

Department of Human Services  
Bureau of Human Service Licensing

January 21, 2022

[REDACTED]  
LIFESPACE COMMUNITIES INC  
[REDACTED]

RE: FRIENDSHIP VILLAGE OF SOUTH  
HILLS  
1296 BOYCE ROAD  
UPPER SAINT CLAIR, PA, 15241  
LICENSE/COC#: 45077

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/08/2021, 12/09/2021, 12/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

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: *FRIENDSHIP VILLAGE OF SOUTH HILLS* License #: *45077* License Expiration: *11/18/2022*  
Address: *1296 BOYCE ROAD, UPPER SAINT CLAIR, PA 15241*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7249413100* Email: [REDACTED]

**Legal Entity**

Name: *LIFESPACE COMMUNITIES INC*  
Address: [REDACTED]  
Phone: *7249413100* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *10/09/2019* Issued By: *Township of Upper St Clair*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *111* Waking Staff: *83*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *12/13/2021*

**Inspection Dates and Department Representative**

12/08/2021 - On-Site: [REDACTED]  
12/09/2021 - On-Site: [REDACTED]  
12/10/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *102* Residents Served: *79*

**Special Care Unit**

In Home: *Yes* Area: *1st Floor* Capacity: *32* Residents Served: *32*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *32* Have Physical Disability: *0*

Inspection Dates and Department Representative (*continued*)

## Inspections / Reviews

12/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/25/2021*

12/23/2021 - POC Submission

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

12/29/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/12/2022*

01/21/2022 - Document Submission

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

91 Telephone Numbers

1. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 12/8/21, there were no emergency telephone numbers on or by the telephones in the following areas:

- The telephone on the side table in the 1st floor family meeting room
- The telephone on the wall near the window in the 2nd floor fitness room
- The telephone on the wall near the entrance to the 2nd floor multipurpose room

Plan of Correction

Accept

Emergency numbers were immediately placed at the telephone in the family meeting room, 2nd floor fitness center, and 2nd floor multipurpose room on 12/8/21. Audit completed on 12/8/21 to ensure that all telephones had emergency numbers (see attached). Administrative Assistant to complete monthly audit on all phones throughout facility using facility extension list to ensure tags are in place.

Document Submission

Implemented

141a Medical evaluation

1. Requirements

2800.

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.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident’s day-to-day assisted living service needs.

Description of Violation

Resident #1 was admitted to the residence on [REDACTED]/21; however, the resident's medical evaluation indicates the resident was evaluated by the physician on [REDACTED]/20, which exceeds 60 days prior to admission.

Plan of Correction

Directed

Re-training completed 12/22/21 with Community Outreach Coordinator (Admissions) and Nurse Care Coordinator

**141a Medical evaluation (continued)**

(see attached). All resident to have medical evaluation within 60 days prior to admission. Administrator or Nurse Care Coordinator to audit all ADMEs prior to admissions to ensure compliance.

*DIRECTED: Within 14 calendar days of receipt of the plan of correction: A new medical evaluation shall be completed for resident #1. A copy of the completed medical evaluation shall be kept in resident #1's record. LM 12/29/21*

*DIRECTED: Within 14 calendar days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, at least 60 days prior to admission or within 30 days after admission. A copy of each resident's completed medical evaluation shall be kept in each resident's record. LM 12/29/21*

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a medical evaluation is completed in its entirety for each newly-admitted resident, at least 60 days prior to admission or within 30 days after admission. A copy of the completed checklist, as well as the completed medical evaluation, shall be kept in each resident's record. All staff persons involved in the admission process shall be educated on the new checklist. Documentation of the staff education shall be kept. LM 12/29/21*

**Document Submission**

**Implemented**

*Resident #1 was evaluated by [REDACTED] PCP on [REDACTED]/21. Facility obtained new ADME on [REDACTED]/21 (see attached). ASP was updated to reflect changes  
ADME audit completed on 1/11/22 (see attached).  
Admission checklist updated to include sign off for evaluation date (see attached)*

**185a Storage procedures**

**1. Requirements**

2800.

185.a. The residence 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**

*Resident #2's glucometer indicates a blood glucose reading of 155 on 12/9/21 at 7:30 am; however, resident #2's December 2021 medication administration record (MAR) indicates a blood glucose reading of 158.*

*Resident #2's glucometer indicates a blood glucose reading of 153 on 12/4/21 at 7:21am; however, resident #2's December 2021 MAR indicates a blood glucose reading of 152.*

**Plan of Correction**

**Accept**

*Glucometer re-training completed with all nurses on 12/20/21 (see attached). Audit completed to ensure compliance on 12/9/21. Audits of glucometer and MAR to be completed nightly by 11-7a nurse and reviewed by nurse care coordinator for 90 days. After 90 days, if compliance met, monthly audits to be completed by Nurse Care Coordinator to ensure ongoing compliance.*

185a Storage procedures (continued)

Document Submission

Implemented

227d Support plan – med/dental

1. Requirements

2800.

227.d. Each residence shall document in the resident’s final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident #3 uses a bed enabler for turning/positioning in bed; however, the use of the bed enabler is not indicated on the resident's most recent support plan, dated 5/20/21.

Plan of Correction

Directed

Resident #3's ASP was immediately updated on 12/8/21 (see attached). All ASPs were audited on 12/16/21 to ensure all residents with bed enablers were including in the resident's care plan (see attached). ASP are completed by Nurse Care Coordinator. Nurse Care Coordinator to ensure that all devices for body positioning are included in the residents ASP.

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure resident assessment and support plans are immediately updated as resident care needs change. Documentation of the new system shall be kept. All staff persons involved in the development of assessments and support plans shall be educated on the new system. Documentation of the education shall be kept. LM 12/29/21

Document Submission

Implemented

Nursing re-trained on addendums and ASPs management. Nursing to complete addendums as changes, orders, etc. occur (see attached training)

231c1 Preadmit screening

1. Requirements

2800.

231.c.1. Special care unit for residents with Alzheimer’s disease or dementia.

- i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident #4 was admitted to the Special Care Unit (SCU) on [redacted]/21; however, the resident’s written cognitive preadmission screening is undated, so it is unable to be determined if the written cognitive preadmission screening was completed within 72 hours prior to admission to the SCU.

Resident #5 was admitted to the SCU on [redacted]/20; however, the resident’s written cognitive preadmission screening is

**231c1 Preadmit screening (continued)**

undated, so it is unable to be determined if the written cognitive preadmission screening was completed within 72 hours prior to admission to the SCU.

**Plan of Correction****Directed**

Audit completed on 12/20/21 by Memory Care Coordinator to ensure that all cognitive screens were dated (see attached). Re-education on cognitive screens completed with admissions and Memory Care Coordinator on 12/20/21 (see attached).

Admissions to review all cognitive screens with Memory Care Coordinator to ensure compliance.

**DIRECTED:** Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a written cognitive preadmission screening is completed in its entirety within 72 hours prior to admission for each newly-admitted resident who is admitted to the home's special care unit. A copy of the completed checklist, as well as the completed cognitive preadmission screening, shall be kept in each resident's record. All staff persons involved in the admission process shall be educated on the new checklist. Documentation of the staff education shall be kept. LM 12/29/21

**Document Submission****Implemented**