

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

April 26, 2023

[REDACTED]
VINCENTIAN DE MARILLAC
[REDACTED]

RE: SCHENLEY GARDENS
3890 BIGELOW BOULEVARD
PITTSBURGH, PA, 15213
LICENSE/COC#: 44986

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2023, 03/23/2023, 03/24/2023 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: *SCHENLEY GARDENS* License #: *44986* License Expiration: *11/20/2023*
 Address: *3890 BIGELOW BOULEVARD, PITTSBURGH, PA 15213*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *VINCENTIAN DE MARILLAC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1 1* Date: *11/08/2000* Issued By: *City of Pittsburgh*
 Type: *1 2* Date: *11/08/2000* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *03/24/2023*

Inspection Dates and Department Representative

03/22/2023 On Site [REDACTED]
 03/23/2023 On Site [REDACTED]
 03/24/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *164* Residents Served: *49*

Secured Dementia Care Unit
 In Home: *Yes* Area: *5th Floor* Capacity: *32* Residents Served: *6*

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

03/22/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/07/2023*

Inspections / Reviews *(continued)*

04/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2023

Reviewer: [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

161d - Dietary Needs

1. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #1's medical evaluation, dated [redacted]/22, and physician's orders, dated [redacted]/22, both indicate a regular diet with mechanical soft texture. Resident #1's support plan, dated [redacted]/22, indicates the plan to meet the assessed dietary need is "Resident can independently make food choices." However, interviews conducted on 3/24/22 indicated the dietary staff was unaware of resident #1's special dietary needs and the home has not prepared the resident's food with mechanical soft textured guidelines as ordered by resident #1's physician.

Plan of Correction

Accepted [redacted] - 04/10/2023

Assistant Administrator/LPN obtained an order for speech therapy from resident #1's physician on [redacted]/23. Resident #1's diet was upgraded to Regular diet/regular consistency on [redacted] 23 (both orders attached). Diet upgrade documented on resident #1's DME and RASP by Ast Admin/LPN on [redacted] 23 to reflect the change. See attached updated DME and RASP. Diet list for all residents audited by Ast Admin on 3/30/23 to confirm that the diet orders match the meals being served by the culinary team. All residents identified to have a altered diet consistency will be given a dietary restriction survey by the Ast Admin (see attached survey). All surveys to be completed by 4/14/23. Inconsistencies addressed by Ast Admin, speech therapy consulted as needed. All changes made were reflected on the resident's DME and RASP's. Updated diet order list emailed by Ast Admin to culinary team on 4/5/23 with directions on how to access the diet list in point click care. Upon new resident admissions and diet change orders, LPN will email culinary manager and update in point click care. Ast Admin and Culinary Manager will be responsible for reviewing all resident diet orders quarterly to ensure the team is aware of current diet orders and restrictions are being followed. Reminders added to outlook calendars for quarterly audits (see attached screenshot).

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [redacted] - 04/26/2023

234d - Support Plan Revision

3. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #3's support plan, was completed on [redacted]/22. However, resident #3's support plan has not been revised to include the care and services to be provided [redacted] beginning on [redacted] 23.

Plan of Correction

Accepted [redacted] - 04/10/2023

Administrator and Assistant Administrator spoke with the [redacted] social worker on 3/29/23 in regards to coordination of care and frequency of visits by the [redacted] team. It was determined that the [redacted] aide will be visiting 4-6 times/week and the nurse will visit 1-3 times/week. Significant change RASP completed by the Ast Administrator on [redacted] 23. Care to be provided by [redacted] to Resident #3 reflected in the RASP (see attached). Assistant Administrator to audit the RASPs of all residents receiving [redacted] services (audit form attached). Audit to be completed by 4/21/23. Moving forward, a significant change RASP will be completed by the Assistant Administrator or designee when a resident is admitted to [redacted] services. RASP audits of residents

234d - Support Plan Revision (continued)

receiving [REDACTED] services will be completed by the Ast Admin or designee on a quarterly basis.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented [REDACTED] - 04/26/2023)

252 - Record Content

4. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photograph in resident #4's resident record is dated [REDACTED]/19.

The photograph in resident #5's resident record is dated [REDACTED]/19.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

New photographs for residents #4 and #5 were taken and uploaded into the electronic medical record at the time of the inspection (3/24/23). See attached screenshots of updated photos. Assistant Administrator audited all resident photos on 3/31/23. All residents with photos more than two years old had new photos taken and uploaded into point click care. This was completed by 4/5/23. All resident photos will be audited annually during the first week of April by the Assistant Administrator or designee to ensure compliance. Reminder added to outlook calendars (see attached reminder). Photos are taken upon new resident admissions.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented [REDACTED] 04/26/2023)