

Department of Human Services
Bureau of Human Service Licensing

June 6, 2022

[REDACTED], AUTHORIZED REPRESENTATIVE
[REDACTED]
[REDACTED]

RE: MARQUIS GARDENS PLACE
660 CHERRY TREE LANE
UNIONTOWN, PA, 15401
LICENSE/COC#: 44495

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2022, 05/19/2022 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

Facility Information

Name: *MARQUIS GARDENS PLACE* License #: *44495* License Expiration: *07/11/2023*
Address: *660 CHERRY TREE LANE, UNIONTOWN, PA 15401*
County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/16/1998* Issued By: *PA Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/19/2022*

Inspection Dates and Department Representative

05/18/2022 - On-Site: [REDACTED]
05/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* Residents Served: *23*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *23*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

05/18/2022 - Full

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

Inspections / Reviews (*continued*)

06/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/10/2022*

06/06/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 5/18/22 at 10:50 a.m., there was a hole in the ground measuring approximately 10" long by 5" with widest point in excess of 7" deep along the inside corner of the rear sidewalk along the left side of the home (when facing the front).

Plan of Correction

Accept

On 5/18/22 the area in the area in question which was mentioned in the description of violation was filled with gravel then covered by Maintenance Tecch (MT).

5/18/22 Maint Tech walked the exterior of the building grounds. Two small holes were noted. These were both filled with gravel then dirt

6/1/22 Maint Tech was educated by Executive Director (ED) on the requirements set within regulation 2600.100a Exhibit 1-inservice

MT or designee will walk the exterior of the building and building grounds twice weekly x4 weeks, inceweeklyx4 weeks and bi-weekly x 4 weeks to ensure continued compliance with this regulation Exhibit 2 Audit tool

Results of the audit will be discussed during the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 06/01/2022

Document Submission

Implemented

On 5/18/22 the area in the area in question which was mentioned in the description of violation was filled with gravel then covered by Maintenance Tecch (MT).

5/18/22 Maint Tech walked the exterior of the building grounds. Two small holes were noted. These were both filled with gravel then dirt

6/1/22 Maint Tech was educated by Executive Director (ED) on the requirements set within regulation 2600.100a Exhibit 1-inservice

MT or designee will walk the exterior of the building and building grounds twice weekly x4 weeks, inceweeklyx4 weeks and bi-weekly x 4 weeks to ensure continued compliance with this regulation Exhibit 2 Audit tool

Results of the audit will be discussed during the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

See attached

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 5/18/22 at 10:15 a.m., there was a thin layer of lint on the lint filter in the dryer on the far left in the laundry room located near exit door #4. There were no clothes in this dryer.

On 5/18/22 at 10:17 a.m., there was a thin layer of lint in several areas of the lint filter in the dryer second from the left in the laundry room located near exit door #4 . This dryer had a sign that indicated "not working" on it.

105g - Lint Removal and Duct Cleaning (continued)

On 5/18/22 at 5:20 a.m., there was an approximately 1/16" layer of lint covering the whole lint filter in the dryer on the far right in the laundry room located near exit door #4. There were no clothes in the dryer.

Plan of Correction

Accept

During the inspection on 5/18/22, the surveyor removed lint from the lint filter in the dryers on the far left, the second from the left and the far right in the laundry room located near the exit door #4

On 5/18/22, ED checked remaining two dryers and no lint was found in the lint traps

On 6/1/22, Maintenance Tech was educated by Executive Director (ED) on the requirements set within regulation 2600.105g Exhibit 1 in-service

MT or designee will check the lint traps in each dryer three times weekly x 4 weeks, twice weekly x4 weeks, once weekly x 4 weeks to ensure the lint is being removed after each use Exhibit 3 Audit tool

Results of the audit will be discussed during the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 06/01/2022

Document Submission

Implemented

During the inspection on 5/18/22, the surveyor removed lint from the lint filter in the dryers on the far left, the second from the left and the far right in the laundry room located near the exit door #4

On 5/18/22, ED checked remaining two dryers and no lint was found in the lint traps

On 6/1/22, Maintenance Tech was educated by Executive Director (ED) on the requirements set within regulation 2600.105g Exhibit 1 in-service

MT or designee will check the lint traps in each dryer three times weekly x 4 weeks, twice weekly x4 weeks, once weekly x 4 weeks to ensure the lint is being removed after each use Exhibit 3 Audit tool

Results of the audit will be discussed during the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

See attached

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The order for resident #1's [redacted] - Take 1 tablet by mouth every 12 hours as needed for [redacted] was discontinued on 5/12/22. However, on 5/19/22 at 11:20 a.m., there was a blister pack of this medication containing four tablets in the medication cart.

Plan of Correction

Accept

On 5/19/22, Care Service Manager (CSM) destroyed the [redacted] tablets per Enlivant policy

By 6/3/22, CSM or designee will do a complete MAR to Cart audit on current residents to ensure discontinued prescriptions are not stored with current prescriptions

On 6/2/22, ED and CSM to educate staff certified to administer medications on the requirements set within regulations 2600.183d Exhibit 5 In-service

CSM or designee will audit 3 residents' medications weekly x 4 weeks, bi-weekly x4 weeks and monthly x 1 to ensure they meet the requirements of this regulation Exhibit 6 Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance

Completion Date: 06/07/2022

183d - Prescription Current (continued)

Document Submission

Implemented

On 5/19/22, Care Service Manager (CSM) destroyed the [REDACTED] tablets per Enlivant policy
 By 6/3/22, CSM or designee will do a complete MAR to Cart audit on current residents to ensure discontinued prescriptions are not stored with current prescriptions
 On 6/2/22, ED and CSM to educate staff certified to administer medications on the requirements set within regulations 2600.183d Exhibit 5 In-service
 CSM or designee will audit 3 residents' medications weekly x 4 weeks, bi-weekly x4 weeks and monthly x 1 to ensure they meet the requirements of this regulation Exhibit 6 Audit tool
 Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based of off 3 consecutive months of compliance
 See attached

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 is ordered to have glucose levels checked four times daily at 8:00 a.m., 11:30 a.m., 4:30 p.m., and 8:00 p.m.
 On 5/15/22 at 8:04 p.m., the blood glucose reading according to the resident's Libre scanner measured 352. However, 385 was documented on the resident's medication administration record on 5/15/22 at 8:00 p.m.

Plan of Correction

Accept

On 6/3/22, resident #2 physician was notified of the discrepancies between the blood glucose readings in the glucometer and the number documented on the MAR. No new orders received
 By 6/3/22, CSM or designee will compare the blood glucose readings in the glucometer to the readings listed in the MAR on current residents to ensure no documentation discrepancies identified. Resident' physicians will be notified as necessary
 On 6/2/22 ED and CSM were educated by RDCS on the requirements set within regulation 2600.185a Exhibit 4 In-service
 On 6/7/22, ED and CSM to educate all staff certified to perform blood glucose readings on the requirements set within regulation 2600.185a Exhibit 5 In-service
 CSM or designee will audit 2 residents' MARS and compare the blood glucose readings in the glucometer to the readings listed in the MAR weekly x4 weeks, bi-weekly x4 weeks, and monthly x1 to ensure compliance with this regulation Exhibit 7 Audit tool
 Results of the audit will be discussed during monthly QI meeting. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 06/07/2022

Document Submission

Implemented

On 6/3/22, resident #2 physician was notified of the discrepancies between the blood glucose readings in the glucometer and the number documented on the MAR. No new orders received
 By 6/3/22, CSM or designee will compare the blood glucose readings in the glucometer to the readings listed in the MAR on current residents to ensure no documentation discrepancies identified. Resident' physicians will be notified as necessary

185a - Implement Storage Procedures (continued)

On 6/2/22 ED and CSM were educated by RDCS on the requirements set within regulation 2600.185a Exhibit 4 In-service

On 6/7/22, ED and CSM to educate all staff certified to perform blood glucose readings on the requirements set within regulation 2600.185a Exhibit 5 In-service

CSM or designee will audit 2 residents' MARS and compare the blood glucose readings in the glucometer to the readings listed in the MAR weekly x4 weeks, bi-weekly x4 weeks, and monthly x1 to ensure compliance with this regulation Exhibit 7 Audit tool

Results of the audit will be discussed during monthly QI meeting. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

See attached