

Department of Human Services
Bureau of Human Service Licensing

June 1, 2022

[REDACTED], PRESIDENT/COO
[REDACTED]
[REDACTED]
[REDACTED]

RE: OVERLOOK GREEN
5250 MEADOWGREEN DRIVE
PITTSBURGH, PA, 15236
LICENSE/COC#: 45057

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/19/2022, 04/20/2022, 04/21/2022 of the above facility, we have determined that your submitted plan of correction is not fully implemented.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

June 1, 2022

[REDACTED], PRESIDENT/COO
[REDACTED]
[REDACTED]
[REDACTED]

RE: OVERLOOK GREEN
5250 MEADOWGREEN DRIVE
PITTSBURGH, PA, 15236
LICENSE/COC#: 45057

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/19/2022, 04/20/2022, 04/21/2022 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,
[REDACTED]

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: *OVERLOOK GREEN* License #: *45057* License Expiration: *07/01/2023*
Address: *5250 MEADOWGREEN DRIVE, PITTSBURGH, PA 15236*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4128818300* Email: *dstetzer@5ssl.com*

Legal Entity

Name: *SNH PENN TENANT LLC*
Address: *255 WASHINGTON STREET, SUITE 300, TWO NEWTON PLACE, NEWTON, MA, 2458*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/23/1994* Issued By: *Labor & Industry*
Type: *I-2* Date: *03/14/2018* Issued By: *Borough of Whitehall*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/21/2022*

Inspection Dates and Department Representative

04/19/2022 - On-Site: [REDACTED]
04/20/2022 - On-Site: [REDACTED]
04/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *128* Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *23* Residents Served: *15*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *0*

Inspections / Reviews

04/19/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/22/2022*

05/31/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/02/2022*

06/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/19/22, at approximately 10:52 a.m., the current licensing inspection summary, dated 4/22/21, was not posted in a conspicuous and public place in the personal care home.

Plan of Correction

Accept

1. Immediately corrected with last two surveys per request of [REDACTED] on 4/22/22.
2. In review of the book at the front desk labeled Plan of Correction/Regulatory Compliance Guide last year's violation report was noted in the front of the RCG.
2. The last two year's of violation reports were added to the book from 2020 and 2021.
3. The Maintenance Director attached a chain to the book to ensure it's placement in the community. (see photo).
4. The Executive Director/Designee will check the book Bi-weekly for three months to ensure placement.

Completion Date: 04/22/2022

Document Submission

Implemented

1. Immediately corrected with last two surveys per request of [REDACTED] on 4/22/22.
2. In review of the book at the front desk labeled Plan of Correction/Regulatory Compliance Guide last year's violation report was noted in the front of the RCG.
2. The last two year's of violation reports were added to the book from 2020 and 2021.
3. The Maintenance Director attached a chain to the book to ensure it's placement in the community. (see photo).
4. The Executive Director/Designee will check the book Bi-weekly for three months to ensure placement. (Photo was previously submitted)

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 4/21/22, at 11:56 a.m., the shared resident bedroom door is not equipped with a lock. In addition, the bathroom door is not equipped with a locking device, preventing privacy to the residents.

Plan of Correction

Accept

1. A complete audit of all door knobs was done the week of 4/11/22. (See attachment).
2. The Maintenance Director/Designee will order new locks for all doors that are unable to lock.
3. The Maintenance Director/Designee will complete all door knobs that need changed by 6/1/22.
4. The Maintenance Director/Designee will audit all occupied room door knobs bi-weekly for three months to ensure operational compliance.

Completion Date: 04/11/2022

Document Submission

Implemented

1. A complete audit of all door knobs was done the week of 4/11/22. (See attachment).
2. The Maintenance Director/Designee will order new locks for all doors that are unable to lock.
3. The Maintenance Director/Designee will complete all door knobs that need changed by 6/1/22.

42s - Privacy (continued)

- 4. *The Maintenance Director/Designee will audit all occupied room door knobs bi-weekly for three months to ensure operational compliance.
(Document previously submitted)*

85a - Sanitary Conditions

1. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/20/22, at approximately 12:05 p.m., shared resident bathroom, in room 220 did not have paper towels, a mechanical air dryer or other sanitary method of hand-drying.

On 4/20/22, at approximately 12:10 p.m., the bathroom in resident room 224b did not have paper towels, a mechanical air dryer or other sanitary method of hand-drying.

Plan of Correction

Accept

- 1. *A paper towel dispenser was immediately installed on 4/21/22.*
- 2. *A complete audit was done of all rooms the week of 4/9/22.*
- 3. *Paper towel dispensers were placed in three additional rooms.*
- 4. *The Maintenance Director educated his staff to check towel dispensers as part of their daily routine that was added to their assignment sheets. (See attachment).*
- 5. *The Maintenance Director/Designee will make an audit of all dispensers bi-weekly for three months. (see attachment).*
- 5. *The Maintenance Director/Designee will audit paper towel dispensers bi-weekly for three months. (see attachment).*

Completion Date: 04/21/2022

Document Submission

Implemented

- 1. *A paper towel dispenser was immediately installed on 4/21/22.*
- 2. *A complete audit was done of all rooms the week of 4/9/22.*
- 3. *Paper towel dispensers were placed in three additional rooms.*
- 4. *The Maintenance Director educated his staff to check towel dispensers as part of their daily routine that was added to their assignment sheets. (See attachment).
(Document previously submitted)
(Attachment previously submitted)*
- 5. *The Maintenance Director/Designee will make an audit of all dispensers bi-weekly for three months. (see attachment).*
- 5. *The Maintenance Director/Designee will audit paper towel dispensers bi-weekly for three months. (see attachment).*

86b - Bathroom

1. Requirements

- 2600.
- 86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

86b - Bathroom (continued)**Description of Violation**

On 4/20/22, following bathrooms did not have an operable ventilation fan or window:

- Shared bathroom in room 220
- Shared bathroom in room 223
- Bathroom in room 239

Plan of Correction**Accept**

1. Exhaust fans in all bathrooms are not controlled by wall switch.
2. The Executive Director and Maintenance Director held a piece of paper to the ceiling vent. The paper was kept in place by the airflow exhaust out of the bathroom.
3. Exhaust fans run continuously via ductwork and is expelled on the roof. (See photo).

Completion Date: 05/19/2022

Document Submission**Implemented**

1. Exhaust fans in all bathrooms are not controlled by wall switch.
2. The Executive Director and Maintenance Director held a piece of paper to the ceiling vent. The paper was kept in place by the airflow exhaust out of the bathroom.
3. Exhaust fans run continuously via ductwork and is expelled on the roof. (See photo).
(Photo previously submitted)

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 4/20/22, at approximately 12:50 p.m., resident #2 did not have a source of light that can be turned on/off at bedside.

Plan of Correction**Accept**

1. Resident #2's light was immediately corrected on 4/20/22.
2. An audit was completed the week of 5/9/22. Three other rooms were corrected with an adhesive push light on the wall or furniture was moved.
3. The Maintenance Director/designee will complete and audit bi-monthly for placement of lighting for three months. (see attachment).
4. The Executive Director retrained the staff on 4/13/22 on the regulation and discussed the importance of ensuring a light source at bedside. (see meeting notes).

Completion Date: 04/20/2022

Document Submission**Implemented**

1. Resident #2's light was immediately corrected on 4/20/22.
2. An audit was completed the week of 5/9/22. Three other rooms were corrected with an adhesive push light on the wall or furniture was moved.
3. The Maintenance Director/designee will complete and audit bi-monthly for placement of lighting for three months. (see attachment).
4. The Executive Director retrained the staff on 4/13/22 on the regulation and discussed the importance of ensuring a light source at bedside. (see meeting notes).

101j7 - Lighting/Operable Lamp (continued)*(Meeting notes and audit documentation previously submitted)***121a - Unobstructed Egress****1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation*On 4/20/21, at 11:41 a.m., the emergency exit door in the lower level laundry room was blocked by a large bag of garbage and a gas can in front of the concrete steps, obstructing access to the steps.***Plan of Correction****Accept**

1. *The violation was immediately corrected on 4/20/22, the trash was removed.*
2. *A complete audit was done the day of 4/20/22. There were not other items found to be blocking egress.*
3. *The Maintenance Director/Designee will conduct a bi-weekly audit of all stairways, passageways and egress routes will be monitored for three months. (see attachment).*
4. *The Executive Director retrained the staff of 4/13/22 on the importance for unblocked egress. (see meeting notes).*

Completion Date: 04/20/2022**Document Submission****Implemented**

1. *The violation was immediately corrected on 4/20/22, the trash was removed.*
2. *A complete audit was done the day of 4/20/22. There were not other items found to be blocking egress.*
3. *The Maintenance Director/Designee will conduct a bi-weekly audit of all stairways, passageways and egress routes will be monitored for three months. (see attachment).*
4. *The Executive Director retrained the staff of 4/13/22 on the importance for unblocked egress. (see meeting notes). (Attachment and photo was previously submitted)*

133.1 - Exit Signs**1. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation*There is no exit sign posted above the exit door in the staff break room. The home currently serves 48 residents.***Plan of Correction****Accept**

1. *The Exit sign was added above the door on 4/21/22 to the employee entrance. (the following day).*
2. *The Maintenance Director did a complete audit of all doors the week of 4/16/22. (See attachment). There were no other issues found.*
3. *The Maintenance Director/Designee will conduct a Bi-weekly audit of all doors to ensure all signs are legible and in good repair for three months.*

Completion Date: 04/21/2022**Document Submission****Implemented**

1. *The Exit sign was added above the door on 4/21/22 to the employee entrance. (the following day).*
2. *The Maintenance Director did a complete audit of all doors the week of 4/16/22. (See attachment). There were no other issues found.*

133.1 - Exit Signs (continued)

3. The Maintenance Director/Designee will conduct a Bi-weekly audit of all doors to ensure all signs are legible and in good repair for three months.
(attachment previously submitted)

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Resident #4 participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept

1. The DRC attempted to have resident #1 sign the document. Resident #1 refused. The DRC changed the box to reflect the resident's refusal.
2. The DRC attempted to have resident #4 sign the document. Resident #4 was unable to sign. The DRC changed the box to reflect the corresponding event.
3. A complete audit of all charts reflected no other regulatory items on 4/18/22 and 4/19/22. (See attachment).
4. The DRC will bring confirmation sheet to ED/Designee to confirm the proper box was checked as to resident participation for 3 months. (See attachment).

Completion Date: 05/19/2022

Document Submission

Implemented

1. The DRC attempted to have resident #1 sign the document. Resident #1 refused. The DRC changed the box to reflect the resident's refusal.
2. The DRC attempted to have resident #4 sign the document. Resident #4 was unable to sign. The DRC changed the box to reflect the corresponding event.
3. A complete audit of all charts reflected no other regulatory items on [redacted] and [redacted]. (See attachment).
4. The DRC will bring confirmation sheet to ED/Designee to confirm the proper box was checked as to resident participation for 3 months. (See attachment).
(attachment previously submitted)

254a - Records Discharge/Active

1. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 4/20/22, at 12:11 p.m., several banker's boxes of confidential files of former residents, including death certificates, contracts and medical evaluations, were unlocked, accessible and unattended, in a unlocked storage room in hallway B.

Plan of Correction

Accept

1. The door was immediately locked on 4/20/22.

254a - Records Discharge/Active (continued)

- 2. The Business Office Manager has the only key to the file room.
- 3. The BOM will ask the staff member to sign the key out and document on a key log with date and time when placing items items in the file room. (see attachment).
- 4. When the key is returned the BOM/ED will check the door to ensure that all records are secure and kept confidential for three months. (see attachment).

Completion Date: 04/20/2022

Document Submission

Implemented

- 1. The door was immediately locked on 4/20/22.
- 2. The Business Office Manager has the only key to the file room.
- 3. The BOM will ask the staff member to sign the key out and document on a key log with date and time when placing items items in the file room. (see attachment).
- 4. When the key is returned the BOM/ED will check the door to ensure that all records are secure and kept confidential for three months. (see attachment).
(Attachment previously submitted)

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's, home contract, dated [REDACTED], was not signed by the resident.

Repeat Violation: 4/22/2021.

Plan of Correction

Accept

- 1. Resident #1's is still refusing to sign [REDACTED] contract. (See attachment).
- 2. Audit completed by Executive Director and Marketing Director on week of 5/16/22 of all contracts. (See Attachments). No other issues were noted.
- 3. The BOM/Designee will ensure that all contracts are signed by the resident upon admission. (see attachment)
- 4. The Marketing Director/ED will review all new move-ins for resident signatures x 4 months. (See attachment).

Completion Date: 05/16/2022

Document Submission

Implemented

- 1. Resident #1's is still refusing to sign [REDACTED] contract. (See attachment).
- 2. Audit completed by Executive Director and Marketing Director on week of 5/16/22 of all contracts. (See Attachments). No other issues were noted.
- 3. The BOM/Designee will ensure that all contracts are signed by the resident upon admission. (see attachment)
- 4. The Marketing Director/ED will review all new move-ins for resident signatures x 4 months. (See attachment).
(Attachment previously submitted)

Contract signed by resident's legal representative. -- JRW 5/31/22