

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

March 15, 2023

[REDACTED], AUTHORIZED REPRESENTATIVE
MARQUIS AID OPCO LLC
[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 01/18/2023 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: 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: 7244307258 Email: kyahner@enlivant.com

Legal Entity

Name: MARQUIS AID OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/16/1998 Issued By: Labor and Industry

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/18/2023

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 47 Residents Served: 27
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 6
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 1

Inspections / Reviews

01/18/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/11/2023

02/10/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/14/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/16/2023

Inspections / Reviews *(continued)*

02/13/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/13/2023

03/15/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], resident #1 reported to staff person A allegations of physical and verbal abuse against staff person B; however, these allegations of abuse were not reported to the Area Agency on Aging until [REDACTED]

On [REDACTED] staff person C witnessed staff person B verbally abuse resident #2 in the resident's bedroom; however, this allegation of verbal abuse was not reported to the Area Agency on Aging until [REDACTED].

Plan of Correction

Directed ([REDACTED] - 02/13/2023)

- On [REDACTED], received approval from DHS to have employee work without supervision.
- On [REDACTED], updated incident report submitted to DHS regarding this incident to reflect factual information regarding staff person A returning to work under plan of supervision on 1/16/23.
- On [REDACTED], Regional Executive Director (RED) and Care Services Manager (CSM) reviewed resident records, 24 hour log and incident log and no other incidents were noted which had not been reported.
- By [REDACTED], RED and/or designee will audit incident reports submitted to the Department in the past 90 days to ensure incident report submitted was factual. Results will be reviewed with the Regional Director of Care Services (RDCS) as necessary and updates made to the Department if discrepancies identified.
- On [REDACTED], RDCS re-educated CSM on the requirements set within regulation 2600.16c. Documentation of education will be maintained at the community. (Exhibit 1 - Inservice)
- On [REDACTED], RDCS educated CSM and Community Relations Manager (CRM) on requirement that all staff returning to work under a plan of supervision, must be approved by the ED and/or designee prior to the return, the ED and/or designee will then report within 24 hours to the department the staff person has returned and include what supervision or measures are in place.
- By [REDACTED], RDCS or designee will provide education to CSM and CRM regarding: if an allegation of abuse/neglect is reported involving a staff person, the staff person shall immediately be suspended or placed on a plan of supervision in accordance with 2600.15b. The suspension or plan of supervision shall be reported to AAA in accordance with 2600.15a, as well as to the Department in accordance with 2600.16c. Documentation of education will be maintained at the community.
- On [REDACTED], CSM provided in-service to current staff, including staff persons A, and ancillary staff responsible for overseeing incidents and who are responsible for submitting incident reports on the requirements set within regulation 2600.16c including immediately upon receipt of an allegation of abuse, the staff person must immediately suspend or place on a plan of supervision involved staff member(s), and the suspension or plan of supervision shall be indicted in the incident report submitted to the Department. Documentation of education will be maintained at the community. (Exhibit - In-service)
- Starting [REDACTED], RED and/or designee will audit incident reports submitted to the Department daily to ensure incident report submitted timely in accordance with 2600.16c and are factual. Results will be reviewed with the Regional Director of Care Services (RDCS) as necessary, and updates made to the Department if discrepancies identified.

15a - Resident Abuse Report (continued)

- Starting 1/30/23, ED or designee will review 2 resident records, 24 hour log and incident log weekly x 4 weeks, biweekly x 4 weeks and monthly x 1 month to ensure incident or condition are reported as required to the Departments personal care home regional office or the person care home complaint hotline within 24 hours in a manner designated by the department and include factual information (Exhibit 2 – 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 three consecutive months of compliance. (DIRECTED: The home shall conduct a quality management review by 2/23/23. Documentation of the review shall be kept. LM 2/13/23).
- Completion date 2/15/23

Directed Completion Date: 02/23/2023

Implemented (█ - 03/15/2023)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home’s staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On █ and █, allegations of abuse were reported against staff person B; however, staff person B continued to work in the home unsupervised until staff person B was suspended on █.

Plan of Correction

Accept █ - 02/13/2023)

- On 1/10/23, upon RED learning of these allegations, staff person B was immediately placed on administrative leave pending the outcome of the investigation. Staff person B was terminated on █.
- On 1/11/23, CSM and CRM interviewed other residents who were provided care by staff person B and staff who worked with staff person B to ensure no other incidents occurred which would require an immediate plan of supervision or suspension of a staff person. No other incidents were identified.
- On 1/11/23, CSM audited 24 hour report and incident log for past 90 days to ensure no other incidents occurred which would require an immediate plan of supervision or suspension of a staff person. No other incidents were identified.
- On 1/11/23, RDCS provided in-service to CSM and CRM on the requirements set within regulation 2600.15b, including the immediate need to notify RDCS and/or designee who will assist in developing and implementing a plan of supervision or suspend the staff person involved in any alleged abuse incident. Documentation of education will be maintained at the community. (Exhibit 00 – In-service)
- Starting 2/6/23, ED or designee will interview 2 residents and 2 staff members as well as review 2 resident records and incident log weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 month to ensure no other incidents occurred which would require an immediate plan of supervision or suspension of a staff person. Documentation will be maintained at the community. (Exhibit 00 – Audit Tool)
- Starting 2/13/23, ED or designee will review 24 hour log daily to ensure there are no incidents of suspected abuse of a resident served in the home which would require an immediate suspension or plan of supervision for staff

15b - Supervisor Plan (continued)

person(s) involved in the allegation of abuse/neglect. Documentation will be maintained at the community. (Exhibit 00 – Audit Tool)

- ED will discuss the results of the audit during monthly QI meetings. The next QI meeting will be held on 2/23/23. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Documentation will be maintained at the community.
- Completion Date: 2/6/23

Licensee's Proposed Overall Completion Date: 02/25/2023

Implemented [REDACTED] - 03/15/2023)

15c - Supervision

3. Requirements

2600.

15.c. The home shall immediately submit to the Department’s personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [REDACTED] and [REDACTED], allegations of abuse were reported against staff person B; however, the Department was not notified of staff person B's suspension until [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/13/2023)

- On [REDACTED] upon RED learning of these allegations, staff person B was immediately placed on administrative leave pending the outcome of the investigation. Staff person B was terminated on [REDACTED]
- On 1/11/23, CSM submitted a reportable incident to the Department's personal care home regional office notifying them of staff person B's suspension.
- On 1/11/23, CSM audited 24 hour report and incident log for past 90 days to ensure allegation reported to the Department's personal care home regional office timely. No allegations were noted which had not been reported to the Department's personal care home regional office.
- On 1/11/23, RDCS provided in-service to CSM and CRM on the requirements set within regulation 2600.15c, including the need to immediately submit a plan of supervision or notice of suspension to the Department's personal care home regional office. Documentation of education will be maintained at the community. (Exhibit 00 – In-service)
- On 2/8/23, RDCS educated CSM and CRM on requirement that all plans of supervision or suspension or an affected staff person must be approved by RDCS and/or designee prior to submission to the Department's personal care home regional office to ensure timely and accurate reporting. Documentation of education will be maintained at the community. (Exhibit 00 – In-service)
- Starting 2/6/23, ED or designee will interview 2 residents and 2 staff members as well as review 2 resident records and incident log weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 month to ensure there are no plans of supervision or notice of suspension of an affected staff person which have not been immediately reported to the Department's personal care home regional office. Documentation will be maintained at the community. (Exhibit 00

15c - Supervision (continued)

- Audit Tool)

- Starting 2/13/23, ED or designee will review 24 hour log daily to ensure there are no incidents of suspected abuse of a resident served in the home which would require an immediate suspension or plan of supervision for staff person(s) involved in the allegation of abuse/neglect which needs to be submitted to the Department's personal care home regional office. Documentation will be maintained at the community. (Exhibit 00 – Audit Tool)
- ED or designee will discuss the results of the audit during monthly QI meetings. The next QI meeting will be held on 2/23/23. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Documentation will be maintained at the community.
- Completion Date: 2/6/23

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented () - 03/15/2023)

16c - Written Incident Report

4. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident #1 reported to staff person A allegations of physical and verbal abuse against staff person B; however, these allegations of abuse were not reported to the Department until [redacted].

On [redacted] staff person C witnessed staff person B verbally abuse resident #2 in the resident's bedroom; however, this allegation of verbal abuse was not reported to the Department until [redacted].

Plan of Correction

Accept () - 02/13/2023)

- On 1/11/23, CSM submitted a reportable incident to the Department's personal care home regional office notifying them of the abuse allegations against staff person B which involve resident #1 and resident #2.
- On 1/11/23, CSM audited 24 hour report and incident log for past 90 days to ensure allegation reported to the Departments personal care home regional office timely. No allegations were noted which had not been reported to the Department's personal care home regional office.
- On 1/11/23, RDCS provided in-service to CSM and CRM on the requirements set within regulation 2600.16c, including the need to report an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours. Documentation of education will be maintained at the community. (Exhibit 00 – In-service)
- On 2/6/23, CSM provided in-service to current staff, including staff persons A, C, and ancillary staff, on the requirements set within regulation 2600.16c. Documentation of education will be maintained at the community. (Exhibit 00 - In-service)
- Starting 2/6/23, ED or designee will interview 2 residents and 2 staff members as well as review 2 resident

16c - Written Incident Report (continued)

records and incident log weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 month to ensure there are no incidents or conditions which are considered to be reportable to the Department's personal care home regional office which have not been reported. Documentation will be maintained at the community. (Exhibit 00 – Audit Tool)

- Starting 2/13/23, ED or designee will review 24 hour log daily to ensure there are no incidents or conditions which require reporting to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall follow all guidelines in regulation 2600.15. Documentation will be maintained at the community. (Exhibit 00 – Audit Tool)
- ED or designee will discuss the results of the audit during monthly QI meetings. The next QI meeting will be held on 2/23/23. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Documentation will be maintained at the community.
- Completion Date: 2/6/23

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented () - 03/15/2023)

42b - Abuse

5. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On () staff persons B and C were providing care to resident #2 in the resident's bedroom. While attempting to get resident #2 out of bed, staff person B became irritated that resident #2 was taking too long to get out of bed and told resident #2 to, "get the fuck up." Staff person B then threw the resident #2's walker toward the bedroom door and placed resident #2 in his wheelchair. Resident #2 was visibly upset and asked staff person B, "why are you treating me like this?"

Plan of Correction

Accept () - 02/13/2023)

- On 1/10/23, upon Regional Executive Director (RED) learning of these allegations, resident #1 was assessed that day by Care Service Manager (CSM) with no abnormal findings.
- On 1/10/23, upon RED learning of these allegations, staff person B was immediately placed on administrative leave pending the outcome of the investigation. Staff person B was terminated on ().
- On 1/10/23, upon RED learning of these allegations, resident #2 was assessed that day by Care Service Manager (CSM) with no abnormal findings.
- On 1/11/23, CSM and CRM interviewed other residents and staff to ensure no other incidents occurred. No other incidents were identified.
- On 2/6/23, CSM provided in-service to current staff, including staff person C and ancillary staff, on the requirements set within regulation 2600.42b, including that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Documentation of education will be maintained at the community. (Exhibit 00 - In-service)
- Starting 2/6/23, ED or designee will interview 2 residents and 2 staff members as well as review 2 resident records and incident log weekly x 4 weeks and bi-weekly x 4 weeks to ensure continued compliance with regulation 2600.42b. Documentation will be maintained at the community. (Exhibit 00 – Audit Tool)

42b - Abuse (continued)

- Starting 2/13/23, ED or designee will review 24 hour log daily to ensure there are no incidents of resident neglect, intimidation, physical or verbal abuse, mistreatment, subjected to corporal punishment or disciplined in any way. Documentation will be maintained at the community. (Exhibit 00 – Audit Tool)
- ED or designee will discuss the results of the audit during monthly QI meetings. The next QI meeting will be held on 2/23/23. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Documentation will be maintained at the community.
- Completion Date: 2/6/23

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented [REDACTED] 03/15/2023)