

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

December 20, 2022

[REDACTED], ADMINISTRATOR
VINCENTIAN HOME INC
111 PERRYMONT ROAD
ATTN [REDACTED]
PITTSBURGH, PA, 15237

RE: VINCENTIAN HOME
111 PERRYMONT ROAD
PITTSBURGH, PA, 15237
LICENSE/COC#: 43153

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2022, 11/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: VINCENTIAN HOME **License #:** 43153 **License Expiration:** 10/27/2023
Address: 111 PERRYMONT ROAD, PITTSBURGH, PA 15237
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: VINCENTIAN HOME INC
Address: 111 PERRYMONT ROAD, ATTN: [REDACTED], PITTSBURGH, PA, 15237
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/11/1997 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 1 **Total Daily Staff:** 72 **Waking Staff:** 54

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/03/2022

Inspection Dates and Department Representative

11/02/2022 - On-Site: [REDACTED]
 11/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 51

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Lane **Capacity:** 10 **Residents Served:** 9

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 51
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 20 **Have Physical Disability:** 0

Inspections / Reviews

11/02/2022 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/17/2022

Inspections / Reviews (*continued*)

11/18/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/24/2022

11/23/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/15/2022

12/20/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at [REDACTED] resident information was unlocked, unattended and accessible at the 2nd floor nurse's station, to include the following:

- Numerous resident assessments and support plans, to include the assessments and support plans for residents #1, #2 and #3
- Resident #4's face sheet and list of medication
- Hospice binders for residents #5 and #6

Plan of Correction

Accept [REDACTED] - 11/23/2022)

Doors were closed immediately upon discovery during inspection. There are 2 doors to the nurses station and both have keypad locks on them that automatically lock when the door is shut. Counseling of staff on duty completed that day regarding need to keep doors locked when no one is in the station. A Mandatory In-service will occur on 11/17/2022 covering HIPAA materials provided by the Corporate Compliance Officer. Record of training will be maintained. Audits will be conducted by Administrator (or designee) beginning on 11/16/2022 randomly 3x/week for 5 weeks to ensure doors are secure when staff is not in nurses station. Audit records will be maintained.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented [REDACTED] - 12/20/2022)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences).

The resident rights page in the following resident-home contracts indicate "Vincentian Home Assisted Living". The home is not currently licensed as Chapter 2800-Assisted Living.

- Resident #7's resident-home contract, dated [REDACTED]
- Resident #8's resident-home contract, dated [REDACTED]

18 Compliance With Laws (continued)

Plan of Correction

Accept (█ - 11/23/2022)

Resident Rights form corrected to state "Vincientian Home Personal Care" and will be used in all contracts moving forward, see attached. A 30 day notice of a change to the contract will be drafted and sent by the administrator or designee to all current residents and responsible parties, along with the corrected Resident Rights document. A copy of the letter will be maintained in the resident file along with the corrected document. The letter was mailed to Responsible Parties on 11/16/2022 and Residents received their copy on 11/18/2022.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented (█ - 12/20/2022)

103g - Storing Food

3. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 11/2/22 at 11:05 AM, 8 trays of uncovered shepherd's pie meat and vegetable gravy mix were stored on a rack in the walk in freezer.

Plan of Correction

Accept (█ - 11/23/2022)

Immediately upon discovery during inspection, the trays were pulled from the walk in freezer and were covered by the cook. Culinary Manager will meet with the cooks on 11/21/22 to review/educate on Food Storage Safety. Record of education will be kept. An audit beginning on 11/21/22 will be completed by Culinary Manager or designee 1x/week for 10 weeks. Audit record to be maintained.

Licensee's Proposed Overall Completion Date: 01/27/2023

Implemented (█ - 12/20/2022)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #7's most recent medical evaluation was completed on █ however, resident #7's previous medical evaluation was completed on █. Also, resident #7's most recent medical evaluation, dated █ does not indicate the continued need for resident #7 to be served in the home's SDCU. Resident #7 was admitted to the home's SDCU on █.

Plan of Correction

Accept (█ - 11/23/2022)

Administrator and Assistant Administrator reviewed required timeframes and regulation. All current resident charts will be audited by Asst Adm or designee to ensure compliance at the rate of 10/week until completed beginning on 11/16/2022. Audit records to be maintained. Asst Adm or designee will complete an audit on the first Monday of

141b1 - Annual Medical Evaluation (continued)

each month, beginning on 12/5/22, to identify upcoming due dates. Upon completion of the DME, a second designee will review for accuracy and compliance and will initial on the audit form (see attached). Asst Adm contacted Resident #7's PCP on [REDACTED] to request that the continued need for SDCU be added to the DME dated [REDACTED] (see attached corrected DME). Asst Adm will contact PCP's of current residents in SDCU to update current DME if the need for SDCU was omitted on their current DME as identified through audit completion.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented [REDACTED] - 12/20/2022)

183b - Meds and Syringes Locked**6. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at [REDACTED] a bottle of [REDACTED] tablets was unlocked, unattended and accessible in an unlocked drawer at the 2nd floor nurse's station.

Plan of Correction

Accept [REDACTED] - 11/23/2022)

The bottle of [REDACTED] was removed by the Administrator upon discovery. Staff education regarding storage of medications to occur on 11/17/22. Record of training will be maintained. An audit of the nurses station will be conducted as part of the POC to ensure the nurses station is secure when unattended. Audits will be conducted by Administrator (or designee) randomly 3x/week for 5 weeks beginning on 11/16/2022 to ensure doors are secure when staff is not in the nurses station. Audit records will be maintained.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented [REDACTED] - 12/20/2022)

231e - No Objection Statement**7. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #7 was admitted to the home's SDCU on [REDACTED]; however, there is no documentation present indicating resident #7 and resident #7's designated person have not objected to the admission to the SDCU.

Resident #8 was admitted to the home's SDCU on [REDACTED] however, there is no documentation present indicating resident #8 and resident #8's designated person have not objected to the admission to the SDCU.

231e - No Objection Statement (continued)

Plan of Correction

Directed (█ - 11/23/2022)

A new document was drafted to indicate resident and responsible party have not objected to placement on a SDCU, see attached. This form will be completed as part of the admission process moving forward for SDCU residents beginning immediately. We had previously been using the language in the contract (attached) & resident/responsible party signature to indicate consent/no objection at time of admission. See attached documentation placed on the charts of current residents. A 30-day notice of change to the contract was drafted by Administrator to be sent to all residents/responsible parties regarding new addendum. This letter to be sent & given to current residents on 11/22/22. Current residents and responsible parties will be asked to sign the addendum and signed copies will be kept on the resident's chart. (DIRECTED: By 12/15/22: The administrator shall ensure all current residents who reside in the home's SDCU, as well as their designated persons, have signed the acknowledgment indicating they have not objected to the admission to the SDCU. Copies of the signed acknowledgments shall be kept in each resident's record. █ 11/23/22). Administrator or designee will be responsible to ensure all current resident and families sign document. Administrator or designee will audit charts of all new SDCU admissions within 1 week of admission to ensure completion of addendum. This process to begin immediately and continue for 6 months. Audit form attached. All audit records to be maintained.

Directed Completion Date: 05/18/2023

Implemented (█ - 12/15/2022)