

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

April 26, 2023

[REDACTED]
ASBURY PLACE INC
760 BOWER HILL ROAD
PITTSBURGH, PA, 15243

RE: ASBURY PLACE
760 BOWER HILL ROAD
PITTSBURGH, PA, 15243
LICENSE/COC#: 43155

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2023, 03/09/2023, 03/10/2023 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: ASBURY PLACE **License #:** 43155 **License Expiration:** 12/21/2023
Address: 760 BOWER HILL ROAD, PITTSBURGH, PA 15243
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: ASBURY PLACE INC
Address: 760 BOWER HILL ROAD, PITTSBURGH, PA, 15243
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 07/15/1997 **Issued By:** L & I
Type: I 2 **Date:** 01/05/1998 **Issued By:** Mt. Lebanon

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 54 **Waking Staff:** 41

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 03/10/2023

Inspection Dates and Department Representative

03/08/2023 On Site [REDACTED]
 03/09/2023 On Site [REDACTED]
 03/10/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 42 **Residents Served:** 27

Secured Dementia Care Unit

In Home: Yes **Area:** Entire home **Capacity:** 42 **Residents Served:** 27

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 27
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 27 **Have Physical Disability:** 0

Inspections / Reviews

03/08/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/01/2023

Inspections / Reviews *(continued)*

04/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2023

Reviewer: Jon [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/17/2023

04/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/8/23, there was a heavy accumulation of dirt and dust, approx. 1/2", in between the vent slats and visible from underneath are large clumps of dirt/dust lying on the inside of the vent slats in the ceiling heater with light in the common bathroom in [REDACTED].

On 3/8/23, at approximately 11:34 a.m., there was a thick, heavy concentration (approximately 1") of dirt and dust covering almost the entire cover of the cold air duct in the common bathroom/shower room in [REDACTED].

Plan of Correction

Accepted [REDACTED] - 04/10/2023)

-At the time of inspection 3/8/2023 maintenance removed and cleaned the heater vent in the common bathroom/shower room [REDACTED].

-At the time of inspection 3/8/2023 maintenance removed and cleaned the cold air return in the common bathroom/shower room [REDACTED].

-All heater vents and cold air returns were checked on 3/8/2023 to ensure that they are in good clean working condition.

-Maintenance will do weekly inspections of the building to ensure that all equipment is properly secured, functioning and clean.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented [REDACTED] - 04/26/2023)

88a - Surfaces**2. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 3/8/23, the emergency fire doors on the left side in the main front area after entry to SDCU do not close properly. There is a gap of approximately 1/4", between the two doors. Then there are drag marks at the top right corner of the left door, where the right door gets hung up.

On 3/8/23, at approximately 10:04 a.m., approximately 6" of the rubber wainscoting behind the toilet is pulled away from the wall in the common bathroom by room # [REDACTED] in [REDACTED] Lane.

Plan of Correction

Accepted [REDACTED] - 04/10/2023)

On 3/13/2023 maintenance repaired the fire doors, so they shut freely and close appropriately.

On 3/8/2023 at the time of the inspection maintenance repaired the 6" if the rubber wainscoting behind the toilet.

On 3/8/2023 maintenance checked all other areas for loose fitting wainscoting to ensure they were in good condition.

88a - Surfaces (continued)

-Maintenance will do weekly inspections of the building to ensure that all equipment is properly secured, functioning and clean.

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented [REDACTED] - 04/26/2023)

91 Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the red cordless telephone in the kitchenette in [REDACTED]

Plan of Correction

Accepted [REDACTED] - 04/10/2023)

-At the time of the inspection 3/8/2023 emergency phone numbers were places on the red cordless phone in the brown house kitchen area.

-On 3/8/2023 all other facility phones were checked to ensure that emergency phone numbers were in place.

-Monthly phone number audits to be done by unit secretary. Secretary will ensure that all phones have the appropriate emergency number on them.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented [REDACTED] - 04/26/2023)

92 Windows

4. Requirements

2600.

92. Windows and Screens Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 3/8/23, there was no screen in the middle window at the end of hall in [REDACTED] by room [REDACTED] on [REDACTED]

Plan of Correction

Accepted [REDACTED] 04/10/2023)

On 3/8/2023 a screen was place in the middle window at the end of the hall in Garden way by room 232.

-On 3/8/2023 all windows of Asbury Place were checked to ensure that screens were in place.

-Maintenance will do weekly inspections of the building to ensure that all equipment is properly secured, and clean.

92 - Windows (continued)

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented ([REDACTED] 04/26/2023)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 3/8/23 at, approximately 10:04 a.m., the thermostat was not secured to the wall, leaving a gap of approximately 2", in the common bathroom by room [REDACTED] in [REDACTED].

The back of the common bathroom has a shower room, the thermostat on the wall by the light switch was missing the cover, exposing the wiring, posing a hazard.

On 3/8/23 at approximately 11:34 a.m., the wall soap dispenser in the common bathroom/shower room in [REDACTED] [REDACTED] was missing the cover to the front of the dispenser.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

-At time of inspection on 3/8/2023, maintenance was notified and removed the loose fitting thermostats and patched the wall in the greenhouse Meadow Lane & common bathroom shower room.

-On 3/8/2023 maintenance checked to ensure that all other thermostats were properly secured.

-On 3/10/2023 maintenance put a new soap dispenser in the common bathroom/shower room.

-On 3/10/2023 maintenance checked all of the soap dispensers to ensure that they are in good working condition.

-Maintenance will do weekly inspections of the building to ensure that all equipment is properly secured and functioning.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented [REDACTED] - 04/26/2023)

102h - Toilet Paper

6. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 3/8/23, at approximately 11:16 a.m., there was no toilet paper in the common bathroom/shower room across from room [REDACTED] in [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/10/2023)

-At the time of inspection on 3/8/2023 the toilet paper was refurbished immediately.

- Starting 3/8/23, housekeeping will check all bathrooms 2x daily to ensure that toilet paper is readily available at

102h - Toilet Paper (continued)

all times.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented [REDACTED] - 04/26/2023)

121a - Unobstructed Egress**7. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 3/8/23, at approximately 9:15 a.m., the back gate in the exterior courtyard from Greenhouse could not be opened without great difficulty after multiple attempts. The bottom middle part of the gate is setting on the ground and the front part of the gate must be lifted approximately 6" and pulled back to disengage from the latch. The gate is heavy and difficult to maneuver.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

Maintenance repaired the courtyard gate 4/4/2023, repairs included resetting and evening out the concrete below the fence so there is clearance. The gate was lifted and realigned with the fence so there is sufficient clearance for the gate to open freely and it disengages from the latch seamlessly.

-Maintenance will do weekly inspections of the building to ensure that all equipment is properly secured and functioning.

Licensee's Proposed Overall Completion Date: 04/05/2023

Implemented [REDACTED] - 04/26/2023)

162c - Menus Posted**8. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 3/8/23, the menus posted on the bulletin board in the [REDACTED] and the [REDACTED] sides of the home were not of the current year, indicating 2021-22 Fall Winter IDDSI Menu "Week 1" and behind that was "Week 2" and so on. However, there were no other dates indicated on the menu making it difficult to determine which was current week and current meal being served.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

-At the time of inspection on 3/8/2023, the menus were taken down and replaced with new menus that have each day's date on them.

-Administrator will review meal menus before they are posted weekly.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented [REDACTED] 04/26/2023)

183b - Meds and Syringes Locked

9. 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 3/8/23 at approximately 1:45 p.m., there was an unlabeled, unlocked 3oz. bottle of [REDACTED] Antifungal Powder on the sink in resident #1's private bathroom in bedroom [REDACTED]. The resident resides in a SDCU and is assessed to be unable to self-administer any medications.

Plan of Correction

Accept [REDACTED] 04/10/2023)

At the time of the inspection 3/8/2023, powder was removed from the resident's room.

An email was sent out to family to remind them that residents are not permitted to have any type of medication/power/ointments kept in their room. Reiterated that all items must be kept locked in the med cart with the nurse/med tech.

Nurse will do a weekly room check for all residents to ensure that there are no OTC medications in the residents' rooms.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented [REDACTED] - 04/26/2023)

185a - Implement Storage Procedures

10. 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 3/9/23, at 10:23 p.m., resident #2's glucometer indicated a time of [REDACTED] a.m. The glucometer was not set to the correct time.

Plan of Correction

Accept [REDACTED] 04/10/2023)

-A new glucometer has been ordered for residents #2, the time has been appropriately calibrated.

-Weekly glucometer checks will be done by med tech to ensure that all times and reading correspond appropriately.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented [REDACTED] 04/26/2023)