

Department of Human Services
Bureau of Human Service Licensing

December 27, 2021

[REDACTED], ADMINISTRATOR

RE: ASBURY PLACE
760 BOWER HILL ROAD
PITTSBURGH, PA, 15243
LICENSE/COC#: 43155

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/08/2021, 11/09/2021, 11/10/2021 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

Facility Information

Name: *ASBURY PLACE* License #: *43155* License Expiration: *12/21/2022*
Address: *760 BOWER HILL ROAD, PITTSBURGH, PA 15243*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/05/1998* Issued By: *Mt Lebanon*
Type: *C-2 LP* Date: *07/15/1997* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *11/10/2021*

Inspection Dates and Department Representative

11/08/2021 - On-Site: [REDACTED]

11/09/2021 - On-Site: [REDACTED]

11/10/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *29*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire facility* Capacity: *42* Residents Served: *29*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *0*

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

11/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/30/2021*

12/27/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/29/2021*

12/27/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's initial assessment, dated [REDACTED], did not indicate diagnoses of [REDACTED] as indicated on the resident's initial medical evaluation dated [REDACTED].

Plan of Correction**Accept**

Diagnoses were added to assessment day of survey 11/8/2021

DRC will have administrative personnel audit all assessments after completion to ensure information is pertinent and accurate to resident care.

Completion Date: 12/23/2021

Document Submission**Implemented**

See attached amended assessment

Completion Date: 12/27/2021