

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

May 12, 2023

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]
[REDACTED]

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 04/04/2023 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: Labor and Industry
 Type: I 2 Date: 03/14/2018 Issued By: Borough of Whitehall

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 103 Waking Staff: 77

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 04/27/2023

Inspection Dates and Department Representative

04/04/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 128 Residents Served: 64
 Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 23 Residents Served: 16
 Hospice
 Current Residents: 11
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 39 Have Physical Disability: 0

Inspections / Reviews

04/04/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/10/2023

05/10/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/12/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/16/2023

Inspections / Reviews *(continued)*

05/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/15/2023

05/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183b - Meds and Syringes Locked

1. 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

At [REDACTED] pm, there was a white pill unlocked, unattended and accessible in a pill cup on the end table in resident #1's bedroom. According to resident #1's most recent medical evaluation, dated [REDACTED] 23, resident #1 is unable to self-administer medications.

Plan of Correction**Accept ([REDACTED] - 05/10/2023)**

- The medication was immediately removed on 4/4/23 after surveyor informed the Director of Resident Care that it was in resident #1's room. The Director of Resident Care wasted the medication.
- On 4/4/23 the Executive Director notified resident #1's Personal Care Physician via fax of the missed medication. (See document). [REDACTED] gave no new orders.
- On 4/4/23 the Director of Resident Care called the Power of Attorney to inform him of the medication omission, his voice mail was full. The Director of Resident Care called back and spoke to him regarding the incident on 5/5/23.
- On 4/4/23 the Executive Director notified DHS of the medication omission via reportable incident. (See Document).
- On 4/4/23 The Executive Director and the Director of Resident Care made a complete room search of the community and found no other medications. (See Document).
- Training began on 5/5/23 for all Nurses and Medication Assistants to review Medication Administration Documents from the Regulatory Compliance Guide, Five Star Policy and DHS Student Manual for Medication Administration Training. All part time staff and or as needed staff will be trained by 5/15/23 due to scheduling conflicts. (See Documents).
- Staff will sign and verify daily that all residents have ingested their medications at the completion of their medication pass. (See Document). The daily document will be kept in front of each Medication Administration Record. Documentation is to begin on 5/15/23 after all staff are trained and informed of the new procedure. (See Document)
- The Executive Director or Resident Care Director will audit the verification document three times weekly to ensure staff compliance. The Executive Director and or Director of Resident Care will initial on the audit sheet with each audit.
- The Executive Director will collect all audit sheets and place them in a binder until 9/9/23.

Licensee's Proposed Overall Completion Date: 09/09/2023

Implemented ([REDACTED] - 05/12/2023)