

Department of Human Services
Bureau of Human Service Licensing

January 19, 2021

LISETTE KAMZELSKI, ADMINISTRATOR
VINCENTIAN HOME INC
111 PERRYMONT ROAD
ATTN LYSETTE KAMZELSKI
PITTSBURGH, PA 15237

RE: VINCENTIAN HOME
111 PERRYMONT ROAD
PITTSBURGH, PA, 15237
LICENSE/COC#: 43153

Dear Ms. Kamzelski,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2020, 07/15/2020, 07/16/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *VINCENTIAN HOME* License #: *43153* License Expiration Date: *10/27/2020*
 Address: *111 PERRYMONT ROAD, PITTSBURGH, PA 15237*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Lysette Kamzelski* Phone: *4123661039* Email: *lkamzelski@vcs.org*

Legal Entity

Name: *VINCENTIAN HOME INC*
 Address: *111 PERRYMONT ROAD, ATTN LYSETTE KAMZELSKI, PITTSBURGH, PA, 15237*
 Phone: *4123661039* Email: *LKAMZELSKI@VCS.ORG*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/11/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *07/16/2020*

Inspection Dates and Department Representative

07/14/2020 - Off-Site: Barbara Barone
07/15/2020 - Off-Site: Barbara Barone
07/16/2020 - Off-Site: Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st flr Memory Lan* Capacity: *10* Residents Served: *7*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

07/14/2020 - Partial

Lead Inspector: *Barbara Barone*Follow-Up Type: *POC Submission*Follow-Up Date: *08/23/2020*

9/1/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *POC Submission*Follow-Up Date: *09/03/2020*

10/16/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Document Submission*Follow-Up Date: *11/16/2020*

1/19/2021 - Document Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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

On 7/6/20 at 9:50 am, staff person A found resident #1 in resident #2's bedroom with the door closed. Resident #1 was sitting on the bed and resident #2 was lying on the bed, her shirt up over [REDACTED] stomach and disheveled, [REDACTED], and resident #1's hands were between [REDACTED] legs, over [REDACTED] pants. Staff person A told resident #1 to return to [REDACTED] bedroom and asked resident #2 if resident #1 touched [REDACTED] inappropriately. Resident #1 said [REDACTED] touched [REDACTED] up here, indicating [REDACTED] [REDACTED] and tried to touch [REDACTED] down there, indicating [REDACTED] area. Staff person A asked resident #2 if [REDACTED] asked resident #1 to leave prior to the staff person entering the room. Resident #2 responded [REDACTED] had, but [REDACTED] stayed. The home did not report this incident to the Department.

Plan of Correction

Accept

Administrator and Designee educated on timely reporting to local regional office (ra-pwarlwest@pa.gov) not to regional headquarters (ra-pwarlheadquarters@pa.gov) in Harrisburg preventing a delay in services and/or investigations related to abuse.

See attached training record.

Completion Date: 08/21/2020

Document Submission

Implemented

In-service on DHS Reportable Incidents, Licensing Agency

42b - Abuse

1. Requirements

2600.

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

42b - Abuse (continued)

Description of Violation

On 7/6/20 at 9:50 am, staff person A found resident #1 in resident #2's bedroom with the door closed. Resident #1 was sitting on the bed and resident #2 was lying on the bed, shirt up over stomach and disheveled, and resident #1's hands were between legs, over pants. Staff person A told resident #1 to return to bedroom and asked resident #2 if resident #1 touched inappropriately. Resident #1 said touched up here, indicating and tried to touch down there, indicating area. Staff person A asked resident #2 if asked resident #1 to leave prior to the staff person entering the room. Resident #2 responded had, but stayed.

Resident #1's most recent resident assessment and support plan (RASP), dated 2/6/20, indicates requires no supervision within the home, sometimes needs to be reminded of inappropriate behavior toward other residents and direct care staff are to monitor behavior and redirect as necessary. The home failed to adequately address resident #1's increasing inappropriate sexual behaviors. The home documented 26 occurrences of inappropriate sexual behavior between 5/5/19 - 7/7/20. 16 occurrences involved resident #2 and 10 occurrences involved staff, including the following:

5/5/19 - Tried to kiss staff person on the mouth

5/18/19 - Grabbed resident #2 and tried to force into room

7/3/19 - Told staff person wants in face

8/11/19 - Kissed resident #2, resident #2 told staff it was not okay with then looked at resident #1 and told to stop

9/28/19 - Touched resident #2's arm, afterwards, resident #2 told staff that resident #1 touching arm makes feel uncomfortable

10/26/19 - Told staff person if you massaged your they might grow

12/2/19- Poked a staff person's asking if they were real

4/3/20 - Slapped staff person's back side

7/7/20 - Hit resident #2 twice on

42b - Abuse (continued)

Plan of Correction**Directed**

Resident #1 no longer resides in facility, discharged home with [REDACTED] Resident #2 continues to live in facility thriving in community, no residual effects noted from incident.

Administrator will hold mandatory staff meeting on 8/28/20 at 7am and 2pm to in-service all DCW and ancillary staff on Resident Abuse, mandated reporting, and timely reporting to appropriate agency, handout with signs of abuse and Area on Aging contact information given.

Review resident contract to add verbiage regarding incidents between residents. Administrator or designee can relocate an alleged offender to another room at their discretion to provide safe environment for general population until investigation is concluded.

10/16/20 - SQ

Immediately, the administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include administrator or designee interviews with at least 4 residents privately regarding care and treatment, including treatment by other residents, weekly for 2 months and then at least monthly thereafter. Documentation of the interviews will be kept and reviewed at quality management plan reviews.

Beginning on 10/26/20, the home will offer resident #2 therapeutic options consistent with trauma informed care and provide ongoing monitoring for any signs of trauma with therapeutic options offered at no additional costs to the resident. Documentation will be kept.

By 11/16/20, all staff persons will receive training in identifying and preventing sexual harassment in care facilities. Documentation will be kept.

During the next quality management plan review and evaluation and ongoing, the home will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

Completion Date: 11/16/2020

Document Submission**Implemented**

Resident Interviews related to Abuse

Relias Training Modules for All Staff

Annual QA Meeting 110420

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

227c - Support Plan Revision (continued)

Description of Violation

Resident #1's most recent RASP, dated 2/6/20, indicates [REDACTED] requires no supervision within the home [REDACTED] sometimes needs to be reminded of inappropriate behavior toward other residents and direct care staff are to monitor behavior and redirect as necessary. The home documented 26 occurrences of inappropriate sexual behavior between 5/5/19 - 7/7/20. 16 occurrences involved resident #2 and 10 occurrences involved staff, including the following:

5/5/19 - Tried to kiss staff person on the mouth

5/18/19 - Grabbed resident #2 and tried to force [REDACTED] into [REDACTED] room

7/3/19 - Told staff person [REDACTED] wants [REDACTED] in [REDACTED] face

8/11/19 - Kissed resident #2, resident #2 told staff it was not okay with [REDACTED] then looked at resident #1 and told [REDACTED] to stop

9/28/19 - Touched resident #2's arm, afterwards, resident #2 told staff that resident #1 touching [REDACTED] arm makes [REDACTED] feel uncomfortable

10/26/19 - Told staff person if you massaged [REDACTED], they might grow

12/2/19- Poked a staff person's [REDACTED] asking if they were real

4/3/20 - Slapped staff person's back side

7/7/20 - Hit resident #2 twice on [REDACTED]

However, these changes were not addressed on [REDACTED] RASP.

Plan of Correction

Accept

Resident #1 no longer resides in facility, discharged home with [REDACTED].

Administrator/designee will have Mandatory in-service for all staff on 8/28/20 regarding signs of abuse, reportable incidents. Behavior Log created to identify new or continued behaviors that need to be addressed on RASP.

Administrator/designee with audit all RASP for timely completion, timely updates related to changes in behaviors or supervision. Completion date 10/9/20.

Administrator/designee will continue to audit RASP weekly x 4 weeks then monthly x 3 months. Completion Date 11/6/20, 01/01/21

Completion Date: 01/01/2021

Document Submission

Implemented

Attached:

Initial Audit Log of all RASP related to behaviors

RASP Review Audit