

Department of Human Services
Bureau of Human Service Licensing

October 7, 2020

LYZETTE 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 08/04/2020, 08/05/2020, 08/06/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

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: *Pa Dept L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *60* Waking Staff: *45*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *08/06/2020*

Inspection Dates and Department Representative

08/04/2020 - Off-Site: Vicki Siegert
08/05/2020 - Off-Site: Vicki Siegert
08/06/2020 - Off-Site: Vicki Siegert

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *46*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *10* Residents Served: *9*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

08/04/2020 - Partial

Lead Inspector: *Vicki Siegert*Follow-Up Type: *POC Submission*Follow-Up Date: *08/29/2020*

8/27/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *POC Submission*Follow-Up Date: *08/31/2020*

9/1/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *09/04/2020*

10/7/2020 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

142d - Secure Preventative Care

1. Requirements

2600.

142.d. The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

Description of Violation

The medical evaluation completed on 3/12/20 for resident #1 indicates "see attachment" for resident's current medications. The attachment which is labeled "Orders Summary Report" indicates that the information documented are "Active Orders As Of: 3/12/20." The resident's current medications are listed. However, the orders include "Physical Therapy Evaluation with UPMC Home Health"; The "Order Status" indicates "Active" and the "Order Date" indicates "9/27/19." There is no "Start Date" nor "End Date" listed on the document. The home was unable to provide documentation that resident #1 received physical therapy evaluation or services following the 9/27/19 order date or that the resident refused such services.

Plan of Correction**Do Not Accept**

Resident #1 no longer resides in facility, chose to discharged home with daughter.

Administrator/designee with create a binder for sign-in sheets for ancillary service providers and request progress notes on all visits.

Facility is transitioning from paper resident records to EMR. Administrator will create a plan and in-service Nurse Manager and designated employees on carrying out follow up orders received from MD timely and uploading necessary documentation into EMR and entering progress notes regarding visit.

Completion Date: 08/28/2020

Plan of Correction**Accept**

Resident #1 no longer resides in facility, chose to discharged home with daughter.

Administrator/designee with create a with sign-in sheets for ancillary service providers (medical, dental, vision, behavior health care, and therapy services) and request progress notes on all visits for chart and scanned into EMR.

Completion date 9/30/20

Administrator/designee will create a audit tool requiring all appointments be logged in as they occur, noting any follow up orders or appointments. Completion date 9/30/20

Administrator/designee will perform Order Execution Audit of current orders for all residents in personal care and secured dementia unit over 4 weeks to identify if all orders are current, active and executed per doctor's instructions; supplemental documentation noted in resident's chart or EMR. Completion date 10/2/20

Facility is transitioning from paper resident records to EMR. Administrator will create a plan and in-service Nurse Manager and designated employees on carrying out follow up orders received from MD timely and uploading necessary documentation into EMR and entering progress notes regarding visit. Completion date 10/12/20

Completion Date: 10/15/2020

Document Submission**Implemented**

Administrator/designee has audited all orders entered for residents in personal care and memory lane (SDU) through 10/5/20. All orders have been executed as written by MD/PA/CRNP, supplemental documentation noted in resident chart.

Facility is currently working with Point Click Care team (EMR) to implement Point of Care documentation, resident appointment scheduling, for med techs and resident aides. Completion date tentative 11/1/20.