

Department of Human Services
Bureau of Human Service Licensing

June 28, 2022

[REDACTED], ADMINISTRATOR/CEO
[REDACTED]
[REDACTED]

RE: GRANDVIEW ESTATES MEMORY
CARE LLC
1151 SCENERY DRIVE
ELIZABETH, PA, 15037
LICENSE/COC#: 44992

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/25/2022, 05/26/2022 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: *GRANDVIEW ESTATES MEMORY CARE LLC* License #: *44992* License Expiration: *08/29/2022*
Address: *1151 SCENERY DRIVE, ELIZABETH, PA 15037*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *GRANDVIEW ESTATES MEMORY CARE LLC*
Address: *1151 SCENERY DRIVE, ELIZABETH, PA, 15037*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/07/1994* Issued By: *Labor and Industry*
Type: *I-1* Date: *05/30/2019* Issued By: *Elizabeth Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *05/26/2022*

Inspection Dates and Department Representative

05/25/2022 - On-Site: [REDACTED]
05/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *13*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *26* Residents Served: *14*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

05/25/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/12/2022*

Inspections / Reviews *(continued)*

06/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2022*

06/17/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/24/2022*

06/28/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A was hired on [REDACTED]; however, a Pennsylvania criminal background check was not completed for staff person A until [REDACTED].

Plan of Correction

Accept

All files were audited for compliance immediately. A certification file will be used on our online software TabulaPro. This was begun on our first new hire after the inspection on 6/9/22. The Director of operations will check the dashboard on TabulaPro every Monday for upcoming expiration dates to aid on ensuring the criminal background checks are done within 30 days.

Completion Date: 06/09/2022

Document Submission

Implemented

All files were audited for compliance immediately. A certification file will be used on our online software TabulaPro. This was begun on our first new hire after the inspection on 6/9/22. The Director of operations will check the dashboard on TabulaPro every Monday for upcoming expiration dates to aid on ensuring the criminal background checks are done within 30 days. See attached

60a - Staff/Support Plan

1. Requirements

2600.

- 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 5/22/22, the home served 14 residents, including 14 residents with mobility needs. Of the 14 residents with mobility needs, 3 residents required the assistance of 2 staff persons to transfer in/out of bed/chair with use of a Hoyer lift. However, from approximately 11:00 pm through 6:00 am on 5/22/22, only 1 direct care staff person was present in the home, which is not adequate to meet the needs of the residents.

Plan of Correction

Directed

A training will be done on 6/13/22 with the supervisors regarding staffing between the two business licenses. An assignment sheet will be used to prevent any confusion as to which floor the staff will work on for their shift, a staffing hours line will be on the assignment sheet to ensure hours are adequate. Education will be completed with staff regarding assignments sheets on 6/15/22. Assignment sheets will be collected by the administrator to ensure compliance.

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall review the staffing hours daily to ensure adequate staffing in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a.
LM 6/17/22

Completion Date: 06/15/2022

60a - Staff/Support Plan (continued)**Document Submission****Implemented**

A training will be done on 6/13/22 with the supervisors regarding staffing between the two business licenses. An assignment sheet will be used to prevent any confusion as to which floor the staff will work on for their shift, a staffing hours line will be on the assignment sheet to ensure hours are adequate to be completed by admisinstator or desiginee. Education will be completed with staff regarding assignments sheets on 6/15/22. Assignmet sheets will be collected by the administator to ensure compliance. See attached

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall review the staffing hours daily to ensure adequate staffing in accordance with 2600.57a, 260057b, 260057c, 2600.57d and 2600.60a. LM 6/17/22

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.

Description of Violation

On 5/26/22, the exhaust fans in the bathrooms located in bedrooms #108(s) and #101(s) were inoperable. No operable windows were present in either bathroom.

Plan of Correction**Accept**

The motor to the fans was removed and repaired. Maintenance will check 3 rooms per day to ensure that "Exhaust Fans" are operable this was added was added to the maintenance checklist that's done every morning for documentation. All fans were checked and are operable as of 6/16/22

Completion Date: 06/16/2022

Document Submission**Implemented**

The motor to the fans was removed and repaired. Maintenance will check 3 rooms per day to ensure that "Exhaust Fans" are operable this was added was added to the maintenance checklist that's done every morning for documentation. All fans were checked and are operable as of 6/16/22 See attached.

103f - Refrigerator/Freezer Temps**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/25/22 at 9:18 am, no thermometer was present in the Whirlpool refrigerator, located in the home's prep kitchen. A thermometer was added to the refrigerator; however, at 2:37 pm, the refrigerator was 41,9 degrees Fahrenheit.

Plan of Correction**Accept**

The refrigertator temp was imediatley adjusted and rechecked it registered at 39 degrees on the 5/26/22 . Staff education was completed on 5/27/22 and 6/17/22. A calendar was placed on all of the refrigerators/freezers to record temps daily. The calendars will be turned into the mainatenance director to ensure compliance.

Completion Date: 05/26/2022

103f - Refrigerator/Freezer Temps (continued)

Document Submission

Implemented

The refrigeratator temp was imediatley adjusted and rechecked it registered at 39 degrees on the 5/26/22 . Staff education was completed on 5/27/22 and 6/17/22. A calendar was placed on all of the refrigerators/freezers to record temps daily. The calendars will be turned into the mainatenance director to ensure 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 prescribed [redacted] by mouth at bedtime. On 5/26/22, there were 14 tablets present in the home; however, the home's narcotic count sheet indicated there were 7 tablets present.

Resident #2 is prescribed [redacted] by mouth at bedtime. However, 2 tablets had previously been removed from the original packaging, then placed back into the packaging and covered with a directions change sticker on the back of the medication card to secure the tablets back into the medication card.

Plan of Correction

Accept

The taped in medication was removed and destroyed. All Med Techs were retrained on 6/1/22 and again on 6/15/22 on the updated counting procedure and proper disposal of medication if inadvertantly removed from the original packaging. The home added to the policy that meds are to be counted by pills not dosage. During the monthy cart audit the DOW will ensure no meds are being popped and replaced and she will review the narcotic count sheets against the MAR. Cart was audited on 6/14/22 ansd narc sheets reviewed and verified by DOW.

Completion Date: 06/14/2022

Document Submission

Implemented

The taped in medication was removed and destroyed. All Med Techs were retrained on 6/1/22 and again on 6/15/22 on the updated counting procedure and proper disposal of medication if inadvertantly removed from the original packaging. The home added to the policy that meds are to be counted by pills not dosage. During the monthy cart audit the DOW will ensure no meds are being popped and replaced and she will review the narcotic count sheets against the MAR. Cart was audited on 6/14/22 ansd narc sheets reviewed and verified by DOW. See attached.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 was prescribed [redacted]; however, on 4/15/22, the resident was administered the [redacted] at 5:02 am and 6:02 am.

Plan of Correction

Accept

The Med Tech that made the med error was terminated after the error was made, the family was notified and an

187d - Follow Prescriber's Orders (continued)

incident report was filed with DHS. Med Techs were retrained on 6/1/22 on taping already popped meds, meds straight orders vs PRN on MAR Doctors orders and the 5 rights of medications During the monthly cart audit the DOW will compare the narcotic count with the MAR to ensure meds are being given accuratley. Cart was audited and narc verified for completion and accuracy was dont on 6/14/22

Completion Date: 06/14/2022

Document Submission

Implemented

The Med Tech that made the med error was terminated after the error was made, the family was notified and an incident report was filed with DHS. Med Techs were retrained on 6/1/22 on taping already popped meds, meds straight orders vs PRN on MAR Doctors orders and the 5 rights of medications During the monthly cart audit the DOW will compare the narcotic count with the MAR to ensure meds are being given accuratley. Cart was audited and narc verified for completion and accuracy was dont on 6/14/22 See attached

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #1 requires the assistance of 2 staff persons to transfer in/out of bed/chair with the use of a Hoyer lift; however, this is not indicated in resident #1's support plan, dated [REDACTED].

Resident #2 requires the assistance of 2 staff persons to transfer in/out of bed/chair with the use of a Hoyer lift; however, this is not indicated in resident #1's support plan, dated [REDACTED].

Plan of Correction

Accept

Both RASP's were changed to show the correction. The DOW was trained on 6/1/22 on how to properly complete the support plan specifically "Description of Service Need" flowing over to the "Plan to Meet Service Need". A full audit will be completed by 6/16/221 The administrator will audit 1 RASP a week to ensure compliance is being met, starting on 6/22/22

Completion Date: 06/22/2022

Document Submission

Implemented

Both RASP's were changed to show the correction. The DOW was trained on 6/1/22 on how to properly complete the support plan specifically "Description of Service Need" flowing over to the "Plan to Meet Service Need". A full audit will be completed by 6/16/221 The administrator will audit 1 RASP a week to ensure compliance is being met, starting on 6/22/22