Department of Human Services
Bureau of Human Service Licensing

November 30, 2020

JACOB FRIEDMAN, LEGAL ENTITY REPRESENTATIVE
ABODE CARE OF MONROEVILLE LLC
2560 STROSCHEIN ROAD
MONROEVILLE, PA 15146

RE: ABODE CARE OF MONROEVILLE
2560 STROSCHEIN ROAD
MONROEVILLE, PA, 15146
LICENSE/COC#: 45119

Dear Mr. Friedman,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/26/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

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: *ABODE CARE OF MONROEVILLE* **License #**: *45119* **License Expiration Date**: *06/01/2021*
Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146*
County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: *Misty Ison* **Phone**: *412-856-1588* **Email**: *misty@abodecare.com*

Legal Entity

Name: *ABODE CARE OF MONROEVILLE LLC*
Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA, 15146*
Phone: *412-856-1588* **Email**: *jacob@abodecare.com*

Certificate(s) of Occupancy

Type: *I-2* **Date**: *06/12/2012* **Issued By**: *Monroeville*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *19* **Waking Staff**: *14*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal,Complaint* **Exit Conference Date**: *10/26/2020*

Inspection Dates and Department Representative

10/26/2020 - On-Site: Michael Marini, Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* **Residents Served**: *13*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

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

Inspections / Reviews

10/26/2020 - Full

Lead Inspector: *Michael Marini* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/12/2020*

Inspections / Reviews *(continued)*

11/10/2020 - POC Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/16/2020*

11/13/2020 - POC Submission

Lead Reviewer: *Larry Mazza* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/28/2020*

11/30/2020 - Document Submission

Lead Reviewer: *Larry Mazza* **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 10/24/20 at approximately 7:00 AM, a portion of the home's fire system became inoperable and the home implemented their fire watches in accordance with the home's emergency preparedness plan; however, this was not reported to the Department.

Plan of Correction **Directed**

Reportable was completed by the Administrator and submitted to the State.

Administrator and Wellness Director reviewed 2600.16 in its entirety.

The Administrator or Wellness Director are responsible for the submission of all Reportable incidents.

Administrator will be responsible for ensuring all reportable incidents are presented to State with in 24 hours of incident. Reportable Incidents are filed by date and followed up daily until resolution by Administrator.

Within 15 days of receipt of the plan of correction: All staff persons shall be reeducated on all reportable incidents and conditions indicated in 2600.16a. Documentation of the education shall be kept. LM 11/13/2020

Completion Date: *11/11/2020*

Document Submission **Implemented**

see attached

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires that carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device. There was no carbon monoxide detector in close proximity to the gas furnace across from the nurse's station.

Plan of Correction **Accept**

Carbon monoxide Detector was placed immediately upon receiving direction from Surveyor.

Maintenance Director/Administrator will include Carbon Monoxide Detectors in Weekly Building inspections.

Completion Date: *11/11/2020*

Document Submission **Implemented**

Completed

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 11:42 AM, a container of Barbicide was present in an unlabeled container in the beauty salon.

Plan of Correction **Accept**

Barbicide was removed from Beauty Shop and disposed of immediately.
Beautician was educated to lock all products in the locking cabinets provided and to lock the salon door when leaving. No products are to be left on counters.
Beautician will lock all products at the end of the day in locked storage area.

Administrator will inspect area when beautician leaves for the day.

Completion Date: *10/26/2020*

Document Submission **Implemented**

see attached documentation

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 11:35 AM, a bottle of Array Laundry soap, with a manufacture's label indicating, "If swallowed call poison control or get medical attention", was unlocked and accessible to residents in the laundry room.

At 11:42 AM, a container of Barbicide, with a Material Safety Data Sheet which indicates, "If swallowed: Call a poison control center or doctor immediately for treatment advice", was unlocked and accessible to residents in the beauty salon.

Residents of the home, including resident #1, have been assessed as unable to safely use or avoid poisons.

82c - Locking Poisonous Materials *(continued)*

Plan of Correction **Directed**

All detergent is laundry room have been placed in cabinet and Laundry room remains locked at all time.

Simplex Mechanical Lock for Laundry which requires a code to open has been installed.

Maintenance Director/Housekeeping will monitor laundry room daily. Sign Off sheet is in place. Reinhart's delivery person was educated NOT to leave products in counter when delivered.

Staff educated on use of simplex lock.

Upon receipt of the plan of correction: A designated staff person shall inspect the home daily to ensure all poisonous materials are kept in an area or container that is locked. LM 11/13/2020

Within 15 days of receipt of the plan of correction: All staff persons shall be educated that all poisonous materials shall be kept in an area or container that is locked. Documentation of the education shall be kept. LM 11/13/2020

Completion Date: *11/11/2020*

Document Submission **Implemented**

see attached documentation

123b - Emergency Procedures Posted

1. **Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

A copy of the Monroeville Emergency Preparedness Plan was not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

Facility Copy of Monroeville Disaster Plan is in red binder at front desk visible to any interested party, and available for implementation.

Administrator will ensure that Plan is always visible and available.

Completion Date: *10/26/2020*

Document Submission **Implemented**

completed

130h - Inoperable Smoke Detector

1. **Requirements**

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

130h - Inoperable Smoke Detector *(continued)*

Description of Violation

The home's emergency preparedness plan indicates in the event of power failure, fire system failure, call bell system failure or phone system failure, "rounds should be completed every 15 minutes and documented until all systems are deemed to be full functionality and all clear is announced". On 10/24/20 at approximately 7:00am, a portion of the home's fire system became inoperable. The home began conducting fire watches in accordance with their procedures; however, stopped conducting the fire watches on 10/24/20 at approximately 2:00pm. The repairs to the fire system were not made until 10/26/20.

Plan of Correction **Accept**

Emergency Preparedness Plan is reviewed by all staff in training. Implementation guidelines will be reviewed by all staff.
(Staff training on emergency preparedness was conducted on 11/8/20 through 11/11/20). LM 11/13/2020

Administrator will be responsible to ensure that all plan directives will be implemented and monitored.

Documentation of actions will be collected and attached to State Reportable.

Administrator/Designee will monitor Building hourly to ensure 15 min checks are being completed.

Completion Date: *11/12/2020*

Document Submission **Implemented**

completed

131f - Fire Extinguisher Inspection

1. **Requirements**

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 Repeat Violation

The fire extinguisher in the maintenance garage has not been inspected by a fire safety expert since June, 2019.

Repeat Violation: 1/2/2020

131f - Fire Extinguisher Inspection *(continued)*

Plan of Correction **Directed**

Fire extinguisher inspection was completed in June 2020. The extinguisher in the garage was missed during inspection by ABCO. ABCO came out on October 28, 2020 and inspected and tagged.

New Maintenance Director was educated on location and expiration of all extinguishers in facility.

Within 48 hours of receipt of the plan of correction: A designated staff person shall inspect the home to ensure each fire extinguisher has been inspected and approved by a fire safety expert within the past year. Documentation of the inspection shall be present on each fire extinguisher. LM 11/13/2020

Upon receipt of the plan of correction: A designated staff person shall develop and implement a schedule to ensure each fire extinguisher is inspected and approved by a fire safety expert at least annually. Documentation of the inspection shall be present on each fire extinguisher. LM 11/13/2020

Completion Date: *10/28/2020*

Document Submission **Implemented**

see attached

185a - Implement Storage Procedures

1. **Requirements**

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 #2 is prescribed blood sugar checks 4 times a day. On 10/23/20 at approximately 8:00 AM, resident #2's blood sugar was 212; however, the resident's blood sugar was recorded on her October 2020 medication administration record (MAR) as 112.

Plan of Correction **Accept**

Medication Techs have received training on proper documentation. Wellness Director will review individually and provide ongoing training as needed.

Annual Diabetic Training is provided.

Wellness Director will review entries daily.

Completion Date: *10/27/2020*

Document Submission **Implemented**

completed

187b - Date/Time of Medication Admin.

1. **Requirements**

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. *(continued)*

Description of Violation

Resident #3 is prescribed Carvedilol 6.25mg-Take 2 tablets by mouth 2 times a day. This medication was not administered from 8:00 PM on 10/5/20 through 8:00 AM on 10/13/20, because it was not available in the home. However, the resident's October 2020 MAR was initialed as administered by numerous staff persons on numerous dates/times, to include the following:
** 8:00 AM on 10/6/20, 10/11/20 and 10/12/20*
** 8:00 PM on 10/8/20, 10/9/20, 10/10/20 and 10/13/20*

Resident #3 is prescribed Amlodepine 5mg-Take 1 tablet by mouth once a day. This medication was not administered from 10/9/20 through 10/14/20, because it was not available in the home. However, the resident's October 2020 MAR was initialed as administered by numerous staff persons on numerous dates/times, to include on 10/11/20 and 10/12/20.

Plan of Correction **Directed**

Medication Techs are being retrained individually on documentation and pharmacy ordering procedures. (Staff members were retrained on medication procedures from 11/8/20 through 11/12/20). LM 11/13/2020

Medication Techs are required to contact Wellness Director for any medications that are not available or that they are unable to locate.

Wellness Director will monitor daily though AM MAR review and pharmacy order review.
DIRECTED: The daily review shall include a review of at least 5 resident MAR's daily to ensure all medications are present, administered timely in accordance with prescribers' orders and that all staff persons have initialed resident MAR's after medication administration. LM 11/13/2020

Completion Date: *11/11/2020*

Document Submission **Implemented**

see attached

187d - Follow Prescriber's Orders

1. **Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Carvedilol 6.25mg-Take 2 tablets by mouth 2 times a day. This medication was not administered from the evening of 10/5/20 through the morning of 10/13/20, because it was not available in the home.

Resident #3 is prescribed Amlodepine 5mg-Take 1 tablet by mouth once a day. This medication was not administered from 10/9/20 through 10/14/20, because it was not available in the home.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Directed**

Medication Techs are being retrained individually on documentation and pharmacy ordering procedures. (Staff members were retrained on medication procedures from 11/8/20 through 11/12/20). LM 11/13/2020
Pharmacy is now required to compete cycle exchange in tandem with MAR review.
Any missing medication must be delivered to building with in 4 hours.
Wellness Director must contact MD to obtain order to reschedule dose or receive other prescriber directions.
Wellness Director will monitor daily through AM MAR review and pharmacy order review.
DIRECTED: The daily review shall include a review of at least 5 resident MAR's daily to ensure all medications are present, administered timely in accordance with prescribers' orders and that all staff persons have initialed resident MAR's after medication administration. LM 11/13/2020

Completion Date: *11/11/2020*

Document Submission **Implemented**

see attached

221c - Post Activity Calendar

1. **Requirements**

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

A current activities calendar is not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

Activity Calendar will be posted every other Friday for 2 weeks at a time.

Receptionist will be responsible for timely posting and distribution of Activity Calendars.

Completion Date: *10/26/2020*

Document Submission **Implemented**

completed