

Department of Human Services
Bureau of Human Service Licensing

March 1, 2022

[REDACTED]
MERCY LIFE CENTER CORPORATION
[REDACTED]

RE: GARDEN VIEW MANOR
441 SWISSVALE AVENUE
PITTSBURGH, PA, 15221
LICENSE/COG#: 44069

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/12/2022 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: *GARDEN VIEW MANOR* License #: *44069* License Expiration: *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: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/12/2022*

Inspection Dates and Department Representative

01/12/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* Residents Served: *54*

Secured Dementia Care Unit

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

Hospice

Current Residents: *54*

Number of Residents Who:

Receive Supplemental Security Income: *54* Are 60 Years of Age or Older: *30*
Diagnosed with Mental Illness: *54* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

01/12/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/04/2022*

Inspections / Reviews *(continued)*

02/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/04/2022*

03/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home has been using a facility owned by the same legal entity and licensed by the Office of Developmental Programs (ODP) to cohort residents due to COVID-19 pandemic. The following residents were relocated to the ODP facility on the following dates; however, these incidents were not reported to the Department until 1/12/22:

- Resident #3 was relocated on [REDACTED]
- Resident #4 was relocated on [REDACTED]
- Residents #3, #5, #6 and #7 were relocated on [REDACTED]

Plan of Correction

Accept

The Administrator/Supervisor/Team Lead will ensure that a staff, team lead, or supervisor completes an incident report of relocation of resident(s) due to being COVID 19 positive within 24 hours. In addition, a report will be completed when resident is relocated back to Personal Care Home. All staff will be educated /reminded to follow this protocol. Incident report training update to be completed by all staff by 3/4/22. Attachment will be shared to emphasize all reportable incidents.

Document Submission

Implemented

Document with signatures attached.

42u - Right to Remain in Home

1. Requirements

2600.

42.u. A resident has the right to remain in the home, as long as it is operating with a license, except as specified in § 2600.228 (relating to notification of termination).

Description of Violation

The home has been using a facility owned by the same legal entity and licensed by ODP to cohort residents due to the COVID-19 pandemic. The following residents were relocated the ODP facility on the following dates:

- Resident #1 was relocated on [REDACTED]
- Resident #2 was relocated on [REDACTED]
- Resident #3 was relocated on [REDACTED]
- Resident #4 was relocated on [REDACTED]
- Residents #3, #5, #6 and #7 were relocated on [REDACTED]

42u - Right to Remain in Home (continued)

According to the incident report submitted by the home on 12/29/21 at approximately 10:41 am, resident #5 attempted to enter the licensed personal care home to retrieve [REDACTED] check and several of [REDACTED] belongings; however, was denied entry. Resident #5 indicated that [REDACTED] did not want to be at the ODP facility and wanted to return to the licensed personal care home.

On [REDACTED], resident #8 was relocated to a facility owned by the same legal entity and licensed by the Office of Mental Health and Substance Abuse Services (OMHSAS) for 7 days due to the COVID-19 pandemic.

Plan of Correction**Accept**

Administrator/Supervisor will ensure that a resident is in agreement with the homes relocation plan for COVID 19 positive. If the resident is not in agreement with relocating, the PCH will implement a plan to quarantine the resident in place at the PCH. The homes specific relocation plan was approved by [REDACTED] on 1/14/22. See the attached policy. Supervisor/ Administrator to speak with all staff and residents and educate them on the policy/plan by 2/28/22.

Document Submission**Implemented**

Attached document with resident signatures and staff signatures.