

Department of Human Services
Bureau of Human Service Licensing

October 1, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: GRANDVIEW ESTATES MEMORY
CARE LLC
1151 SCENERY DRIVE
ELIZABETH, PA, 15037
LICENSE/COC#: 44992

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2021, 06/23/2021 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: *GRANDVIEW ESTATES MEMORY CARE LLC* License #: *44992* License Expiration Date: *08/29/2021*
Address: *1151 SCENERY DRIVE, ELIZABETH, PA 15037*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/07/1994* Issued By: *Labor and Industry*
Type: *I-1* Date: *05/30/2019* Issued By: *Elizabeth Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *06/23/2021*

Inspection Dates and Department Representative

06/22/2021 - On-Site: [REDACTED]
06/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *14*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire home* Capacity: *26* Residents Served: *14*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *14* Have Physical Disability: *1*

Inspections / Reviews

06/22/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/18/2021*

9/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/24/2021*

10/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 6/22/21, at 11:46 a.m., a black binder, containing a narcotic count sheet for resident #1 and progress notes for resident #2, was unlocked, unattended, and accessible on the medication cart.

Plan of Correction

Accept

The binder was immediately removed, and put in the locked med room. A HIPPA training will be given to all direct care staff members. A copy of the training is attached.

Completion Date: 09/23/2021

Document Submission

Implemented

Training sign in sheet has been attached.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 and resident #4, both residing in bedroom [redacted] north, do not have access to a source of light that can be turned on/off at bedside.

Repeat Violation : 10/20/2019

Plan of Correction

Accept

Lights were placed in the room immediately. A training was done with the maintenance employee on July 6th regarding DHS bedroom requirements. A checklist has been made for rooms to be done daily.

By 10/1/21 - All staff persons will be educated on the requirement that each resident shall have an operable lamp or other source of lighting that can be turned on/off at bedside. Documentation of the education shall be kept.

[redacted] 9/16/21

Completion Date: 08/10/2021

Document Submission

Implemented

Training sign in sheet has been attached.

183f - Discontinued Medications

1. Requirements

2600.

183f - Discontinued Medications (continued)

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #5's [REDACTED] (Take 1 tablet by mouth every 6 hours as needed for anxiety or agitation) was in the medication cart on 6/23/21. However, this medication was discontinued by a physician on 6/10/21.

Plan of Correction

Accept

The medication was removed immediately. The pharmacy came and audited our medication cart on 8/3/2021 The medication technicians will be given a training on what to do with discontinued medications. Director of wellness will audit medication cart monthly. The checklist she will be using is attached along with a copy of the medication training.

Completion Date: 09/23/2021

Document Submission

Implemented

Training sign in sheet has been attached.