



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SNH PENN TENANT LLC

LEGAL ENTITY

To operate OVERLOOK GREEN

NAME OF FACILITY OR AGENCY

Located at 5250 MEADOWGREEN DRIVE, PITTSBURGH, PA 15236

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 128
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 23

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 1, 2021 until July 1, 2022,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450570**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Emailing Date: July 1, 2021

[REDACTED]
SNH PENN TENANT LLC
255 WASHINGTON STREET, SUITE 300
TWO NEWTON PLACE, NEWTON, Massachusetts, 2458

RE: OVERLOOK GREEN
License #450570

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 22, 2021 and April 23, 2021, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *OVERLOOK GREEN* License #: *45057* License Expiration Date: *03/04/2021*
Address: *5250 MEADOWGREEN DRIVE, PITTSBURGH, PA 15236*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4128818300* Email: [REDACTED]

Legal Entity

Name: *SNH PENN TENANT LLC*
Address: *255 WASHINGTON STREET, SUITE 300, TWO NEWTON PLACE, NEWTON, MA, 2458*
Phone: *4128818300* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/23/1994* Issued By: *PA Dept of L&I*
Type: *I-2* Date: *03/14/2018* Issued By: *Borough of Whitehall (?)*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *04/23/2021*

Inspection Dates and Department Representative

04/22/2021 - On-Site: [REDACTED]
04/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *128* Residents Served: *45*

Secured Dementia Care Unit

In Home: *Yes* Area: Capacity: *23* Residents Served: *14*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *30* Have Physical Disability: *1*

Inspections / Reviews

04/22/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/19/2021*

6/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/25/2021*

6/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/25/2021*

6/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's resident-home contract, completed [REDACTED], was not signed by the resident.

Plan of Correction

Accept

Resident #1 contract was signed on June 16, 2021 - see attachment for documentation

Audit completed by Executive Director on June 16, 2021 to ensure all contracts are signed by the resident and the payer. See attachment for documentation.

Moving forward the Business Office Manager / Designee will ensure that all contracts are signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Executive Director / Designee will review all new move-in's monthly x3 to ensure compliance.

See attachment for documentation confirmation.

Completion Date: 06/18/2021

Document Submission

Implemented

See attachments for documentation

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's resident-home contract, completed [REDACTED] which includes written information on the resident's rights and complaint procedures, was not signed by the resident.

41e - Signed Statement (continued)

Plan of Correction

Accept

Resident #1 contract was signed on June 16, 2021 - see attachment for documentation

Audit completed by Executive Director on June 16, 2021 to ensure all contracts are signed by the resident and the payer. See attachment for documentation.

Moving forward the Business Office Manager / Designee will ensure that all contracts are signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Executive Director / Designee will review all new move-in's monthly x3 to ensure compliance.

See attachment for documentation confirmation.

Completion Date: 06/18/2021

Document Submission

Implemented

See attachments for documentation

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 4/22/21, the vinyl on the arm rests of resident #3's wheelchair was cracked and missing in numerous places, posing a laceration hazard. The vinyl covering on the right arm rest was missing an area approximately 2" X 1.5". The vinyl covering on the left arm rest was cracked and partially missing along an 8" section.

Plan of Correction

Accept

Resident #3 wheelchair was repaired on April 22, 2021 by our Maintenance Director during the State Inspection. See attachment for documentation.

Audit was completed by [REDACTED], LPN on June 16, 2021 to ensure all wheelchairs are in good repair. See attachment for documentation.

Moving forward Director of Maintenance or their designee will inspect all resident wheelchairs to make sure it's clean, in good repair and free of hazards on a monthly basis x3. See attachment for documentation.

Director of Residence Care / Designee will complete weekly inspection x12 weeks to ensure all wheelchairs are in good repair. See attachment for documentation.

Completion Date: 06/18/2021

Document Submission

Implemented

See attachments for documentation

85a - Sanitary Conditions

1. Requirements

85a - Sanitary Conditions (continued)

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/22/21 and again on 4/23/21 there was a smell of urine in the hall near resident rooms #173 and #174.

On 4/23/21, there was a strong, pungent and pervasive odor of urine in both the bedroom and bathroom of resident room #173. Resident # [redacted] who occupies room #173, is incontinent during the night. On 4/23/21 at approximately 10:30 a.m., the resident's bedsheet was wet to the touch in the center. There was also a puddle of what appeared to be urine measuring approximately 18" X 12" in front of the toilet in the bathroom of room #173.

Plan of Correction

Accept

Resident Room #173 and Room #174 were cleaned and sanitized on April 24, 2021.

Resident # [redacted] mattress was replaced by community.

No other odors have been identified.

Air Fresheners were installed in each of the hallways to ensure a clean smell.

Housekeeping will utilize checkoff sheet to ensure that room has been cleaned and sanitized each morning. x12 weeks.

See attachment for documentation.

Resident Care Plan meeting will be scheduled by DRC with family to discuss hygiene needs.

Director of Resident Care / Designee will review grievances for odors x12 weeks. - See attachment for grievance form.

Completion Date: 06/18/2021

Document Submission

Implemented

See attachments for documentation

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 4/22/21 at 10:34 a.m., the hot water in the double sink in the secure dementia care unit (SDCU) kitchen measured 125.2 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

Plan of Correction

Accept

On June 9th our Maintenance Director reached out to Century Mechanical for proposal to install mixing valve on memory care kitchen sink.

One time audit completed by [REDACTED], Maintenance Director to ensure that all water temperatures meets state standards in memory care neighborhood. See attachment for documentation.

Century Mechanical on July 17, 2021 installed a mixing valve to ensure that water temperature does not exceed 120°F. See attachment for documentation.

Director of Maintenance / Designee will check water temperature weekly after completion x12 weeks. See attachment for documentation.

Completion Date: 06/18/2021

Document Submission

Implemented

The mixing valve was installed on June 17, 2021

See attachments for documentation

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 4/22/21, approximately 18 inches of the metal edging on the top right corner of the PTAC unit in resident bedroom #431 was separated from the wall approximately 2 inches; the edges and corners are sharp which poses a hazard.

On 4/22/21, the exhaust fan in the shared bathroom for residents #2 and #5 was inoperable due to missing the knob for the timer switch.

Plan of Correction

Accept

The PTAC unit in room 431 was repaired by our Maintenance Director on April 22, 2021 during the State Inspection.

The exhaust fan knob was repaired by our Maintenance Director on April 22, 2021 during the State Inspection.

See attachments for documentation.

Audit completed by [REDACTED], Maintenance Assistant on June 16, 2021 to ensure all PTAC units and Exhaust Fan Knobs are in good repair. See attachment for documentation.

Moving forward Director of Maintenance / designee will inspect PTAC units and Exhaust Fan Knobs to ensure good repair and free of hazards on a monthly basis. x3 months. See attachment for documentation.

Completion Date: 06/18/2021

95 - Furniture and Equipment *(continued)*

Document Submission

Implemented

See attachments for 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

The home's and the local municipality's emergency preparedness plans were not posted in a public and conspicuous place.

Plan of Correction

Do Not Accept

Overlook Green's Emergency Preparedness Plan was placed next to our most recent violation report next to the entrance of the community. This was corrected during the State Inspection on April 22, 2021. See attachment for documentation.

BOM / Designee will check weekly to ensure Emergency Plan is in the correct location. x12 weeks. See attachment for documentation.

Completion Date: 06/18/2021

Plan of Correction

Accept

Overlook Green's Emergency Preparedness Plan along with the Borough of Whitehall Emergency Operations Plan was placed next to our most recent violation report next to the entrance of the community. This was corrected during the State Inspection on April 22, 2021. See attachment for documentation.

BOM / Designee will check weekly to ensure Emergency Plan is in the correct location. x12 weeks. See attachment for documentation.

Completion Date: 06/18/2021

Document Submission

Implemented

See attachments for documentation

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Repeat Violation

Resident #6 is ordered Olanzapine F/C 2.5mg – 0.5 tablet (1.25mg) by mouth every evening and Olanzapine F/C 2.5mg – 1 tab by mouth every morning. On 4/23/21 at 10:53 a.m., there was a card of medication with a pharmacy label for resident #6 that indicates Olanzapine 2.5mg – take one-half tablet by mouth daily in the evening. This card had "8A" written on it in marker and was located with the resident's other AM medications. Likewise, there was a card with pharmacy label for Olanzapine 2.5mg – take one tablet by mouth daily in the morning. This card has "8P" written on it in marker and was located with the resident's PM medications. Per staff person A the medications are administered by punching out the numbered blister that coincides with the date of the month. The 23rd was punched out of the card marked "8A" indicating that the PM dose had been administered this morning. The card marked 8A has medication punched out of blisters numbered 17 through 23 and the card marked 8P has medications punched out of blisters numbered 16 through 22. The incorrect dose of medication was administered from 4/16/21 at 8:00 p.m. through 4/23/21 at 8:00 a.m.

Repeat violation 1/22/2020, 5/21/2020

Plan of Correction

Accept

Resident #6 physician was notified immediately of the medication error. No new orders were received.

Medication cart audits were completed by May 26, 2021. All medications are marked both AM and PM to ensure that residents are receiving the correct dose of medications. No other problems were noted during the cart audit.

See attachment for documentation

Staff Education was completed by [REDACTED] on May 11th. See attachment for documentation.

Director of Resident Care / Designee will complete weekly MAR to medication audits x12 weeks. See attachment for documentation.

Completion Date: 06/18/2021

Document Submission

Implemented

See attachments for documentation

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Section 2: Medical, Dental, Dietary, and Sensory Needs of resident #1's initial assessment, finalized [REDACTED], was not updated to include the diagnoses of "DM" (diabetes mellitus), glaucoma and muscle spasms as indicated on the resident's documentation of medical evaluation (DME) completed on 11/4/2020.

225a - Assessment 15 Days (continued)**Plan of Correction****Accept**

Resident # 1 RSAP was updated on April 23, 2021 to ensure all diagnosis were included from DME. See attachment for documentation.

Director of Resident Care completed audit of all RASP's on June 17, 2021. See attachment for documentation.

Administrator / Designee will ensure all diagnosis are on RASP as they are completed. Confirmation will be documented on form. We will monitor x12 weeks. See attachment documentation.

Completion Date: 06/18/2021

Document Submission**Implemented**

See attachments for documentation