

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

March 22, 2023

[REDACTED]
GRAND RESIDENCE OF UPPER ST CLAIR INC
45 MCMURRAY ROAD
UPPER ST. CLAIR, PA, 15241

RE: THE GRAND RESIDENCE AT UPPER
ST. CLAIR
45 MCMURRAY ROAD
UPPER ST. CLAIR, PA, 15241
LICENSE/COC#: 43232

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2022, 11/17/2022 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: *THE GRAND RESIDENCE AT UPPER ST. CLAIR* License #: 43232 License Expiration: 11/16/2023
 Address: 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA 15241
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: GRAND RESIDENCE OF UPPER ST CLAIR INC
 Address: 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA, 15241
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/23/2001 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 87 Waking Staff: 65

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/08/2023

Inspection Dates and Department Representative

11/16/2022 - On-Site: [REDACTED]
 11/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 85 Residents Served: 62

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 9

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 25 Have Physical Disability: 0

Inspections / Reviews

11/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/18/2023

02/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/09/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/10/2023

Inspections / Reviews (*continued*)

03/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

107c - Food/Water 3 Day Supply**1. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 11/16/22, the home served 62 residents, requiring 186 gallons of emergency drinking water. The home had 62 gallons on site.

The home has a contract for emergency drinking water dated 7/19/22; however, the contract does not include:

- *The amount of water to be delivered*
- *A guarantee that the water will be delivered immediately upon request, 24-hours-per-day*
- *A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.*

Plan of Correction**Accept (JW - 02/17/2023)**

On 11/16/2022 the Director of Wellness and Culinary contacted the water contractor, [REDACTED], to deliver 210 gallons of water. On 11/17/2022 Tyler Mountain delivered 210 gallons of water while the Department's representative was on site and witnessed the water being delivered and going into storage.

On 11/16/2022 the Director of Culinary and Wellness bought 74 gallons of water and stored it on The Grand Residence's property.

As of 11/17/2022 there were a total of 284 gallons of water, which exceeds the required 3-day supply of drinking water required by 107.c. As of 2/17/2022, there are 284 gallons of water at The Grand Residence in compliance with 107.c.

On 11/18/2022 The Director of Wellness and Culinary educated culinary and maintenance employees on regulation 107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents. The staff will be re-educated on 2/23/2023 and a copy of the signature log for that training will be attached.

The Director of Wellness and Culinary and /or his designee will audit the water supply monthly and document that the appropriate number of water is available on site as per regulation 107.c. When water is used, it will be replenished within 24 hours by the Director of Wellness and Culinary or their designee. Attached is a letter from [REDACTED] [REDACTED] Water confirming that they will deliver water within 24 hours from The Grand Residence ordering it in order to maintain at least 3 gallons of water per resident.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented (JW - 03/22/2023)**130f - Testing Smoke Detectors****2. Requirements**

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

Multiple interviews revealed that alarms are not set off monthly as indicated in the 2022 fire drill logs. The home

130f - Testing Smoke Detectors (continued)

reportedly contacts the [REDACTED] Police Department to inform them in advance that that the alarm will be set off for drills, but there are no records to confirm this.

Plan of Correction**Accept (JW - 02/17/2023)**

Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

We dispute this violation.

We do test the smoke detectors and fire alarms for operability at least once per month as indicated in the 2022 fire drill logs and the service records of [REDACTED] and per the attestation of the staff who participated, observed, and/or supervised each drill. We will be providing multiple documents that indicate that the smoke detectors and fire alarms are tested at least once per month and a written record of the monthly testing is kept in compliance with 130.f.

To comply with the regulatory requirements, the following plan of correction is being submitted.

In addition to the monthly fire drill record 132.c that we already complete monthly, the staff member that calls the [REDACTED] Police to go off-line for the smoke detector and fire alarm testing will complete information in the Going Off-Line Log that includes the date, time called off-line, time called on-line, person spoken to to go off-line, person spoken to to go on-line, and the staff member it was completed by. Attached is a copy of the Log which is already in use and was used for our February 2023 fire drill on 2/17/23.

All staff who are present during a test of the smoke detectors and fire alarms will sign the Fire Drill Staff Log after observing, participating and/or supervising a monthly test of the smoke detectors and fire alarms. Attached is a copy of the Log which is already in use and was used for our February 2023 fire drill on 2/17/23.

During a fire drill which tests the smoke detectors and fire alarms, staff evacuating the residents uses an Evacuation Checklist to ensure all residents are evacuated. These completed Checklists will be kept with the fire drill record 132.c that is completed after each monthly fire drill to show compliance with 130.f.

All Logs and records of testing the smoke detectors and fire alarms will be reviewed by the Administrator or their designee monthly.

All staff will be educated by March 10, 2023 on completing the new Fire Drill Staff Log, the Going Off-Line Log, and retention of the Evacuation Checklists after they observe, participate and/or supervisor a monthly test of the smoke detectors and fire alarms. All new staff will be educated on completing these Logs upon their new hire orientation conducted by the Assistant Administrator or their designee.

Attached are records from Johnsons Control who tests and repairs all parts of the fire alarm system in our building showing when they were testing and repairing the system during 2022.

At the request of Licensing Representative [REDACTED], [REDACTED] Police Department was contacted regarding our calling them to go off-line and on-line during drills and testing. They have indicated they will send documentation and it will be attached. Expected completion is March 10, 2023.

130f - Testing Smoke Detectors (continued)

At the request of Licensing Representative [REDACTED], [REDACTED] t Phone division was contacted to request records for outgoing calls during 2022 to show The Grand Residence called the [REDACTED] Police Department to go off-line for such testing and drills. They are processing that request. Expected completion is March 10, 2023.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (JW - 03/22/2023)

132a - Monthly Fire Drill**3. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Multiple interviews revealed that monthly fire drills are not occurring as reflected in the 2022 fire drill logs.

Plan of Correction

Accept (JW - 02/17/2023)

132.a An unannounced fire drill shall be held at least once a month.

We dispute this violation.

We do unannounced fire drills at least once per month as indicated in the 2022 fire drill logs and the service records of [REDACTED] and per the attestation of the staff who participated, observed, and/or supervised each drill. We will be providing multiple documents that show at least once per month that an unannounced fire drill is completed in compliance with 132.a.

To comply with the regulatory requirements, the following plan of correction is being submitted.

In addition to the monthly fire drill record 132.c that we already complete monthly, the staff member that calls the [REDACTED] to go off-line for the smoke detector and fire alarm testing will complete information in the Going Off-Line Log that includes the date, time called off-line, time called on-line, person spoken to, to go off-line, person spoken to, to go on-line, and the staff member it was completed by. Attached is a copy of the Log which is already in use and was used for our February 2023 fire drill on 2/17/23.

All staff who are present during a fire drill will sign the Fire Drill Staff Log after observing, participating and/or supervising an unannounced fire drill. Attached is a copy of the Log which is already in use and was used for our February 2023 fire drill on 2/17/23.

During a fire drill, staff evacuating the residents uses an Evacuation Checklist to ensure all residents are evacuated. These completed Checklists will be kept with the fire drill record 132.c that is completed after each monthly fire drill to show compliance with 132.a.

132a - Monthly Fire Drill (continued)

All Logs and records of the fire drill will be reviewed by the Administrator or their designee monthly.

All staff will be educated by March 10, 2023 on completing the new Fire Drill Staff Log, the Going Off-Line Log, and retention of the Evacuation Checklists after they observe, participate and/or supervisor a monthly unannounced fire drills. All new staff will be educated on completing these Logs upon their new hire orientation conducted by the Assistant Administrator or their designee.

Attached are records from [REDACTED] who tests and repairs all parts of the fire alarm system in our building showing when they were testing and repairing the system during 2022.

At the request of Licensing Representative [REDACTED], [REDACTED] Police Department was contacted regarding our calling them to go off-line and on-line during drills and testing. They have indicated they will send documentation and it will be attached. Expected completion is March 10, 2023.

At the request of Licensing Representative [REDACTED], [REDACTED] Phone division was contacted to request records for outgoing calls during 2022 to show The Grand Residence called the [REDACTED] Police Department to go off-line for such testing and drills. They are processing that request. Expected completion is March 10, 2023.
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Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (JW - 03/22/2023)

185a - Implement Storage Procedures**4. 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

On 11/16/22, at 2:42 p.m., resident #1's glucometer indicated 2/4/22, 7:45 a.m.

On 11/16/22, at 3:06 p.m., resident #2's glucometer indicated 11/16/22 4:06 p.m.

Plan of Correction

Accept (JW - 02/17/2023)

On 11/16/2022 the nurse on duty calibrated resident #1 and #2' glucometers so that they were set for the current date and time.

On 11/16/2022 the nurse on duty audited each glucometer in use for all residents who have orders for blood sugar checks. The glucometers were checked to ensure the date and time was correct for each glucometer currently in use.

Over the next week from 11/16 through 11/23/2022, each nurse and med tech was educated by the nurse or med tech on duty to check each glucometer before taking the blood sugar of a resident to ensure it was calibrated for

185a - Implement Storage Procedures (continued)

the correct date and time. Each nurse and med tech was educated on how to calibrate the glucometers if the date and time were incorrect.

The Executive Director arranged with [REDACTED] Pharmacy to conduct staff education for glucometers, blood sugar, and diabetic training. The mandatory meeting was held on January 31, 2023. All nurses and medication technicians attended. If they were unable to attend, they received training from the RN Wellness Coordinator. The nurses and med techs were trained on how to monitor dates and times, and how to calibrate the glucometers so that the information is accurate. They were also instructed that they should check the date and time every time they are going to check a blood sugar level and to calibrate it if the time and date are not correct. All staff were given a guide on how to calibrate and update the glucometers. The attendance sheet is attached. The glucometer guide that is provided is attached. This was completed by 2/7/2023.

The Wellness Coordinator will provide ongoing staff education to all new hire LPN/RN and medication technicians. The education will include checking the dates and times of each glucometer every time a resident is getting their blood sugar level checked. The new employee will also be shown how to update the date and time and be given a guide as a reference. This will be ongoing upon each new employee that is a nurse or med tech.

The Wellness Coordinator or their designee will check each glucometer weekly to ensure the date and time on the glucometer is accurate. If needed, they will calibrate the glucometer. This will be ongoing. A copy of the log is attached.

The Assistant Administrator or their designee will check each glucometer monthly to ensure the date and time on the glucometer is accurate. If needed, they will immediately calibrate the glucometer. This will be ongoing. A copy of the log is attached.

Licensee's Proposed Overall Completion Date: 02/22/2023

Implemented (JW - 03/22/2023)