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

June 5, 2023

[redacted]
MCCANDLESS SQUARE SENIOR LIVING LLC
[redacted]

RE: ASHTON COMMONS SENIOR LIVING
551 COOPER STREET
WEXFORD, PA, 15090
LICENSE/COC#: 45354

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2023, 03/30/2023 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: *ASHTON COMMONS SENIOR LIVING* **Licen e #**: *45354* **Licen e Expiration**: *04/21/2023*

Address: *551 COOPER STREET, WEXFORD, PA 15090*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MCCANDLESS SQUARE SENIOR LIVING LLC*

Address: [redacted]

Phone: [redacted] **Email** [redacted]

Certificate(s) of Occupancy

Type: *I 2* **Date**: *01/19/2022* **I ued By**: *Twp of McCandles*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *116* **Waking Staff**: *87*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *03/30/2023*

Inspection Dates and Department Representative

03/28/2023 On Site [redacted]

03/30/2023 On Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *109* **Residents Served**: *74*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *First floor* **Capacity**: *16* **Residents Served**: *14*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *72*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *42* **Have Physical Disability**: *1*

Inspections / Reviews

03/28/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/06/2023*

05/09/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/05/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/16/2023*

Inspections / Reviews *(continued)*

05/16/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/09/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/26/2023*

06/05/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/24/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

42b - Abuse

2. 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

The assessment and support plan, dated [redacted]/22, for resident #1 indicates the resident is a total staff assist with turning/positioning, all transfers, and hygiene [redacted]. The resident cannot use left side [redacted]. The resident requires total assistance with all [redacted] care and with managing supplies. Staff will encourage regular frequent toileting to prevent incontinence and assist with transfers on/off toilet as well as with all hygienic needs.

On [redacted]/23 at approximately, [redacted]a.m., resident #1 reported activating the call bell for [redacted] assist. Direct care staff person A asked staff person B to assist with [redacted]care due to the resident "being heavy and can't lift the resident." Both direct care staff person A and B entered the room and staff person A asked what the resident needed. Resident #1 reported needing to the to the bathroom. Direct care staff person A told resident #1 in a "nasty" way, "I have a bad back and I'm not going take you to the bathroom. I'm not going to hurt myself over you. I have a bad back." Staff person B was reported to be standing back by the closet doors the entire time watching not saying anything and did not assist with any incontinence care. Direct care staff person A told resident #1 repeating multiple times of having a bad back. Resident #1 reported saying, "I don't understand why your mad at me it is normal to have to go to the bathroom." Staff person A told the resident [redacted] had a bad back and when the resident asked what he/she was supposed to do…direct care staff person A told the resident to "go in your brief, because I am not coming in to change you." Resident #1 reported while direct care staff person A was providing incontinence care in the bed, went on about the resident not being able to stand up, saying, "it is ridiculous for the resident to want to be toileted and going to report it and write it in a book", then told resident #1 to "stop acting like a baby." Direct care staff person A asked direct care staff person B, "Are you ready to leave?" then they both walked out of the room. After they left the room, direct care staff person A was reported telling direct care staff person B, "I'm not going to take resident #1 to the bathroom if the resident rings any more tonight because we already changed the resident." Direct care staff person B reported telling staff person A, "You know, if the resident got to go and rings, then you should take to the bathroom, if resident asks, you need to toilet him/her. You know that right."

Resident #2 has a diagnosis of [redacted] with limited verbal skills, and requires the use of a wheelchair. At an undetermined time, possibly [redacted] a.m. to [redacted] a.m., during the overnight shift from [redacted]23 to [redacted]23, resident #2 activated the call bell. Resident #2 reported, two [redacted] staff came into the resident's room both wearing masks, identified as direct care staff person A and B. The resident indicated one asked, "Do you need toileted?" and the resident replied, "yes". The resident reported the two staff left the room. Resident #2 reported waiting a bit and when no one came back, reported yelling out, "Help, Help, help me." The resident reported direct care staff person A came in first and direct care staff person B was behind [redacted] Direct care staff person A walked over to resident #2's bedside put [redacted] hand tightly over the resident's mouth while telling the resident to "shut the hell up" and to "stop yelling."

Plan of Correction ***Directed ([redacted] - 05/12/2023)***

Commencing on March 20th, an investigation into the incident was initiated. all statements were obtained by staff and residents and notification was made immediately to family, MD, DHS and Adult Protective Services by the Executive Director. Per the investigation, the team members in question were separated from the community as we could not unsubstantiate the accusation of abuse. Team members will inserviced by local ombudsman regarding

42b - Abuse (continued)

resident abuse and neglect and resident rights. The Wellness Director/Designee will review the 24 hour report daily and read documentation in the residents medical record for any reports or complaints of abuse. Any information regarding documentation of such complaints will be immediately followed up on the day that it was reported . This will occur daily. Wellness Director will inservice staff to report any and all resident/family complaints of abuse to mmediate supervisor/ Manager on Duty immediately. A statement will be obtained from the resident/family and all staff in the community at the time of the event.The Ombudsman has scheduled these trainings for May 11 2023 at 930 am and 11 am. All training will be completed by 05/25/2023

DIRECTED
Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall begin privately nterviewing three residents a week for three month and three residents a month thereafter to ensure residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined n any way. Documentation of interviews shall be kept. 5/12/23 [redacted]

Directed Completion Date: *05/25/2023*

Implemented ([redacted] - 06/05/2023)

141a 1 10 Medical Evaluation Information

4. Requirements

2600.
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

The medical evaluation, dated [redacted]/23, for resident #2, does not include the height and weight and does not indicate if the resident has any Special Health/Dietary needs. The sections are blank.

Plan of Correction ***Accept ([redacted] 05/12/2023)***

Wellness Director/Designee has obtained an appropriate and complete DME for resident #2 and it is in [redacted] medical record. Wellness Director/Designee has created a log for DME review to ensure that all DME's are completed and timely. Each resident's DME (copy) is placed in a three ring binder according to the month that they DME was completed. Staff will be inserviced by the Wellness Director regarding review and completeness of all DME's. Any ncompleted DME will be referred to the Wellness Director to review with the physician/physician extender to ensure that each DME in accurate and complete. Each month the Wellness Director/Designee reviews the coming month to ensure that all DME's are complete and timely . Example: March DME's are reviewed in February, etc. These documents with be reviewed monthly for 12 months. These documents will be reviewed ongoing and will have no end date.

141a 1-10 Medical Evaluation Information *(continued)*

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented (JK - 06/05/2023)

227g -Support Plan Signatures

5. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan, dated, [redacted]/23 for resident #2 was not signed by the assessor.

Plan of Correction ***Accept ([redacted] - 05/09/2023)***

The Wellness Director has obtained a signature for the current plan of correction for the resident and it is in the medical record. Staff was inserviced by the Wellness Director regarding review and signature of all RASPs with resident/resident designee at the time of review. Wellness/Director/Designee has reviewed all RASPs for appropriate signatures by all residents/resident designees. Wellness Director/Designee will review all RASPs for appropriate review with resident and signatures monthly for two months.

Licensee's Proposed Overall Completion Date: *07/06/2023*

Implemented ([redacted] - 06/05/2023)