

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

Facility Information

Name: ANTHOLOGY OF MCCANDLESS License #: 44998 License Expiration: 04/11/2023
Address : 8651 CAREY LANE, PITTSBURGH, PA 15237
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: CA SENIOR MCCANDLESS II OPERATOR LLC
Address: 8651 CAREY LANE, PITTSBURGH, PA, 15237
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 03/18/2019 Issued By: Township of McCandless

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 137 Waking Staff: 103

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Provisional Exit Conference Date: 01/18/2023

Inspection Dates and Department Representative

01/17/2023 - On-Site: [REDACTED]
01/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120 Residents Served: 98

Secured Dementia Care Unit

In Home: Yes Area: 4th floor Capacity: 37 Residents Served: 33

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 39 Have Physical Disability: 0

Inspections / Reviews

01/17/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/11/2023

02/10/2023 - POC Submission

Submitted: [REDACTED]

Date Submitted: 02/14/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/13/2023

02/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/16/2023

02/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

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 1/17/23, at 11:58 a.m., there was a white narcotic count binder, unlocked, unattended, and accessible, on the 3rd floor medication cart, which contained confidential resident information.

Plan of Correction

Accept (█ - 02/14/2023)

Immediate: Narcotics book was immediately removed and locked in a secure designated cabinet by the Director of Health & Wellness. The employee who left the narcotic book unattended and accessible has received disciplinary action.

Systemic: All med techs and nurses have been instructed to lock any confidential information in designated spaces when not in use. This includes closing computer screens so that they are not visible with confidential information when not in use by designated staff.

All med techs and nurses will received refresher training on this policy, which will be completed by 2/10/23 and quarterly thereafter.

Audit: Resident information is stored within care staff chart rooms. The Executive Director has audited each space and confirmed that cabinets and drawers have working locks and adequate space to hold confidential information and that only approved staff have access.

Monitoring: For the next 60 days and periodically thereafter the Director of Health & Wellness, Executive Director or Manager on Duty will spot check chart rooms and medication carts on a daily basis to confirm that no confidential information is accessible and will confirm that designated storage areas are locked. Monitoring will be tracked on a daily checklist.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented (█ - 02/15/2023)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's medical evaluation dated 9/30/22, does not include the resident's medical diagnoses. Section (2) indicates "See Attached"; however, a list of medical diagnoses is not attached.

Plan of Correction

Accept [redacted] - 02/14/2023)

Immediate: The medical evaluation for Resident #1 was updated on 2/7/23 to include the diagnoses on the evaluation form.

Audit: An audit of all resident medical evaluation records is to be fully completed by 2/10/23 to confirm diagnoses are listed on the evaluation for and/or they are attached to the evaluation and signed by the physician.

Systemic: As medical evaluations are received by the Director of Health & Wellness any attachments provided by the physician will be reviewed for information needed including a signature and will be stapled to the department’s medical evaluation form. The Executive Director will also review the form prior to admission to confirm no information has been missed.

Monitoring: The Executive Director will all review medical evaluations prior to a residents admission to confirm that have been completed fully and signed by a physician. On a quarterly basis the Director of Health & Wellness will review all medical evaluations to ensure forms have been completed correctly, are signed and are in compliance with this regulation.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented [redacted] - 02/15/2023)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident #2's annual medical evaluation, signed by the physician on 10/21/22, does not indicate the date of evaluation or the date the form was completed. Also, the following areas were blank: temperature, blood pressure, height, weight and pulse.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept (█) - 02/14/2023)

Immediate: Resident #2's annual evaluation was updated on 2/8/23 by the physician who signed it initially. All information was accessible from the physician's visit notes.

Audit: An audit of all resident medical evaluation records will be fully completed by 2/10/23 to confirm all medical evaluation records have the visit date information completed on the form as well as all other information fields including resident vitals information.

Systemic: As medical evaluations are received by the Director of Health & Wellness and reviewed, the Executive Director will also review prior to admission to confirm all areas of the medical evaluation has been completed. On a quarterly basis the Director of Health & Wellness as well as the Executive Director will audit medical evaluations to confirm ongoing compliance.

Monitoring: The Executive Director will also review the form prior to admission to confirm no information has been missed. In addition, the Executive Director and Director of Health & Wellness will audit medical evaluations on a quarterly basis to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented (█) - 02/15/2023)

183b - Meds and Syringes Locked

4. 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 1/17/23, at 11:58 a.m., there was an unlocked, unattended and accessible medication cart, containing medication for numerous residents on the 3rd floor of the home.

Plan of Correction

Accept (█) - 02/14/2023)

Immediate: Open med drawer was shut and locked. The employee who left a med cart drawer open and unlocked has received disciplinary action for violating this policy.

Audit: DHW and DOV have confirmed that all locks on the med carts are working properly.

Systemic: All med techs and nurses have been instructed to lock the medication cart when not in use. This includes confirming that no medication are left out on the counter or on top of the cart. A refresher training has been conducted. Training to be completed by 2/10/23 and quarterly thereafter.

Monitoring: For the next 60 days and periodically thereafter the Director of Health & Wellness, Executive Director or Manager on Duty will spot check chart rooms and medication carts on a daily basis to confirm that no medication or medication supplies are left accessible.

Licensee's Proposed Overall Completion Date: 02/10/2023

183b - Meds and Syringes Locked (*continued*)*Implemented* (█ - 02/15/2023)

185a - Implement Storage Procedures

5. 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 #3 is prescribed Ondansetron 4mg, let 1 tablet dissolve on tongue every 12 hours as needed for emesis. The medical cart contained Ondansetron 8mg tablets.

Plan of Correction*Accept* (█ - 02/10/2023)

Immediate: Resident #3's medication and order reviewed. The correct order and medication were on the cart and being administered correctly. The 8mg of Ondansetron was the dosage from the previous order and had not been removed from the cart, it was removed at the time of inspection.

Audit: All medication carts have been audited, no other discontinued medications were being stored on the cart.

Systemic: Director of Health & Wellness has reviewed all carts to confirm none contain discontinued medications. A monthly audit of all carts is conducted by community staff to confirm medications match current orders and that any discontinued or expired medications have been removed.

Monitoring: On a quarterly basis the community's partner pharmacy audits medications carts as well to confirm compliance with this regulation. The next pharmacy audit is scheduled for 3/7/2023.

DHW 2/7/23

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented (█ - 02/15/2023)

231b - Medical Evaluation

7. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

The medical evaluation for resident #3, dated 7/1/22, does not include the need for the resident to be served in a secured dementia care unit.

The medical evaluation for resident #6, dated 8/11/22, does not include the need for the resident to be served in a secured dementia care unit.

231b - Medical Evaluation (continued)

Plan of Correction

Accept (████ - 02/14/2023)

Immediate: Medical evaluations for residents #3 and #6 were updated on 2/8/23 to reflect the need for the residents to be served in a secure dementia unit and were signed by their physician.

Audit: All medical evaluations for residents residing in the SDCU were reviewed to confirm that the need for a secure dementia care unit was listed. No other records were missing this information.

Systemic: Prior to future admissions to the secure dementia unit, the Executive Director will review the department's preadmission screening to confirm that the information has been recorded properly and that the requirements for 2600.231b are listed to include the need for a secure dementia care unit. The Director of Memory Care, Director of Health & Wellness, and the sales/admission staff have been educated by the Executive Director on the requirements

Monitoring: On a quarterly basis the Executive Director will audit medical evaluations within the SDCU to confirm that the need for a secure dementia unit is indicated on the medical evaluation for all residents residing in the SDCU.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented (████ - 02/15/2023)

231c - Preadmission Screening

8. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the secure dementia care unit on ██████; however, the written cognitive preadmission screening was completed on 11/14/22. more than 72 hours prior to admission.

Resident #5 was admitted to the secure dementia care unit on ██████ however, the written cognitive preadmission screening was completed on 10/6/22, more than 72 hours prior to admission.

Plan of Correction

Accept (████ - 02/14/2023)

Immediate: The designated staff who complete these screenings at the community are the Director of Memory Care and the Director of Health & Wellness. Each have reviewed the required 72-hour window and have signed the attached training.

Audit: DOV and ED have audited resident files, all other pre-screenings were done within the 72-hour window and are in compliance.

Systemic: Prior to future admissions to the secure dementia unit, the Executive Director will review the department's preadmission screening to confirm that the information has been recorded properly and that it has been done

231c - Preadmission Screening (continued)

within the required 72-hour window. This adds a second check of the form to confirm compliance.

Monitoring: The Director of Memory Care and the Executive Director will review screenings on a quarterly basis to ensure continued compliance with this regulation.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented [REDACTED] - 02/15/2023)