

Department of Human Services
Bureau of Human Service Licensing

September 1, 2022

[REDACTED]
UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES
500 EAST CHESTNUT AVENUE
ALTOONA, PA, 16601

RE: DOROTHY M. TARTAGLIO HOME
1911 TWELFTH AVENUE
ALTOONA, PA, 16601
LICENSE/COC#: 36031

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2021 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: *DOROTHY M. TARTAGLIO HOME* License #: *36031* License Expiration: *09/11/2021*
Address: *1911 TWELFTH AVENUE, ALTOONA, PA 16601*
County: *BLAIR* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES*
Address: *500 EAST CHESTNUT AVENUE, ALTOONA, PA, 16601*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/27/1996* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/24/2021*

Inspection Dates and Department Representative

08/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13* Residents Served: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/24/2021 - Full

Lead Inspector [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/07/2021*

07/20/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/27/2022*

09/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

The hot water temperature at the sink in the first floor main bathroom measured 124.3 degrees Fahrenheit.

Plan of Correction

Accept

- 1. Plumber was called and adjusted mixing valve to regulate temperature on 8/24/21. (invoice attached).
- 2. Create and implement a check sheet for water temperatures where staff alternates sinks in which they obtain temperatures. Temperatures will be taken daily alternating shifts and sink at which temperature is taken. If temperature exceeds 120 degrees then plumbing services will be called immediately to have the issue corrected. (see attached Procedure 8365.01)
- 3. Administrator will review and re-educate staff on all new procedures November 17, 2021.

Completions Date:

- 1. Mixing Valve- 8/24/21
- 2. Procedure updated- 11/4/21
- 3. Education scheduled- 11/17/21

Completion Date: 08/24/2021

Document Submission

Implemented

- 1. Plumber was called and adjusted mixing valve to regulate temperature on 8/24/21. (invoice attached).
- 2. Create and implement a check sheet for water temperatures where staff alternates sinks in which they obtain temperatures. Temperatures will be taken daily alternating shifts and sink at which temperature is taken. If temperature exceeds 120 degrees then plumbing services will be called immediately to have the issue corrected. (see attached Procedure 8365.01)
- 3. Administrator will review and re-educate staff on all new procedures November 17, 2021.

Completions Date:

- 1. Mixing Valve- 8/24/21
- 2. Procedure updated- 11/4/21
- 3. Education scheduled- 11/17/21

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

The residents of Room [REDACTED] do not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

- 1. New touch style bedside lights purchased and placed in rooms above each bed on 8/25/21. (see attached receipt)
- 2. Create and implement a check sheet for bedside lights. Lights will be checked each month at the same time fire drills occur. (see attached updated Procedure 8374) Interim bed light check attached (this was used prior to revised procedure)
- 3. Administrator will review and re-educate staff on all new procedures November 17th, 2021

Completion Date:

101j7 - Lighting/Operable Lamp (continued)

- 1. Lights purchased and placed in rooms- 8/25/21
- 2. Procedure updated- 11/4/21
- 3. Education scheduled- 11/17/21

Completion Date: 08/25/2021

Document Submission

Implemented

- 1. New touch style bedside lights purchased and placed in rooms above each bed on 8/25/21. (see attached receipt)
- 2. Create and implement a check sheet for bedside lights. Lights will be checked each month at the same time fire drills occur. (see attached updated Procedure 8374) Interim bed light check attached (this was used prior to revised procedure)
- 3. Administrator will review and re-educate staff on all new procedures November 17th, 2021

Completion Date:

- 1. Lights purchased and placed in rooms- 8/25/21
- 2. Procedure updated- 11/4/21
- 3. Education scheduled- 11/17/21

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The fields for temperature, immunization history and body positioning/movement were not completed on the medical evaluation for Resident #1, with an examination date [REDACTED]

Plan of Correction

Accept

- 1. Staff will ensure form is complete when resident returns from medical appointment. If missing information then staff will immediately return to Drs. office for completion. (see attached Procedure 8364.01)
- 2. Administrator will review and re-educate staff on all new procedures November 17, 2021

Completion Date:

- 1. Procedure updated- 11/4/21
- 2. Education scheduled- 11/17/21

Completion Date: 11/17/2021

Document Submission

Implemented

- 1. Staff will ensure form is complete when resident returns from medical appointment. If missing information then staff will immediately return to Drs. office for completion. (see attached Procedure 8364.01)

141a 1-10 Medical Evaluation Information (continued)

2. Administrator will review and re-educate staff on all new procedures November 17, 2021

Completion Date:

- 1. Procedure updated- 11/4/21
- 2. Education scheduled- 11/17/21

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

There is no preadmission screening document for Resident #2 who was admitted to the home [REDACTED]

Plan of Correction

Accept

- 1. Staff will ensure all required documentation is completed prior to admission. Staff will then file all required documentation into resident chart upon admission. (see updated Procedure 8353.01)
- 2. Administrator will review and re-educate staff on all new procedures on November 17,2021

Completion Date:

- 1. Procedure updated- 11/4/21
- 2. Education scheduled- 11/17/21

Completion Date: 11/17/2021

Document Submission

Implemented

- 1. Staff will ensure all required documentation is completed prior to admission. Staff will then file all required documentation into resident chart upon admission. (see updated Procedure 8353.01)
- 2. Administrator will review and re-educate staff on all new procedures on November 17,2021

Completion Date:

- 1. Procedure updated- 11/4/21
- 2. Education scheduled- 11/17/21