

Department of Human Services  
Bureau of Human Service Licensing

June 1, 2022

[REDACTED]  
GRAND RESIDENCE OF UPPER ST CLAIR INC  
45 MCMURRAY ROAD  
UPPER ST. CLAIR, PA, 15241

RE: THE GRAND RESIDENCE AT UPPER  
ST. CLAIR  
45 MCMURRAY ROAD  
UPPER ST. CLAIR, PA, 15241  
LICENSE/COC#: 43232

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/31/2022 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: *THE GRAND RESIDENCE AT UPPER ST. CLAIR* License #: 43232 License Expiration: 11/16/2022  
Address: 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA 15241  
County: ALLEGHENY Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: 4128332500 Email: [REDACTED]

**Legal Entity**

Name: *GRAND RESIDENCE OF UPPER ST CLAIR INC*  
Address: 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA, 15241  
Phone: 4128332500 Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 07/30/1999 Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: 04/25/2022

**Inspection Dates and Department Representative**

03/31/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 85 Residents Served: 64

**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: 61  
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 24 Have Physical Disability: 0

## Inspections / Reviews

03/31/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/06/2022*

05/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/01/2022*

06/01/2022 - 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**

On [REDACTED] at approximately 11:15 p.m., resident #1 left the home unaccompanied out a stairwell exit door to the front parking lot of the home. Resident #1 continued walking off the grounds of the home and was found by local police on McMurray Road near the high school, which was approximately 0.5 miles away from the home. Resident #1 was found by police with multiple injuries and abrasions, and was bleeding. The police transported resident #1 to the hospital where resident #1 was admitted for multiple injuries, to include acute nondisplaced fracture of the right frontal process of maxilla and right nasal bone.

Resident #1 was admitted to the home on [REDACTED]. According to the resident's resident-home contract, dated [REDACTED], resident #1 required the use of a wanderguard. When the resident was found by police, the wanderguard was present on resident #1 left ankle; however, according to multiple staff interviews, the door alarm at the exit door resident #1 exited from on the evening of [REDACTED] did not sound.

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

All exit doors were checked by the Med Tech and staff on duty [REDACTED] after being notified that Resident#1 had left the building.

All residents using the wander guard were checked by the Med Tech and staff on duty on [REDACTED] after being notified that Resident #1 had left the building.

On 3/28/22 the exit doors and wander guard system were checked by the Executive Director.

The wander guard protocol that was posted in the Wellness Office was reviewed with nurses and med techs during the week of 3/38/22 by the Executive Director.

All current staff will be educated regarding the wander guard protocols and usage by the Executive Director or designee by 5/20/22. (DIRECTED: Documentation of the education shall be kept. LM 5/16/22).

All new staff will be educated by the Assistant Administrator or their designee regarding the wander guard protocols and usage during their initial orientation process. (DIRECTED: Documentation of the education shall be kept. LM 5/16/22)

The wander guard chip on residents using the wander guard system will be checked and documented daily on each resident's MAR by the Nurse or Med Tech on duty. Documenting the check on the MAR began on 4/4/22.

When a wander guard chip is placed on a resident, the chip will be tested and documented on the Chip log by the Assistant Administrator or their designee. Documenting the test on the Chip Log will begin on 5/5/22.

**42b - Abuse (continued)**

The wander guard system will be checked and documented daily on the wander guard system log by the Maintenance Director or their designee. The documentation on the log began on 5/5/22. The log will be audited weekly by the Executive Director or their designee.

Signs on stairwell exit doors A and C will be posted by 5/5/22 asking visitors and residents to not prop open those doors, as it is a safety violation, and it will prevent the wander guard system from working properly.

Resident #1 was sent to the hospital on [REDACTED] and did not return to the facility. LM 5/16/22

**Completion Date:** 05/20/2022

**Document Submission**

**Implemented**

**81a - Accommodation****1. Requirements**

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

**Description of Violation**

On [REDACTED] at approximately 11:15 p.m., resident #1 left the home unaccompanied out a stairwell exit door to the front parking lot of the home. Resident #1 continued walking off the grounds of the home and was found by local police on McMurray Road near the high school, which was approximately 0.5 miles away from the home. Resident #1 was found by police with multiple injuries and abrasions, and was bleeding. The police transported resident #1 to the hospital where resident #1 was admitted for multiple injuries, to include acute nondisplaced fracture of the right frontal process of maxilla and right nasal bone.

Resident #1 was admitted to the home on [REDACTED]. According to the resident's resident-home contract, dated [REDACTED], resident #1 required the use of a wanderguard. When the resident was found by police, the wanderguard was present on resident #1 left ankle; however, according to multiple staff interviews, the door alarm at the exit door resident #1 exited from on the evening [REDACTED] did not sound.

**Plan of Correction**

**Directed**

All exit doors were checked by the Med Tech and staff on duty [REDACTED] after being notified that Resident#1 had left the building.

All residents using the wander guard were checked by the Med Tech and staff on duty on [REDACTED] after being notified that Resident #1 had left the building.

On 3/28/22 the exit doors and wander guard system were checked by the Executive Director.

The wander guard protocol that was posted in the Wellness Office was reviewed with nurses and med techs during

**81a - Accomodation (continued)**

*the week of 3/38/22 by the Executive Director.*

*All current staff will be educated regarding the wander guard protocols and usage by the Executive Director or designee by 5/20/22.(DIRECTED: Documentation of the education shall be kept. LM 5/16/22).*

*All new staff will be educated by the Assistant Administrator or their designee regarding the wander guard protocols and usage during their initial orientation process. (DIRECTED: Documentation of the education shall be kept. LM 5/16/22).*

*The wander guard chip on residents using the wander guard system will be checked and documented daily on each resident's MAR by the Nurse or Med Tech on duty. Documenting the check on the MAR began on 4/4/22*

*When a wander guard chip is placed on a resident, the chip will be tested and documented on the Chip log by the Assistant Administrator or their designee. Documenting the test on the Chip log will begin on 5/5/22.*

*The wander guard system will be checked and documented daily on the wander guard system log by the Maintenance Director or their designee. The documentation on the log began on 5/5/22. The log will be audited weekly by the Executive Director or their designee.*

*Signs on stairwell exit doors A and C will be posted by 5/5/22 asking visitors and residents to not prop open those doors, as it is a safety violation, and it will prevent the wander guard system from working properly.*

*Resident #1 was sent to the hospital on 3/27/22 and did not return to the facility. LM 5/16/22*

## 81a - Accomodation (continued)

Completion Date: 05/20/2022

Document Submission

Implemented

## 227d - Support Plan Medical/Dental

## 1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the 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 home to pay for the cost of these medical and behavioral care services.

## Description of Violation

On 3/15/22 at approximately 5:45 a.m., resident #2 fell forward out of [REDACTED] wheelchair while being pushed by a direct care staff person and sustained multiple injuries, to include a nasal fracture. Resident #2's most assessment, dated [REDACTED] indicates the resident requires total physical assistance with ambulating and resident #2's most recent support plan, dated [REDACTED], indicates the resident requires staff assistance to propel wheelchair. According to multiple staff interviews, resident #2 requires the use of bilateral leg rests on the wheelchair for ambulation; however, this is not indicated in the resident's most recent support plan, dated [REDACTED].

## Plan of Correction

Accept

On 3/18/22 Resident #2's most recent support plan dated [REDACTED] was updated with an Assessment and Support Plan Updates and Changes form. The update states that staff is to ensure leg rests are attached at all times, and to help place the feet on footrests. Staff is to provide reminders to Resident #2 to keep the feet on footrests.

On [REDACTED] Resident #2 was admitted to hospice services and on 4/20/22 received a broda wheelchair. On [REDACTED] a new RASP was completed for Resident #2, and it indicated the changes in the medical, dental, vision, hearing, mental health or other behavioral care services determined necessary.

An audit will be completed by 6/1/22 by the Assistant Administrator or their designee to check all residents' support plans to ensure the medical, dental, vision, hearing, mental health or other behavioral care services or referrals to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services are documented therein.

The wellness nurses, med techs and PA supervisor will be educated by the Executive Director or their designee to notify the Assistant Administrator or their designee of any changes in a resident's medical, dental, vision, hearing, mental health or other behavioral care services so that it can be documented in the resident's support plan. This will be completed by 5/13/22.

All new admissions' resident support plans will be audited monthly by the Executive Director or their designee to ensure the medical, dental, vision, hearing, mental health or other behavioral care services or referrals to outside

**227d - Support Plan Medical/Dental (continued)**

*services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services are documented therein.*

*Monthly, the Executive Director or their designee will audit twenty resident support plans to ensure the medical, dental, vision, hearing, mental health or other behavioral care services or referrals to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services are documented therein.*

**Completion Date:** 06/01/2022

**Document Submission**

***Implemented***