

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

April 10, 2023

[REDACTED], PRESIDENT/COO  
SNH PENN TENANT LLC

RE: OVERLOOK GREEN  
5250 MEADOWGREEN DRIVE  
PITTSBURGH, PA, 15236  
LICENSE/COC#: 45057

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/02/2023, 03/03/2023, 03/07/2023, 03/09/2023 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: *OVERLOOK GREEN* License #: *45057* License Expiration: *07/01/2023*  
 Address: *5250 MEADOWGREEN DRIVE, PITTSBURGH, PA 15236*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *SNH PENN TENANT LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/23/1994* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Complaint, Incident* Exit Conference Date: *03/17/2023*

**Inspection Dates and Department Representative**

03/02/2023 - On-Sit [REDACTED]  
 03/03/2023 - On-Sit [REDACTED]  
 03/07/2023 - On-Sit [REDACTED]  
 03/09/2023 - On-Sit [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *128* Residents Served: *59*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *BTR* Capacity: *23* Residents Served: *13*

**Hospice**  
 Current Residents: *8*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *36* Have Physical Disability: *0*

**Inspections / Reviews**

03/02/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/26/2023*

Inspections / Reviews *(continued)*

03/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/03/2023

04/03/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/10/2023

04/10/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. 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 notified staff person A that [redacted] believed staff person B stole [redacted] Amazon Alexa virtual assistant; however, this incident was not reported to the Department.

The Area Agency on Aging notified the home of allegations of abuse/neglect on [redacted] and [redacted]; however, these allegations were not reported to the Department.

Plan of Correction

Directed ([redacted] - 04/03/2023)

1. The two incidents were reported to DHS on [redacted].
2. All staff and managers will be trained on reportable incident at the monthly staff meeting on 3/31/23. (DIRECTED: Documentation of the education shall be kept. [redacted] 4/3/23).
3. The ED will train staff on reportable incidents from the Regulatory Compliance Guide.
4. The ED or designee will review both communication logs daily to determine if any reporting has occurred beginning the week on 3/27/23.
5. The ED or designee will sign the bottom of the communication log after review.
6. The ED will keep the communication logs in a binder in the ED office.
7. The DRC and ED will review filed documents for 2023.
8. The DRC and ED will review all reportable incidents on 3/31/23 for the current year.
9. The ED/DRC will sign off on monthly review of all reportable incidents in the reportable incident book at the end of each month. (DIRECTED: The monthly reviews of the reportable incident book shall begin on 4/10/23 and continue monthly thereafter. [redacted] 4/3/23).
10. The ED/DRC are currently using a book to file incident reports.
11. The ED will fax all reportable items to DHS. If any are questionable incidents the ED/DRC will reach out for technical support to DHS.

Directed Completion Date: 04/10/2023

Implemented ([redacted] - 04/10/2023)

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 most recent medical evaluation was completed on [redacted]; however, resident #1’s previous medical evaluation was completed on [redacted]

Resident #3’s most recent medical evaluation was completed on [redacted]; however, resident #3’s previous medical

**141b1 Annual Medical Evaluation (continued)**

evaluation was completed on [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 04/03/2023)

1. A complete audit was done on March 18th and 19th of all resident charts.
2. A tickler book was created on 3/28/23.
3. DRC will implement usage of tickler book as of 3/28/23.
4. The DME's were arranged by month due.
5. No other DME's were out of compliance.
7. The Director of Nursing and the ED will look at upcoming DME's by the 15th of the previous month to ensure timely compliance. This will begin the month of April prior to April 15th.
8. All new residents will be added to the book beginning on 3/28/23 according to the due month of their DME.
9. The ED/DRC will sign off on each month when all documents are completed.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 04/10/2023)

**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**

The home's "Controlled Substances and Narcotics" policy states, "In the event of a documentation error, the responsible staff member draws a single line through the "error"; notes the word "error" and writes the date and his/her name next to the entry.... Any discrepancy in the Narcotic Inventory Count, or any suspicion that a Controlled Substance has gone missing, is reported to the DRC [Director of Resident Care] immediately."

On [REDACTED] staff person B administered [REDACTED] to resident #4, and documented the number of remaining [REDACTED] tablets as 7 on the control record, instead of the 8 tablets that were actually present. When staff person B counted the narcotics at the end of the shift with staff person C, staff person B discovered that there appeared to be an "extra" tablet. Staff person B disposed of the "extra" tablet in the sharps container; however, staff person B did not correct the entry on the control record or notify the Director of Resident Care that there was a discrepancy between the number of pills present and the control record in accordance with the home's policy.

**Plan of Correction**

Directed [REDACTED] - 04/03/2023)

1. The DRC made a complete audit of all narcotic count sheets on March 18th and 19th.
2. No other discrepancies were noted at that time.
3. The DRC will retrain all medication staff on proper procedures for reporting narcotic counting the week of March 27th. The DRC will review 5 Star policy and procedure on proper narcotic counting per shift. All staff will sign off on training. (DIRECTED: All staff persons shall be reeducated by 4/10/23 on the home's medication policies and

**185a - Implement Storage Procedures (continued)**

*procedures, including the procedures for administration and documentation of controlled substances.*

*Documentation of the education shall be kept. [REDACTED] 4/3/23).*

*4. The DRC or designee will audit narcotic sheet counts weekly for three months beginning on the week of 3/27/23.*

*5. The audit sheets will be kept in a binder in the DRC's office.*

*6. The DRC will audit monthly after three monthly audit is complete.*

*7. The DRC or designee will audit monthly thereafter for 3 additional months.*

**Directed Completion Date: 04/10/2023**

**Implemented [REDACTED] - 04/10/2023)**