

Department of Human Services  
Bureau of Human Service Licensing

September 7, 2021

[REDACTED]  
MERCY LIFE CENTER CORPORATION  
1200 REEDSDALE STREET  
ATTN: LICENSING/COMPLIANCE  
PITTSBURGH, PA 15233

RE: GARDEN VIEW MANOR  
441 SWISSVALE AVENUE  
PITTSBURGH, PA, 15221  
LICENSE/COC#: 44069

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2021, 05/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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: *GARDEN VIEW MANOR* License #: *44069* License Expiration Date: *07/02/2022*  
Address: *441 SWISSVALE AVENUE, PITTSBURGH, PA 15221*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *4123424602* Email: [REDACTED]

**Legal Entity**

Name: *MERCY LIFE CENTER CORPORATION*  
Address: *1200 REEDSDALE STREET, ATTN: LICENSING/COMPLIANCE, PITTSBURGH, PA, 15233*  
Phone: *4123424602* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *04/08/2010* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/25/2021*

**Inspection Dates and Department Representative**

*05/24/2021 - On-Site:* [REDACTED]  
*05/25/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *56* Residents Served: *49*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *49* Are 60 Years of Age or Older: *27*  
Diagnosed with Mental Illness: *49* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *1*

## Inspections / Reviews

05/24/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/28/2021*

8/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/06/2021*

8/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/03/2021*

9/7/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED].

Plan of Correction

Accept

Resident's most recent assessment was not in [REDACTED] chart. It was on the computer but a signed copy was not in chart. This was completed by former team lead as supervisors and team leads divided up resident charts to update. Site was down a supervisor and team lead. The pandemic caused site to be behind in ensuring all RASPs were up to date.

The RASP was updated within two weeks after licensing left. Started 6/1, completed 6/11/21. Supervisor/Administrator completed this task, see attached. Site is still down supervisor/team lead position.

A tracking form will be created for program that includes resident name, date of admission, current DME date, and current RASP date to help with record keeping. The Administrator/Supervisor and Team Lead will be responsible for this task. This form will be developed/created by 8/20/21.

The Administrator/Supervisor/Team Lead and selected staff will complete the tracking form , inputting all 56 resident's information by by 8/27/21. Administrator / Team Lead responsible for completion. Charts with outstanding RASPs due will be flagged and information sent to primary staff to complete. Supervisor/Administrator and Team Lead to assist staff and ensure past due RASPs are completed within one week by 9/3/21.

Ongoing, Supervisors/Administrators and Team Leads will share tracking form with all staff and highlight upcoming RASPs...to allow for completion. A special reminder will be sent to primary staff responsible for charts. If by chance staff turnover occurs, another staff will be selected to volunteer or complete necessary RASP. Ultimately Supervisors/Administrators and Team Leads will be responsible parties to complete RASPs if no staff available to do so. Supervisors/Administrators and Team Leads are the responsible parties to send this reminder monthly to ensure that site RASPs stay in compliance with regulation.

Completion Date: 09/03/2021

Document Submission

Implemented

Form with date of admission, dme dates, and rasps dates attached

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photograph in resident#2's record was taken on [REDACTED].

252 - Record Content (*continued*)**Plan of Correction****Accept**

*Site activity coordinator used to ensure photos were updated in charts. This position has been vacant so some pictures were not updated.*

*This picture involved was updated on date of inspection 5/25/21. See attached. Then administrators/supervisors worked on getting all new pictures for 6/1/21. Pictures were placed in all resident charts.*

*Moving forward, Administrator and team lead will remind primaries to update pictures to coordinate with end of year trainings. This way we will do yearly and not get behind. A reminder will be sent in May for new pictures.*

**Completion Date:** 06/01/2021

**Document Submission****Implemented**

*Proof of updated picture attached.*