

Department of Human Services
Bureau of Human Service Licensing

September 7, 2021

[REDACTED], CHIEF OPERATING OFFICER
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.