

Department of Human Services
Bureau of Human Service Licensing

November 17, 2020

NICK VICCOZA, PRESIDENT
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 Mr. Viccoza,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2020, 09/25/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

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: *NVICCOZA@VCS.ORG*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/11/1997* Issued By: *Labor @ Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/25/2020*

Inspection Dates and Department Representative

09/17/2020 - On-Site: Cindy Mulick
09/25/2020 - Off-Site: Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Lane* Capacity: *10* Residents Served: *7*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *48*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

09/17/2020 - Partial

Lead Inspector: *Cindy Mulick*Follow-Up Type: *POC Submission*Follow-Up Date: *10/16/2020*

11/9/2020 - POC Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Document Submission*Follow-Up Date: *11/12/2020*

11/17/2020 - Document Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Foley Catheter care as follows; Use 60 ml via irrigation two times a day for occlusion, insert sterile water into catheter and aspirate with 60cc syringe. However, this care was not provided as ordered on the following dates and times:

Date: 9/1/2020, time 6:04 p.m.

Date: 9/3/2020, time 2:33 p.m.

Date: 9/3/2020, time 6:15 p.m.

Date: 9/5/2020, time 7:10 a.m.

Date: 9/7/2020, time 12:04 p.m.

Date: 9/7/2020, time 7:24 p.m.

Date: 9/8/2020, time 8:08 p.m.

Date: 9/9/2020, time 7:00 p.m.

Date: 9/11/2020, time 12:55 p.m.

Date: 9/11/2020, time 10:01 p.m.

Date: 9/12/2020, time 9:28 a.m.

Date: 9/12/2020, time 7:03 p.m.

Date: 9/13/2020, time 7:11 a.m.

Date: 9/14/2020, time 7:23 p.m.

Date: 9/15/2020, time 8:51 p.m.

Date: 9/16/2020, time 10:47 p.m.

Plan of Correction**Accept**

Administrator discussed with resident #1, POA and family, VHPC unable to meet residents needs due to unable to comply with physicians orders to flush catheter twice daily. Administrator issued Notice of Discharge to resident, and [REDACTED] POA on 9/28/20. Resident will discharge on 10/26/20.

Administrator/designee will review EMAR records for all resident for omissions then weekly x 4 weeks then monthly x 3 months. completion date 1/23/20

Administrator/designee will review all resident DME/RASP to identify physician orders requiring a licensed nurse to perform and can we meet the resident's needs at personal care level and current staffing then review 4 residents weekly x 4 weeks then monthly x 3 months. completion date 1/23/20

Administrator will review admission process and assessment with Manager of Resident Services during Annual QA meeting on 11/4/20.

Completion Date: 01/25/2021

Document Submission**Implemented**

Order Execution Audit Log

RASP Audit Review

QA Meeting 110420