide unsupervised ADL services to residents until successful completion and passing of the Department-approved direct care training course and passing of the competency test is met. Documentation of the training shall be kept in the staff person's record. 4/28/2020 *AM*

Within 15 days of receipt of the plan of correction: A designated staff person shall review all direct care staff person's records to ensure each direct care staff person has successfully completed the Department-approved direct care training course and passed the competency test. Documentation of the training shall be kept in each staff person's record. *AM* 4/28/2020

Legal Entity Representative

[Handwritten Signature]

Signature

Michelle Thomas, Supervisor 4/14/20

Printed Name and Title

Date

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The above plan of correction is approved as of 4/28/2020
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by *[Handwritten Initials]*
(Initials)

- Implemented
- Not Implemented

02/28/2020

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 3-12-18.

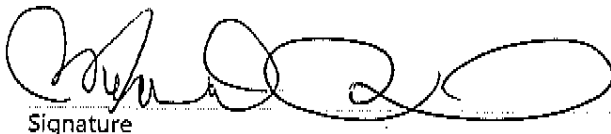
Plan of Correction (POC)

(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.)

Upon inspection of Fire Safety Inspection, this is an accurate finding. Current Supervisor didn't supervise the Outlook site the time of inpection. Current Supervisor will deveop a speadsheet to indicate yearly dates safety for fire inspection and will be reviewed every January of the new year to ensure safety inspection is completed annually.

A fire safety inspection and supervised fire drill shall be conducted by a fire safety expert within 60 days of the date the Disaster Proclamation is lifted by the Governor. Documentation of the fire safety inspection and supervised drill shall be kept. AM 4/28/2020

Legal Entity Representative



Signature

Whitney Jammie, Supervisor 4/14/20

Printed Name and Title


Date

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(Date)

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- Implemented
- Not Implemented

02/28/2020

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for fire drills conducted on 10-10-19 at 4:10 and on 1-24-20 at 2:45 do not indicate if the fire drills were conducted in the AM or 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.)

2600 132.c. Upon inspection the notation of AM or PM was not noted on the fire drill record. Supervisor has created a Fire Drill Binder that will assist with making sure each fire drill is documented correctly.

Immediately: A designated staff person shall review the fire drills monthly to ensure all items indicated in 2600.132c are present on the fire drill records. *AM* 4/28/2020

Within 15 days of receipt of the plan of correction: All staff persons responsible for the completion of the home's fire drill records shall be re-educated on proper fire drill documentation to ensure all items indicated in 2600.132c are documented during each fire drill.

4/28/2020

AM

Legal Entity Representative

[Handwritten Signature]

Signature

Michelle Jamie DeSousa 4/24/20
Printed Name and Title Date

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(Date)

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The above plan of correction was approved by

[Handwritten Initials]
(Initials)

- Implemented
- Not Implemented

02/28/2020

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill conducted during sleeping hours was held on 11-14-19 at 2:30 AM; however, the previous fire drill conducted during sleeping hours was held on 3-30-19 at 4:47 AM, which exceeds 6 months.

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 the fire drills conducted during sleeping hours was not conducted within 6 months as required, this was an oversight by Supervisor but an accurate finding. Supervisor moving forward will create a spreadsheet indicating all fire drills and an approximate date when sleeping hour drills should be conducted. to ensure a fire drill is held during sleeping hours at least once every 6 months. *[Signature]* 4/28/2020

The home shall conduct a fire drill during sleeping hours within 30 days from the date the Disaster Proclamation is lifted by the Governor. Documentation of the fire drill shall be kept in accordance with 2600.132c. *[Signature]* 4/28/2020

Legal Entity Representative

[Signature]
Signature

Lychele Jamis 4/14/20
Printed Name and Title *Supervisor* Date

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(Date)

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(Date)

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

Implemented
 Not Implemented

171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

There was no first aid kit in the Dodge Grand Caravan, which is used to transport residents.

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.)

2600.171.b. Outlook Manor received the new Dodge Caravan the day before the inspection and had not had a chance to inspect the vehicle for the first aid kit that is required in all of our vehicles. Supervisor ordered a new first aid kit and was placed in the Dodge Caravan.

Immediately, then monthly thereafter: A designated staff person shall inspect all vehicles used to transport residents to ensure a first aid kit that contains all items indicated in 2600.96a is present in each vehicle. *AM* 4/28/2020

Legal Entity Representative

[Handwritten Signature]
Signature

Michelle Joanne Swanson
Printed Name and Title

4/14/20
Date

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Plan of correction implementation status as of _____
(Date)

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(Initials)

Implemented
 Not Implemented

02/28/2020

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation


Resident #3 is prescribed blood glucose checks once daily. On 2-25-20 at 8:04 AM, resident # #3's blood glucose was 265; however, the resident's blood glucose was documented as 592 on the resident's February 2020 medication administration record.

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.)

2600.185.a. Upon inspection Resident 3's documented glucose reading was an accurate finding, but was due to an additional reading for medical reasons for Resident 3 that particular day. *If an additional blood sugar reading is needed because of medical reasons, this reading will be documented on the back of the MAR.

Moving forward Outlook Nurse will double check glucose reading for accuracy before being documented. In addition, Outlook nurse will re-train each administer to double check glucose readings before documenting the reading on the MAR(Medication Administration Record).

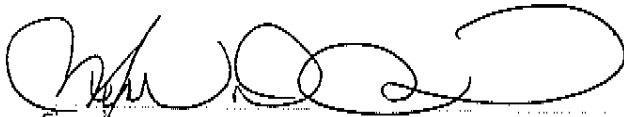
Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated on proper blood sugar documentation to ensure accurate documentation. Documentation of the education shall be kept.  4/28/2020

Immediately: A designated staff person shall inspect the blood sugar readings monthly to ensure accurate documentation.

4/28/2020



Legal Entity Representative



Signature

Michelle Tamara 

Printed Name and Title

Date 4/11/20

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The above plan of correction is approved as of

4/28/2020

(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by



(Initials)

Implemented

Not Implemented

02/28/2020