

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

June 16, 2023

[REDACTED]
GRAND RESIDENCE OF UPPER ST CLAIR INC
45 MCMURRAY ROAD
UPPER ST. CLAIR, PA, 15241

RE: THE GRAND RESIDENCE AT UPPER
ST. CLAIR
45 MCMURRAY ROAD
UPPER ST. CLAIR, PA, 15241
LICENSE/COC#: 43232

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/18/2023, 05/05/2023 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: THE GRAND RESIDENCE AT UPPER ST CLAIR License #: 43232 License Expiration: 11/16/2023

Address: 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA 15241

County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: GRAND RESIDENCE OF UPPER ST CLAIR INC

Address: 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA, 15241

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 80 Waking Staff: 60

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Complaint, Incident Exit Conference Date: 05/05/2023

Inspection Dates and Department Representative

04/18/2023 On Site [REDACTED]

05/05/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85 Residents Served: 61

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

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

Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

04/18/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/18/2023

05/18/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/16/2023

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/24/2023

Inspections / Reviews *(continued)*

06/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/19/2023

06/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

According to numerous staff persons, there were numerous occasions where resident #1 was found at approximately 7:00 am by another staff person and was saturated with urine through [REDACTED] brief, bed pad and bed linens. Urine also extended up resident #1's back. During these instances, staff person A was assigned to provide care to resident #1 [REDACTED] the night before. Resident #1's most recent assessment, dated [REDACTED]/23, indicates resident #1 requires physical assistance [REDACTED] and resident #1's most recent support plan, dated [REDACTED]/23, indicates resident #1 requires staff assistance with brief changes and staff persons are to check resident #1's brief every 2-3 hours and as needed.

Plan of Correction

Accept [REDACTED] - 06/05/2023)

We respectfully do not agree with the findings. Less than half the staff persons that work on the 11:00pm-7:00am shift were interviewed. For example, two staff who are supervisors and medication technicians, who do rounds on all residents during the 11:00pm-7:00am shifts were not interviewed due to the licensing representative's technical difficulties. Both would have explained that resident #1 is not in bed after 6:00am, as they are on the first floor in the lobby or dining room between 6:00am-6:15am each morning having been brought downstairs by the staff person that had assisted them with dressing and morning care. Further, both staff persons make rounds on all the residents throughout the 11:00-pm-7:00am shift and if on numerous occasions resident #1 was saturated through their brief, bed pad and bed linens they would have been aware and addressed it with staff and notified their supervisors so that the assessment and support plan could be updated to better meet resident #1's needs.

To comply with regulatory requirements, the plan of correction follows.

Staff will be re-trained and educated on the importance of providing each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan. Staff will be reminded that if they care for a resident and see that their care needs are changing, they should notify their supervisor and the nurse on duty. This will ensure the residents' needs are met and that their RASP can be updated to remain accurate with their current needs. Staff training will start on 6/1/23 and continue through 6/18/23 to ensure all staff members that work different shifts and different days are able to receive the training. All staff members will have received this training education by June 19, 2023. Documentation of the training will be kept for their file.

All staff will be educated upon hire and semi – annually regarding the importance of the RASP (resident assessment and support plan), team sheets and meeting our residents' needs. Attached is an example of the training that will be done upon hire and twice annually. Documentation of the training will be kept for their file.

The midnight supervisor will do a minimum of 2 rounds per night per floor to ensure compliance with residents' care needs per their RASP. They will continue to document their rounds on the midnight supervisor check in form that they have been using. Attached is an example of the form. Completed forms will be submitted by June 19, 2023. This is an ongoing check system that has been used prior to 2023 and will continue to be used going forward.

23a - Activities of Daily Living Assistance (continued)

The assistant administrator or designee will monitor compliance by checking the team sheets weekly. The weekly checks have been ongoing. The log of the weekly checks began on 5/18/23. Attached is a copy of the monitor log that will be used to audit and ensure compliance.

The staff director or designee will interview approximately 5 residents per month to ensure they are receiving assistance with their ADL's. The interviews began the week of 5/22/23 and will be documented on the Resident Interview Log as attached.

All staff persons, including staff person A, working on the 11:00pm-7:00am shift were counseled and will be counseled again on the importance of meeting the residents' needs as indicated on their team sheets and assessment and support plans. They were counseled on the importance of good communication with their coworkers and supervisors to ensure that residents' needs are met and when there are changes that all staff are aware. If they have questions or concerns about meeting residents' needs, they should talk to one of their supervisors. The first counseling occurred prior to May 18th and the follow up counseling session will be completed by 6/9/23.

All parts of the plan of correction will be fully implemented by 6/19/23 and proof will be submitted to the department on 6/19/23.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of facts alleged or conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Licensee's Proposed Overall Completion Date: 06/19/2023

Implemented (█) - 06/16/2023)