

Department of Human Services  
Bureau of Human Service Licensing

October 7, 2021

[REDACTED], DIRECTOR OF PERSONAL CARE SERVICES

5300 STANTON AVENUE  
PITTSBURGH, PA 15206

RE: SCHENLEY GARDENS  
3890 BIGELOW BOULEVARD  
PITTSBURGH, PA, 15213  
LICENSE/COC#: 44986

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2021, 08/20/2021 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: *SCHENLEY GARDENS* License #: *44986* License Expiration Date: *11/20/2021*  
 Address: *3890 BIGELOW BOULEVARD, PITTSBURGH, PA 15213*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *4125087807* Email: [REDACTED]

**Legal Entity**

Name: *VINCENTIAN DE MARILLAC*  
 Address: *5300 STANTON AVENUE, PITTSBURGH, PA, 15206*  
 Phone: *4125087807* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *11/08/2000* Issued By: *City of Pittsburgh*  
 Type: *I-2* Date: *11/08/2000* Issued By: *City of Pittsburgh*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *08/20/2021*

**Inspection Dates and Department Representative**

08/19/2021 - On-Site: [REDACTED]  
 08/20/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *164* Residents Served: *49*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *5th Floor* Capacity: *32* Residents Served: *8*

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *16* Have Physical Disability: *0*

## Inspections / Reviews

08/19/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/09/2021*

9/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/15/2021*

9/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/30/2021*

10/5/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/19/21 at 10:25am, the bottom and interior sides of the microwave in the 4th floor common activity room kitchenette were splattered with a sticky, yellow substance.

Plan of Correction

Accept

Microwave was cleaned by the housekeeping supervisor immediately at the time of the inspection. See attached photo. Will check common area kitchenettes for cleanliness three times/week x 1 month and monthly thereafter. Checks will be completed by the Housekeeping supervisor (or designee). See attached copy of audit.

Completion Date: 09/30/2021

Document Submission

Implemented

See attachments.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/19/21 at 10:25am, there was an approximate 1' x 1 1/2' hole in ceiling near the stove and one missing ceiling tile in the 4th floor activity room kitchenette. Rain water was actively dripping from the hole in ceiling, causing an approximate 3" x 2' puddle on the floor.

Plan of Correction

Accept

Facility actively working with construction company to resolve the issue. Construction team came out to begin working on the project 9/1/21. The team will continue the work on repairing the cause of the leak until the issue is resolved. The estimated date of completion is 9/22/21. See attached documentation from the construction company. Maintenance manager (or designee) will complete a monthly environmental audit of occupied rooms and common areas to determine that all spaces are clean, in good repair and free of hazards. (see attached audit). First audit will be completed by 9/17/21.

Completion Date: 09/17/2021

Document Submission

Implemented

Ceiling work completed by construction company. See attached audit.

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

101o - Walls, Floors, Ceilings (continued)

**Description of Violation**

*On 8/19/21, there were approximately 14 dark brown, sticky and hardened spots of an unknown substance on the carpet near resident #2's bed in resident #2's bedroom.*

**Plan of Correction**

**Accept**

*Carpet was scrubbed at the time of the inspection by the housekeeping supervisor. Unable to remove all of the spots on the carpet. Vincentian renovation team will rip up carpet and replace with laminate flooring. Notified renovation team of priority for repair - work set to be completed by September 30, 2021. Audit was completed on all occupied resident rooms to determine if the flooring is clean and in good repair. If carpet is unable to be cleaned or repaired by the housekeeping or maintenance team, Vincentian Renovation team will be notified that replacement is required. See attached audit. Resident room flooring will be audited once/month by the administrator (or designee) for ongoing compliance. Education will be provided to all staff regarding any identified need for housekeeping or maintenance services and how to report. Education will be held on 9/22/21. Documentation of education will be kept.*

**Completion Date:** 09/23/2021

**Document Submission**

**Implemented**

*New flooring install in resident #2 bedroom completed by the Vincentian renovation team 9/24/21. See attached audit. All staff training completed. See attached record of training.*

162e - Menu Changes

**1. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**Description of Violation**

*According to numerous residents and staff members, lunch and dinner menu changes were made on numerous occasions; however, the changes were not posted in a conspicuous and public place in advance of the meals.*

**Plan of Correction**

**Directed**

*Culinary manager will begin ordering food for the entire week on Monday. When completing the order, manager is notified of any foods that are not available. Culinary manager will make any appropriate substitutions needed for the week at that time. Every Monday, Culinary manager will meet with the activities manager to discuss any meal substitutions for the week. Changes to the menu for the week (Tuesday through the following Monday) will be printed and distributed to resident rooms by the activities team. (see attached flyer for residents). Chalkboard was purchased to post outside of the dining room when communal dining resumes (see attached receipt of order). Culinary team will be responsible for updating the chalkboard for every meal when communal dining resumes. Education will be provided to the dietary staff on 9/15/21 regarding updating the chalkboard prior to each meal. Culinary manager will monitor for ongoing compliance (DIRECTED: The Culinary manager shall monitor the home weekly to ensure changes to the menu are posted in a public and conspicuous place in the home prior to the start of the meal. ■ 9/9/21)*

**Completion Date:** 09/16/2021

162e - Menu Changes (continued)

Document Submission

Implemented

See attached documents and record of training.

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 8/19/21 at 10:50am, a bottle containing one [redacted] tablet, belonging to resident #1, was unlocked, unattended and accessible on top of the medication cart in the 3rd floor hallway.

Plan of Correction

Accept

Medication immediately locked in the med cart at the time of the inspection. Mandatory meeting to be held on Friday, September 17, 2021. Meeting will be mandatory for nurses and med techs. (see attached flyer). Regulation 183b will be reviewed at the meeting. Documentation of education will be kept. Education to be provided by the RN Manager of Resident Services. RN Manager (or designee) will complete daily checks (5 days/week) on random med carts x 3 weeks to monitor for compliance and monthly thereafter. (see attached audit)

Completion Date: 09/30/2021

Document Submission

Implemented

She attached audit and record of training.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/20/21, a box of [redacted] prescribed for resident #3 was present in the home's medication cart; however, the medication was discontinued on 1/6/21.

Plan of Correction

Accept

Medication immediately removed from the cart at the time of the inspection. Mandatory meeting to be held on Friday, September 17, 2021. Meeting will be mandatory for nurses and med techs. (see attached flyer). Regulation 183d will be reviewed at the meeting. Documentation of education will be kept. Education to be provided by the RN Manager of Resident Services. RN Manager (or designee) will complete med cart audits to confirm that only current prescription medications and treatments are kept in the carts. Audit will be completed monthly (see attached audit). First audit will be completed by 9/17/21.

Completion Date: 09/17/2021

183d - Prescription Current (*continued*)**Document Submission****Implemented***She attached audit and record of training.*

## 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**

*On 8/20/21, resident #4's glucometer was not calibrated to the current date and time.*

**Plan of Correction****Accept**

*Glucometer for resident #4 was calibrated by LPN on 9/7/21 (see attached photo). All other glucometers in the facility were calibrated to date and time on 9/7/21. Glucometers will be checked monthly for proper date and time by the RN Manager of Resident Services (or designee). See attached audit.*

**Completion Date:** 09/30/2021

**Document Submission****Implemented***See attached audit.*