

Department of Human Services
Bureau of Human Service Licensing

May 20, 2022

[REDACTED]
MT. ASSISI PLACE LLC
[REDACTED]

RE: MT. ASSISI PLACE
934 FOREST AVENUE
BELLEVUE, PA, 15202
LICENSE/COC#: 45020

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

May 12, 2022

[REDACTED]
MT. ASSISI PLACE LLC
[REDACTED]

RE: MT. ASSISI PLACE
934 FOREST AVENUE
BELLEVUE, PA, 15202
LICENSE/COC#: 45020

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/28/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

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: *MT. ASSISI PLACE* License #: *45020* License Expiration: *02/08/2023*
Address: *934 FOREST AVENUE, BELLEVUE, PA 15202*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4127611999* Email: [REDACTED]

Legal Entity

Name: *MT. ASSISI PLACE LLC*
Address: *100 LEGACY DRIVE, SEWICKLEY, PA, 15143*
Phone: *4127611999* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/19/2000* Issued By: *Labor & 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: *03/16/2022*

Inspection Dates and Department Representative

02/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81* Residents Served: *42*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *42*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *1*

Inspections / Reviews

02/28/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2022*

05/12/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/17/2022*

05/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 has diagnoses of glaucoma, macular degeneration and needs assistance with bathing and dressing.

On or about 2/10/22, staff person A, asked resident #1 to sign a paper purportedly indicating [redacted] was a good aide and provided good care. Resident #1 said [redacted] could not see clearly and would not sign the paper. Staff person A continued to tell the resident [redacted] had to sign it. Resident #1 was afraid of staff person A so [redacted] eventually signed the paper.

On 2/21/22, the home became aware of the allegation of abuse and suspended staff person A. Later that day, staff person B went to resident #1 to angrily ask why the resident "told on" staff person A. Staff person B said the resident was faking [redacted] disability and [redacted] needed to be in a nursing home. Resident #1 was frightened and upset.

Resident #1 was crying and had trouble sleeping after these incidents due to [redacted] fear of staff persons A and B.

Plan of Correction

Accept

Staff member A and B are [redacted]. A was hired in [redacted]. [redacted] worked for 6 days, reported that [redacted] injured [redacted] back and was released to return to work on January 20th, 2022. [redacted] did not return to work until February 6, 2022. [redacted] worked for 7 days and was suspended on 2/21/22. [redacted] was terminated on 2/23/22.

Staff member B was hired in [redacted]. [redacted] was suspended on 2/22 and terminated on 2/24/22.

Staff member A and B completed new hire orientation training, including resident rights. Both staff members had prior experience working with the elderly.

The incident was reported as soon as the facility was made aware. AAA came to the home and completed an investigation on 2/24/22. DHS also completed an investigation in the home.

The resident's responsible family member was notified by the administrator. The resident's physician was notified by the administrator. The resident was monitored for any s/s of distress. The resident did not and has not reported any lasting s/s of distress related to the incident.

All staff are required to complete a yearly training on Resident Rights. The staff completed "Resident Rights and Older Adult Protective Services Act" training February 2022.

As a result of this citation, all staff will complete "Resident Rights-Life, Care and Choices" training will be completed by Monday May 16, 2022. Training will be provided by administrator/director of resident care/business office manager.

The administrator and or the director of resident care will increase daily rounds beginning May 5, 2022.

Completion Date: 05/16/2022

Document Submission

Implemented

Attached are copies of the termination letters and the sign in sheets for the abuse training.