

Department of Human Services
Bureau of Human Service Licensing

June 14, 2022

[REDACTED], LEGAL ENTITY REPRESENTATIVE
[REDACTED]
[REDACTED]

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 05/02/2022, 05/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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: *ABODE CARE OF MONROEVILLE* License #: *45119* License Expiration: *08/13/2022*
Address: *2560 STROSCHER ROAD, MONROEVILLE, PA 15146*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/03/2022*

Inspection Dates and Department Representative

05/02/2022 - On-Site: [REDACTED]
05/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *18*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *10* Have Physical Disability: *1*

Inspections / Reviews

05/02/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/26/2022*

Inspections / Reviews (*continued*)

05/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/02/2022*

06/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/03/2022*

06/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/09/2022*

06/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately 10:30 AM, 3 cardboard boxes were stored on the floor of the pantry approximately 5" from the gas hot water heater.

Plan of Correction**Accept**

1. Cardboard boxes were immediately removed from hot water tank. Please see attachment 1

2. All heat sources will be inspected monthly during physical site inspection to confirm there are no flammable materials located near them. Please see attachment 2

3. Administrator and Maintenance director will inspect and sign off all heat sources are free from any flammable materials

Completion Date: 05/25/2022

Document Submission**Implemented**

1. Cardboard boxes were immediately removed from hot water tank. Please see attachment 1

2. All heat sources will be inspected monthly during physical site inspection to confirm there are no flammable materials located near them. Please see attachment 2

3. Administrator and Maintenance director will inspect and sign off all heat sources are free from any flammable materials

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 4/13/22; however, the previous fire safety inspection and fire drill conducted by a fire safety expert was completed on 5/21/19.

Plan of Correction**Accept**

1. Due to covid outbreak in 2021. Abode Care of Monroeville had to cancel their fire safety training that was scheduled for November of 2021. Administrator will now schedule two separate dates for training.

2. Administrator will schedule one date for the beginning of the year and one date for the end should the first date not work out. Administrator will continue to monitor dates monthly to clarify dates work.

132b - Safety Inspection/Fire Drill (continued)

3. Administrator will schedule both dates yearly to ensure compliance

Completion Date: 05/25/2022

Document Submission

Implemented

1. Due to covid outbreak in 2021. Abode Care of Monroeville had to cancel their fire safety training that was scheduled for November of 2021. Administrator will now schedule two separate dates for training.

2. Administrator will schedule one date for the beginning of the year and one date for the end should the first date not work out. Administrator will continue to monitor dates monthly to clarify dates work.

3. Administrator will schedule both dates yearly to ensure compliance

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill records for the following fire drills indicate evacuation times that exceeded 2 minutes, 30 seconds; however, there is no documentation from a fire safety expert within the past year indicating a maximum safe evacuation time that exceeds 2 minutes, 30 seconds.

<u>Date and time</u>	<u>Evacuation Time</u>
• 1/12/22 at 2:00 PM	4 minutes, 2 seconds
• 2/17/22 at 4:45 PM	4 minutes, 15 seconds
• 3/15/22 at 9:00 AM	3 minutes, 40 seconds

Plan of Correction

Accept

1. Administrator was re-educated on regulation 132 D and the 2 1/2 minute mandate.

2. Administrator will continue to conduct monthly fire drills with full evacuations and not exceed the maximum allotted time of 5 minutes. Administrator will ensure fire safety training is completed for all staff and residents yearly

132d - Evacuation (continued)

3. Administrator will continue to document monthly fire drills, monitor for any issues and stay within 5 minutes

Completion Date: 05/25/2022

Document Submission**Implemented**

1. Administrator was re-educated on regulation 132 D and the 2 1/2 minute mandate.

2. Administrator will continue to conduct monthly fire drills with full evacuations and not exceed the maximum allotted time of 5 minutes. Administrator will ensure fire safety training is completed for all staff and residents yearly

3. Administrator will continue to document monthly fire drills, monitor for any issues and stay within 5 minutes

162e - Menu Changes**1. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 5/2/22, a grilled ham and swiss cheese sandwich was listed on the menu for lunch; however, pasta with meat sauce was served instead. No advanced notice was posted in a conspicuous and public place notifying residents of the change.

Plan of Correction**Accept**

1. Change was posted on site.

2. Administrator and Dietary Director held a meeting on 5/2/2022 regarding menu changes. Dietary Director was educated on the regulation and is aware he has to post changes to the menu. Administrator and Dietary director will continue to have daily morning meetings to go over meals for the day and post any changes on the white board located in the dining room or a posting on the door of the kitchen.

3. Administrator and Dietary director will continue to meet daily. Administrator will monitor the menu and postings as necessary daily to confirm compliance.

Completion Date: 05/25/2022

Document Submission**Implemented**

1. Change was posted on site.

2. Administrator and Dietary Director held a meeting on 5/2/2022 regarding menu changes. Dietary Director was educated on the regulation and is aware he has to post changes to the menu. Administrator and Dietary director will continue to have daily morning meetings to go over meals for the day and post any changes on the white board located in the dining room or a posting on the door of the kitchen.

3. Administrator and Dietary director will continue to meet daily. Administrator will monitor the menu and

162e - Menu Changes (continued)

postings as necessary daily to confirm compliance.

184a - Labeling OTC/CAM**1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed [REDACTED] 1 tablet by mouth once daily; however, the pharmacy label on this medication indicates Cholcalerferol 1000 IU–Take 1 tablet by mouth once daily.

Plan of Correction**Accept**

A "refer to mar" sticker was placed on medication immediately on site by DON. please see attachment

2. All resident pharmacy labels were checked and matched with MAR and prescribers orders on 5/4/2022 by DON. Please see attached paperwork for example.

A meeting was held with all medication techs on 5.11.2022 to discuss the process and system of checking pharmacy labels to the MAR for each new medication to confirm both match correctly prior to putting the medications inside the medication cart. Medication techs were re educated on how to change a label and where the stickers are located and submit documentation in resident record. Medication cart audits will continue to be done weekly by DON and ADON checking all resident medications, MAR, and physician orders.

3. Medication techs will check all new medications to confirm they match MAR before placing the medications inside the cart. DON and ADON will continue to conduct medication cart audits weekly and monthly with pharmacy during cycle refill. DON will check all pharmacy labels, MAR and physician orders weekly and monthly and submit documentation for each resident. Administrator will check reports to confirm audits were completed.

Completion Date: 06/02/2022

Document Submission**Implemented**

A "refer to mar" sticker was placed on medication immediately on site by DON. please see attachment

2. All resident pharmacy labels were checked and matched with MAR and prescribers orders on 5/4/2022 by DON. Please see attached paperwork for example.

A meeting was held with all medication techs on 5.11.2022 to discuss the process and system of checking pharmacy labels to the MAR for each new medication to confirm both match correctly prior to putting the medications inside

184a - Labeling OTC/CAM (continued)

the medication cart. Medication techs were re educated on how to change a label and where the stickers are located and submit documentation in resident record. Medication cart audits will continue to be done weekly by DON and ADON checking all resident medications, MAR, and physician orders.

3. Medication techs will check all new medications to confirm they match MAR before placing the medications inside the cart. DON and ADON will continue to conduct medication cart audits weekly and monthly with pharmacy during cycle refill. DON will check all pharmacy labels, MAR and physician orders weekly and monthly and submit documentation for each resident. Administrator will check reports to confirm audits were completed.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's glucometer is not set to the current date and time.

Plan of Correction

Accept

1. The glucometer was changed to reflect the date and time on site.

2. Process still in place to check all glucometers weekly. Please see attachment. Medication tech meeting was held on 5/11/2022 re-educated weekly checks are still enforced

3. Medication technicians will check all glucometers weekly. DON and Administrator will monitor worksheets and check glucometers to confirm they are being checked weekly.

Completion Date: 05/25/2022

Document Submission

Implemented

1. The glucometer was changed to reflect the date and time on site.

2. Process still in place to check all glucometers weekly. Please see attachment. Medication tech meeting was held on 5/11/2022 re-educated weekly checks are still enforced

3. Medication technicians will check all glucometers weekly. DON and Administrator will monitor worksheets and check glucometers to confirm they are being checked weekly.

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (continued)

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

8. Frequency of administration.

Description of Violation

Resident #1 is prescribed [REDACTED] at bedtime; however, resident # 1's April 2022 medication administration record (MAR) indicates [REDACTED] every 12 hours as needed for dry eyes.

Resident #1 is prescribed [REDACTED] as needed for dry eyes; however, resident #1's April 2022 MAR indicates [REDACTED] daily at bedtime.

Plan of Correction**Accept**

1. MAR has been updated to reflect physician's orders. please see attachment.

2. All resident MAR's were checked with physician orders on 5/4/2022 by DON using worksheet and residents records. please see attached for example.

A meeting was held with all medication techs on 5/11/2022 to discuss the process and system of checking pharmacy labels to the MAR and prescribers orders to confirm all match correctly prior to putting the new medications inside the medication cart. Medication techs were re educated on informing pharmacy immediately to correct medication error and document in resident records. Medication cart audits will continue to be done weekly by DON and ADON reviewing physician orders, MAR and all medications. Medication cart audits will be completed monthly during cycle refill by DON, ADON and pharmacy.

3. Medication techs will check all new medications to confirm they match before placing the medications inside the cart. DON and ADON will continue to conduct medication cart audit weekly and submit documentation Monthly cart audits will be completed with DON and pharmacy during cycle refill. Administrator will check reports to confirm audits were completed.

Completion Date: 06/02/2022

187a - Medication Record *(continued)***Document Submission*****Implemented***

1. MAR has been updated to reflect physician's orders. please see attachment.

2. All resident MAR's were checked with physician orders on 5/4/2022 by DON using worksheet and residents records. please see attached for example.

A meeting was held with all medication techs on 5/11/2022 to discuss the process and system of checking pharmacy labels to the MAR and prescribers orders to confirm all match correctly prior to putting the new medications inside the medication cart. Medication techs were re educated on informing pharmacy immediately to correct medication error and document in resident records. Medication cart audits will continue to be done weekly by DON and ADON reviewing physician orders, MAR and all medications. Medication cart audits will be completed monthly during cycle refill by DON, ADON and pharmacy.

3. Medication techs will check all new medications to confirm they match before placing the medications inside the cart. DON and ADON will continue to conduct medication cart audit weekly and submit documentation Monthly cart audits will be completed with DON and pharmacy during cycle refill. Administrator will check reports to confirm audits were completed.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The current 2 weeks of menus were posted; however, were undated.

REPEAT VIOLATION: 5/20/2021

162c - Menus Posted (continued)

Plan of Correction**Accept**

1. Dates were placed on menus immediately.
2. System in place for Dietary Director to give menus to Administrator for approval before posting them. Administrator and Dietary Director will check menus during monthly physical site checks
3. Administrator to check menus bi-weekly to confirm they are completed. Administrator and Dietary director will check menus during monthly physical site inspection.

Completion Date: 05/25/2022**Document Submission****Implemented**

1. Dates were placed on menus immediately.
2. System in place for Dietary Director to give menus to Administrator for approval before posting them. Administrator and Dietary Director will check menus during monthly physical site checks
3. Administrator to check menus bi-weekly to confirm they are completed. Administrator and Dietary director will check menus during monthly physical site inspection.

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #1 is prescribed [REDACTED] at bedtime; however, staff persons have been administering [REDACTED] in each of resident #1's eyes on a daily basis since 4/1/22.

REPEAT VIOLATION: 1/14/2022

Plan of Correction**Accept**

1. Evening Medication technicians were immediately educated on both medications.
2. Medication technician meeting was held on 5/11/2022 re-educating medication technicians on QuickMar and pharmacy labels. Medication techs are aware they must read the MAR and pharmacy label of every medication prior to signing medication off and administering it. Weekly cart audits are still in place. DON and ADON to conduct those. Weekly audits consist of checking to ensure all medications are stored in med cart, MAR matches physician orders, all medication labels match MAR, all narcotics are stored in cart, counted, documented and signed off by medication technicians per shift. Discontinued medications are destroyed and documented properly. Eye drops, creams, nose spray, insulin, powders, syrups etc. are labeled with opened dates and are not expired. PRN's are checked to ensure in cart and not expired. This process is done weekly by DON and ADON and monthly with pharmacy during cycle refill. documentation is recorded and filed. Please see attachment.
3. All medication technicians will confirm medication to be given matches the MAR prior to administering it. DON and ADON will complete medication cart audits weekly and submit documentation. Medication cart audits will be

187d - Follow Prescriber's Orders (continued)

completed monthly with pharmacy and DON during cycle refill. Administrator to monitor reports and confirm system is working and completed during time frame.

Completion Date: 06/02/2022

Document Submission**Implemented**

1. Evening Medication technicians were immediately educated on both medications.

2. Medication technician meeting was held on 5/11/2022 re-educating medication technicians on QuickMar and pharmacy labels. Medication techs are aware they must read the MAR and pharmacy label of every medication prior to signing medication off and administering it. Weekly cart audits are still in place. DON and ADON to conduct those. Weekly audits consist of checking to ensure all medications are stored in med cart, MAR matches physician orders, all medication labels match MAR, all narcotics are stored in cart, counted, documented and signed off by medication technicians per shift. Discontinued medications are destroyed and documented properly. Eye drops, creams, nose spray, insulin, powders, syrups etc. are labeled with opened dates and are not expired. PRN's are checked to ensure in cart and not expired. This process is done weekly by DON and ADON and monthly with pharmacy during cycle refill. documentation is recorded and filed. Please see attachment.

3. All medication technicians will confirm medication to be given matches the MAR prior to administering it. DON and ADON will complete medication cart audits weekly and submit documentation. Medication cart audits will be completed monthly with pharmacy and DON during cycle refill. Administrator to monitor reports and confirm system is working and completed during time frame.