

Department of Human Services  
Bureau of Human Service Licensing

February 15, 2022

[REDACTED]

ABODE CARE OF MONROEVILLE LLC  
2560 STROSCHEIN ROAD  
MONROEVILLE, PA, 15146

RE: ABODE CARE OF MONROEVILLE  
2560 STROSCHEIN ROAD  
MONROEVILLE, PA, 15146  
LICENSE/COC#: 45119

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

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: *ABODE CARE OF MONROEVILLE* License #: *45119* License Expiration: *08/13/2022*  
Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *412-856-1588* Email: [REDACTED]

**Legal Entity**

Name: *ABODE CARE OF MONROEVILLE LLC*  
Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA, 15146*  
Phone: *3479571340* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *06/04/2012* Issued By: *Municipality of Monroeville*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *01/14/2022*

**Inspection Dates and Department Representative**

01/14/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *66* Residents Served: *25*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *12* Have Physical Disability: *1*

**Inspections / Reviews**

01/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/03/2022*

Inspections / Reviews (*continued*)

02/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *02/08/2022*

02/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

*On 1/8/22, at approximately 8:30 a.m. – 9:00 a.m., resident #1 alleged direct care staff person A hit/poked resident #1 in the eye. Direct care staff person B was present during the incident. The home indicated they did not report the allegation of abuse to the local Area Agency on Aging.*

## Plan of Correction

Accept

*1. Incident report was sent to AAA on 1/11/2022 Please see attachment #1. Administrator was re-educated on 1/11/2022 by DHS that both incident reports must be sent within 24 hours of incident.*

*2. Administrator is responsible to sent all proper documentation to authorities within 24 hours of incident. Binder system still in use to continue storing all state reportable incidents. documentation on residents and employee's will continue to be enforced on tabula pro.*

*3. Staff meetings and resident council are still in place monthly and as needed to continue education on staff and resident on rights and responsibilities. Staff meeting and resident council were conducted on 1/27/2022. Please see attachment #2 and #2A*

## Document Submission

Implemented

*Please see attachment*

## 15b - Supervisor Plan

## 1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

## Description of Violation

*On 1/8/22, at approximately 8:30 a.m. – 9:00 a.m., resident #1 alleged direct care staff person A hit/poked resident #1 in the eye. Direct care staff person B was present during the incident. Direct care staff person A was put on a plan of supervision on 1/10/22; however, direct care staff person A worked unsupervised on 1/8/22 and 1/9/22, between the hours of 7:00 a.m. to 3:00 p.m.*

## Plan of Correction

Accept

*1. Staff person A was immediately told on date of incident from Administrator to refrain from contact with resident #1. There were two other staff members present in the home at time of incident to care for resident #1 needs. Reportable was sent with schedule and plan of supervision on 1/10/2022. Please see attachment #3.*

*2. Administrator was re-educated on regulation 15b. Policy in place for Administrator and department supervisor to immediately decide on a suitable plan for staff members until DHS conducts their investigation to protect all parties involved. Administrator will send all state mandated documents within 24 hours of incident.*

*3. Staff meetings and resident council are still in place monthly and as needed to continue education on staff and residents on rights and responsibilities. Staff meeting and resident council were conducted on 1/26/2022. Please*

**15b - Supervisor Plan (continued)**

see attachment #2 and #2A

**Document Submission****Implemented**

see attachment under violation #1

**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**

On 1/8/22, at approximately 8:30 a.m. – 9:00 a.m., resident #1 alleged direct care staff person A hit/poked resident #1 in the eye. Direct care staff person B was present during the incident. The home did not report the incident to the Department until 1/10/22

**Plan of Correction****Accept**

1. Administrator re-educated shift supervisors on the importance of reporting to DHS and time frame of 24 hours. Administrator sent reportable on 1/10/2022.

2. Administrator will continue to be first in command with all incidents relating to mandatory reporting. Administrator will follow up with supervisors to ensure dates and times are within limits, all documentation is accurate and sent to DHS within 24 hours. Administrator conducted a meeting with supervisors on 1/17/2022 to review regulations and how to properly complete a state reportable.

3. Administrator will continue to monitor all departments daily to clarify systems are working and assess policies monthly.

**Document Submission****Implemented**

see attachment under violation #1

**42e - Telephone Access****1. Requirements**

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

**Description of Violation**

On 1/14/22, interviews indicated due to a recent outbreak of COVID-19 among staff beginning 1/2/22, all the residents in the home were quarantined in their rooms or on "lockdown" from 1/4/22 to 1/11/22 for COVID testing. The home was servicing 25 residents. The house phones identified for the resident use are at front desk, Marketing desk and wall phones in resident hallways; however, permission is needed to use phones. There are no cordless phones for resident use. Interviews indicated while in quarantine, residents are required to remain in rooms and denied access to the house phone to make or receive phone calls. Interviews indicated that "special circumstances" apply where staff will take their

42e - Telephone Access (continued)

personal cell phones to the resident's room to call or facetime family; however, these "special circumstances" are not afforded to all residents.

**Plan of Correction**

**Accept**

1. Abode Care of Monroeville just recently switched phone companies on 1/7/2022 and had cordless phones ordered to replace the existing ones. Cordless phones are here for resident use. Please see attachment #4

2. Residents now have the opportunity to have their own phone and phone number in their rooms if they choose to do so with access for families to call in and residents to call out. Residents also have the opportunity to use company purchased cordless phones for their convenience.

3. Administrator and Maintenance director will continue to complete monthly resident room checklist and facility checklist and clarify all phones are operative. Please see attachment #5 and #5A

**Document Submission**

**Implemented**

see attachment under violation #1

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**

Resident #1's medical evaluation, dated [REDACTED], did not indicate any information in section #4 (Special Health or Dietary Needs). The section was blank

**Plan of Correction**

**Accept**

1. Resident #1's DME was immediately corrected during inspection on 1/14/2022 please see attachment #6

2. Policy in place for Administrator and DRC to review all new admission documentation prior to filing in resident chart. All documentation for each resident will be reviewed monthly by DRC

3. Administrator will follow up with DRC monthly to ensure review's are being conducted and all resident paperwork are completed.

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #1 was not administered the following prescribed medications at the prescribed times on 1/12/22 to include:*

*\* At 2:00 p.m. Haloperidol 1mg table take ½ tablet (0.5mg) daily at 2:00 p.m.*

*\* At 3:00 p.m., Lorazepam 1mg tablet, take one tablet daily (3:00 p.m.).*

**Plan of Correction****Accept**

*1. Reportable was sent during inspection. Please see attachment #7*

*2. Staff meeting held on 1/27/2022. All medication techs were re educated to notify both MD and DHS when a resident misses a medication. Continue to document in resident chart*

*3. Medication techs are to continue to notify DRC and Administrator if a resident misses a medication. Medication tech responsible to notify MD. DRC, Shift supervisor responsible to complete reportable. Administrator to follow up clarifying completion of all steps.*

**Document Submission****Implemented**

*see attachment under violation #1*

## 202 - Prohibitions

## 1. Requirements

2600.  
202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

**Description of Violation**

*On 1/14/22, interviews indicated due to a recent outbreak of COVID-19 among staff beginning 1/2/22, all the residents, to include resident #1, were quarantined in their rooms from 1/4/22 to 1/11/22 for testing. During that time, resident #1, diagnosed with schizoaffective disorder, bipolar type was having difficulty complying with the quarantine protocol, requiring constant redirection to remain in bedroom.*

*The investigation found, staff often closed resident #1's bedroom door to prevent the resident from exiting of room.*

*Interviews indicated on 1/11/22, at approximately 11:00 a.m., resident #1 had just been redirected back [REDACTED] bedroom and direct care staff person B went to close resident #1's door to prevent the resident from exiting; however, resident #1 while in room, put left hand on door frame and right hand on the door to prevent direct care staff person B from closing the door. Resident #1 let go of the door and it flew back towards the resident, causing the resident to lose balance, walking backwards into the wall and fall to the floor. Direct care staff person B and C, left resident #1 unattended on the floor, to go get staff person D. Resident #1 was assessed by staff person D, reporting no injuries.*

**Plan of Correction****Accept**

*1. Resident #1's door remains opened until [REDACTED] physically closes it*

**202 - Prohibitions (continued)**

2. Staff meeting held on 1/27/2022 to re educate staff on resident rights and quarantine protocols. Resident council meeting held on 1/28/2022 residents were educated on quarantine protocols and safety concerns.

3. Administrator will continue to conduct monthly staff meetings and resident council to educate both staff and residents

**Document Submission****Implemented**

see attachment under violation #1

**225a - Assessment 15 Days****1. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident #1's initial assessment, dated [REDACTED] does not include a name or contact number for the mental services provided by WPIC Care team or the prescribing psychiatrist in the Formal supports.

**Plan of Correction****Accept**

1. Resident #1 assessment plan was updated during inspection. Please see attachment #8

2. DRC and ADRC were re educated on 1/14/2022 on how to enter contact persons in tabula pro to ensure contact information is generated on resident RASP

3. Administrator and DRC will check all new admission paperwork to confirm everything is completed before filing in resident chart. DRC will review all resident paperwork quarterly and update chart with completion date

**Document Submission****Implemented**

see attachment under violation #1

**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**

The assessment, dated [REDACTED] for resident #1 indicates the resident has moderate supervision needs. Documentation and interviews indicate the resident requires more supervision in the home due to extensive mental health needs. During an inspection of the home on 1/14/22, interviews indicate the resident is exhibiting more frequent and longer behavioral outbursts. The resident is walking into other resident rooms disturbing and scaring the residents, entering resident rooms while staff are providing incontinence care and needing verbal cueing/redirection to exit the room and now two staff are required when providing care to resident #1 because of frequent abuse allegations being made by resident, chasing after staff and becoming aggressive towards staff, scratching.

**Plan of Correction****Accept**

1. assessment has been updated to reflect resident #1's needs. Please see attachment #9

**225c - Additional Assessment (continued)**

- 2. Monthly care meetings in place for Administrator and DRC to review all resident's current care plans, any new updates and resident goals for the upcoming month. documentation to be completed in resident charts.
  
- 3. Administrator will continue to monitor documentation on resident file audits to guarantee system in place is effective

**Document Submission**

**Implemented**

see attachment under violation #1

**17 - Record Confidentiality**

**1. Requirements**

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**Description of Violation**

On 1/14/22 at approximately 4:25 p.m., the Med Tech Communication Log and the Resident ADL binder containing current resident information, to include resident #1, #2, #3 and #4, was unattended, unsecured and accessible on the table in the sitting room between hallways B and C.

REPEAT VIOLATION 7/16/2021

**Plan of Correction**

**Accept**

- 1. ADL book was locked away during inspection
  
- 2. ADL book is now on a chain located in the wellness room to eliminate the removal of book to an open space.
  
- 3. Administrator will check ADL book daily during routine rounds to clarify it's still secured to chain and present in the wellness room

**Document Submission**

**Implemented**

see attachment under violation #1