



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES



CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ABODE CARE OF MONROEVILLE LLC

LEGAL ENTITY

To operate ABODE CARE OF MONROEVILLE

NAME OF FACILITY OR AGENCY

Located at 2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146

(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 66

(MAXIMUM CAPACITY)

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

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 1, 2020 until June 1, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **451190**

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.

HS 628 – 7/19



Mailing Date: May 29, 2020

Mr. Jacob Friedman
Authorized Person
Abode Care of Monroeville LLC
2560 Stroschein Road
Monroeville, Pennsylvania 15146

RE: Abode Care of Monroeville
License #: 451190

Dear Mr. Friedman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 2, 2020, 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.

In accordance with 55 Pa.Code § 2600.11(b)(relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

RECEIVED

5/18/20

Western Region Field Office
Bureau of Human Services Licensing**Violation Report****Facility Information**Name: *Abode Care of Monroeville*

License Number: 45119

Address: *2560 Stroschein Rd , Monroeville, PA 15146*County: *ALLEGHENY*Region: *WESTERN***Administrator**Name: *Misty Ison*Phone: *347-988-2770*Email: *JACOB@ABODECARE.COM***Legal Entity**Name: *Abode Care Of Monroeville LLC*Address: *2560 Stroschein Rd , Monroeville, PA, 15146***Certificate(s) of Occupancy**Type: *1-2*Date: *06/12/2012*Issued By: *L&I***Staffing Hours**Resident Support Staff: *0*Total Daily Staff: *32*Waking Staff: *24***Inspection**Type: *Partial*

BHA Docket #:

Notice:

Reason: *Change Legal Entity***Inspection Dates and Department Representative***01/02/2020 - On-Site: Joe Evegés, Tom Smith***Resident Demographic Data as of Inspection Dates****General Information**License Capacity: *52*Residents Served: *26***Secured Dementia Care Unit**In Home: *No*

Area:

Capacity:

Residents Served:

HospiceCurrent Residents: *4***Number of Residents Who:**Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *25*Diagnosed with Mental Illness: *1*Diagnosed with Intellectual Disability: *1*Have Mobility Need: *6*Have Physical Disability: *0*

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

A hole approximately 5" x 4 1/2" is in the wall behind the door of bedroom #114.

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.)

Maintenance Director repaired the hole in the wall behind door (photo attached) 1/18/2020


Maintenance Director or Designee will inspect all resident rooms monthly for any damage or defects to walls and remedy or repair as needed.

A door stop was attached to each resident room door to prevent door knobs from striking wall.

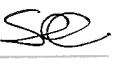
Maintenance Director will report and submit documentation to Administrator of repairs that require outside contractor 5/13/2020 and Monthly thereafter. Accurate documentation will be maintained in the Administrators Office.

All staff educated to report any damage to Administrator/Designee or Maintenance Director immediately. 5/18/20(attached)

Legal Entity Representative

 misty Ison RN Administrator Signature	5/18/20 Misty Ison, RN Administrator Printed Name and Title	5/18/2020 Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	5/18/20 (Date)	Plan of correction implementation status as of	5/18/20 (Date)
The above plan of correction was approved by	 (Initials)	<input checked="" type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented	

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature in bedroom #101's private bathroom was 155.6 degrees Fahrenheit at 10:24 a.m.
The hot water temperature in bedroom #123's private bathroom was 135.5 degrees Fahrenheit at 10:24 a.m.
The hot water temperature in bedroom #126's private bathroom was 132.0 degrees Fahrenheit at 10:30 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.)

Hot water tanks replaced on/or about December 30, 2019. Temperatures were properly calibrated to temperatures not to exceed 120 degrees on January 2, 2020 by maintenance Director.

The room 101 in violation are currently removed from service due to entire wing being closed for low census.


All occupied rooms are monitored daily x 1 month by the Maintenance Director or designee. Then monitored weekly and documented. (5/13/20) Ongoing

Once wing that is closed is reopened to Resident Care, temperatures will be checked daily x1 month, and weekly thereafter and documented.

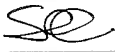
All Staff were educated to report any water temps that feel "too Hot" immediately to the Administrator/Designee and Maintenance Director. Education included off shift instruction. 5/18/20 (attached)

See page 3a of 10

Legal Entity Representative

	<u>5/18/20</u>	
Misti Ison RN, Administrator	Misti Ison, RN Administrator	<u>5/18/20</u>
Signature	Printed Name and Title	Date

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		<input type="checkbox"/> Not Implemented	

Reg 89b Hot Water Temperatures in areas accessible to residents not to exceed 120F

All staff educated that water temperatures should not exceed 120 degrees. Water temperatures are checked by Maintenance Director/designee. Any water temperature that "feels" too hot to a staff member should be reported immediately to the Administrator, Maintenance director or designee. If this situation occurs in the absence of or on an off shift the water source should be placed out of service and the Administrator/Designee and the Maintenance Director should be notified immediately via telephone.

my 5/18/20

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window screen in bedroom #112 is not secure, creating a 1" gap between the window screen and the window frame.

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 Window screen was repaired immediately in January 2020.

The Maintenance Director or Designee will check windows and screens on weekly room rounds and document any needed repairs that cannot be repaired immediately or that require an outside contractor. Documentation will be presented to Administrator for immediate action. 5/13/2020 and ongoing weekly.

All staff were educated to report any damaged, ill fitting or missing screens to Administrator or Designee immediately. (attached)

Legal Entity Representative

Misty Ison 5/18/20

<u>Misty Ison, RN Administrator</u>	<u>Misty Ison, RN Administrator</u>	<u>5/18/2020</u>
Signature	Printed Name and Title	Date

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	(Date)		(Date)

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	(Initials)	<input type="checkbox"/> Not Implemented

95 - Furniture and Equipment

Regulations

2600.

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

Description of Violation

The hallway handrail between bedroom #119 and the library is not properly secured to the wall. 2 left wall anchors are pulling approximately 1 1/2" away from the wall, posing a fall hazard.

The hallway handrail between bedroom #123 and bedroom #125 is not properly secured to the wall. The handrail moves approximately 1/2" to 1" up and down, posing a fall hazard.

The bathroom sink faucet in bedroom #123 is loose and rotates the left and right approximately 1".

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.)

Handrails identified above were repaired 1/2020. All other handrails were inspected and repaired as needed. Maintenance Director or Designee will inspect handrails weekly during building inspection.

Any defects will be repaired

immediately and documented in repair log that will be presented to Administrator weekly. 5/13/2020 (ongoing)

All Staff were educated to report and damaged or broken furniture or equipment to Administrator or designee immediately. Staff should be alert to any handrails that are loose or needing repair. 5/18/2020 (attached)

Legal Entity Representative

Misty Ison 5/18/20

Misty Ison, RN, Administrator

Misty Ison, RN, Administrator

5/18/2020

Signature

Printed Name and Title

Date

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(Date)

Implemented

Not Implemented

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

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

Approximately 1" - 1 1/2" of snow covered the rear deck and ramp leading to the dumpster/rear parking lot, which is the emergency evacuation route used to exit the rear dining area.

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.)

Snow was removed at the time of survey. Maintenance Director and designated staff members will be assigned to inspect exit/evacuation areas during incimate weather daily to assure they are free of snow/ice or debris and safely passable for evacuation. 5/18/2020 and ongoing.

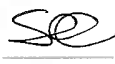
During spring, Summer, Fall all Exit areas to be inspected weekly during building rounds and documented. 5/18/2020 Staff were educated to report and if possible remove any hazards immediately at all times. 5/18/2020 (attached)

See page 6a of 10

Legal Entity Representative

		5/18/20
Misty Ison, RN, Administrator	Misty Ison, RN Administrator	5/18/20
Signature	Printed Name and Title	Date

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	(Initials)		

STAFF EDUCATION
PLAN OF CORRECTION
5/18/20

Reg. 100.a. Exterior of the building and grounds must be in good repair and free of hazards.

All staff should report any needed repairs or hazards noted in exterior area of building at all times. During Winter all areas used for evacuation purposes should be monitored for any snow or ice accumulation. Maintenance Director/Administrator/Designee will assign staff to monitor the areas during inclement weather.

MS 5/18/20

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 10:00 AM, a wooden chair was blocking the exit leading from the rear dining area to the back porch.

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.)

Chair was moved immediately during Survey. 1/3/2020

Outside agency RN Was educated immediately during Survey.

Table was moved closer to center of room to prevent chairs from being placed in front of door. Dietary Staff will monitor the exit door for any obstruction during all meal times. May 13, 2020 (ongoing)

All staff were educated to monitor all exit doors during their shift and to remove any obstruction immediately. Staff should report to the Administrator immediately 5/18/2020(attached)

Legal Entity Representative

Misty Ison 5/18/20

Misty Ison, RN, Administrator

Misty Ison, RN Administrator

05/18/2020

Signature

Printed Name and Title

Date

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(Initials)

Implemented
 Not Implemented

131f - Fire Extinguisher Inspection

Regulations

2600.

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

The inspection tag on the fire extinguisher between bedroom #102 and the exit door is torn and partially removed, and the last inspection date cannot be determined.

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.)

Tags were replaced 1/2020

Administrator inspected tags on all fire extinguishers. All tags were in place, current and had been laminated to prevent tears or any other damage that would impede interpretation of inspection dates. All tags will be included in weekly build inspection to insure compliance 5/13/2020 (ongoing)

All staff were educated to report any damaged or missing tags to Administrator/Designee immediately. 5/18/2020 (attached)

Legal Entity Representative

Misty Ison 5/18/20

misty ison, RN, Administrator
Signature

Misty Ison, RN Administrator
Printed Name and Title

5/13/2020
Date

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(Date)

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(Initials)

Implemented
 Not Implemented

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 home's fire drill record indicates "Number of resident"; however, it does not indicate the number of residents who were in the home at the time of the fire drill or the number of residents who were evacuated during the fire drill.

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.)

Maintenance Director was educated at time of Survey on the proper procedure on fire drill documentation. 1/2020 All documetation submitted is correct and in the correct format. 5/18/2020.

Currently Fire Drills are suspended due to COVID-19. When fire drills can be safely resumed Administrator will observe and assure accurate documentation. All documentation will be maintained in a binder. (ongoing)

All staff were educated on Fire Drill Regulation. Administrator and Maintenance Director reviewed regulation and documentation 5/18/2020(Attached)

The home submitted fire drill records for fire drills conducted 1/24/20 at 10:00 AM and 2/28/20 at 8:00 PM. Both drills were documented in accordance with 2600.132c. *SE* 5/18/20

Legal Entity Representative

Misty Ison 5/18/20

Misty Ison, RN, Administrator
Signature

Misty Ison, RN, Administraor
Printed Name and Title

5/18/2020
Date

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(Date)

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(Initials)

Implemented
 Not Implemented

144c2 - Smoking Area Distance

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is in the rear of the building. However, approximately 30 cigarette butts were in the planter and on the ground to the right of the main entrance and approximately 20 cigarette butts were on the ground to the left of the main entrance.

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.)

Area identified in main entrance and cleaned. All cigarette butts were removed. A "Smokers Post" ashtray was placed in the area with a sign indicating that it is a non smoking area. 1/2020

Administrator and all staff will monitor the area daily to ensure compliance. May 13, 2020 (ongoing)

All staff were educated on designated smoking areas and proper disposal of cigarette butts. All staff were educated on monitoring designated smoking areas and to notify Administrator/Designee of any noncompliance. 5/18/2020. (attached)

Legal Entity Representative

Misty Ison 5/18/20

misty ison rn, administrator
Signature

Misty Ison, RN Administrator
Printed Name and Title

5/18/20
Date

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(Date)

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(Initials)

- Implemented
- Not Implemented