

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

June 6, 2023

[REDACTED], LEGAL ENTITY REPRESENTATIVE
ABODE CARE OF MONROEVILLE LLC
2560 STROSCHEIN ROAD
MONROEVILLE, PA, 15146

RE: ABODE CARE OF MONROEVILLE
2560 STROSCHEIN ROAD
MONROEVILLE, PA, 15146
LICENSE/COC#: 45119

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2023, 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: ABODE CARE OF MONROEVILLE **License #:** 45119 **License Expiration:** 08/13/2023
Address: 2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: ABODE CARE OF MONROEVILLE LLC
Address: 2560 STROSCHEIN ROAD, MONROEVILLE, PA, 15146
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 06/04/2012 **Issued By:** Municipality of Monroeville

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 46 **Waking Staff:** 35

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 05/05/2023

Inspection Dates and Department Representative

05/04/2023 - On-Site: [REDACTED]
 05/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 35

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 35
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 11 **Have Physical Disability:** 1

Inspections / Reviews

05/04/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/25/2023

06/05/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/05/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/05/2023

Inspections / Reviews *(continued)*

06/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

As of [REDACTED] documentation indicated the police were on present at the home for the following incidents; however, the home did not report the incidents to the Department, to include:

* On [REDACTED] indicated for an assault. Interviews indicated it was an altercation between staff in the parking lot.

* On [REDACTED], at approximately 8:00 p.m., police on site looking for staff person A, previous employee) allegedly hiding in the kitchen of the home due to an incident that occurred at another location.

Plan of Correction

Accept [REDACTED] - 06/05/2023)

1. Incident reports for faxed to DHS on [REDACTED]

2. Administrator was re-educated by DHS representative on 5/4/2023 that incident reports must be sent even if police do not enter the facility. Staff re-education was held on 5/10/2023 to notify Administrator if Police were called or present on site.

3. Administrator will send incident reports to DHS within 24 hours of date of incident. Documentation along with fax confirmation will be placed in a binder located in Administrator's office.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 06/06/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at approximately [REDACTED] the following unsanitary conditions were identified, as follows:

* The designated smoking area for residents is at the exterior of the home by the exit in hallway B facing the parking lot. The area has approximately 50 or more cig butts throughout the landscape rocks to left of the door. There is a smokestack on the left side of the bench to the right of the door with a large accumulation of dried leaves piled up behind and around the bench with paper trash throughout. There are over 100 cig butts on ground around the bench and throughout the rocks in dried leaves posing a fire hazard.

* At 10:00 a.m., the designated smoking area for staff is in the back of the home to the right of the dumpster. An ashtray stand is next to the bench by the landscaping rocks. Behind the bench was a pile of cigarette butts that appeared to have been dumped from the ashtray onto the landscape rocks. There were approximately 50 or more cigarette butts in the pile.

Plan of Correction

Accept [REDACTED] 06/05/2023)

1. Cigarette butts were picked up on 5/4/2023. Leaves were removed on 5/4/2023.

85a - Sanitary Conditions (continued)

2. Staff and residents were re-educated on 5/10/2023 about keeping the smoking area cleaned and cigarettes need to be disposed of properly. Daily ground walk- thru has been implemented on 5/4/2023 for Maintenance director and Administrator to check entire facility to ensure they are free of any cigarette butts and potential fire hazards. signs have been ordered to be placed at both smoking areas

3. Maintenance Director will check grounds periodically throughout the day. Administrator will check grounds twice daily to ensure compliance. Documentaion will placed on file in Adminstrators office when walk thru is completed

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [redacted] - 06/06/2023)

185a - Implement Storage Procedures

3. 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 5/4/23, the homes policy for the "Accountability of medication & controlled Substances indicates the following: All controlled substances must be locked inside the metal container located inside the medication cart. Any controlled substances that are removed from the medication cart must be documented on MAR and signed by medication technician in the narcotic booklet located inside the medication cart. All controlled substances must be accounted for before and after administering the medication and counted prior to shift and departure of shift.

The home is not following their policies as set forth in Accountability of Medication and Controlled Substances. On 5/4/23, review of the homes CONTROLLED SUBSTANCE COUNT SIGN IN/OUT SHEETS for A Hall, B Hall and C Hall are not being initialed by the staff completing the narcotic counts coming in/out of their shifts on multiple dates, to include:

* On 5/1/23, 5/2/23, and 5/3/23, the 7:00 a.m. outgoing shift, did not initial with in coming shift for A Hall, B Hall, and C Hall.

* On 5/2/23 and 5/3/23, the 11:00 p.m. incoming shift, staff did not initial with the outgoing shift for A Hall and B Hall

* On 5/3/23, the 7:00 a.m. shift outgoing and incoming was not initialed; the 3:00 p.m. outgoing and incoming were not initialed by staff for the C Hall.

* On 5/4/23, no staff signed off as counting the narcotics on B Hall and C Hall.

Plan of Correction

Accept [redacted] - 06/05/2023)

1. Narcotic sheets have been corrected

2. Medication technicians were re-educated on home policy for narcotic counts on 5/10/2023. System in place for DON, ADON or Administrator to monitor medication techs during count daily to ensure they are signing on and off. Administrator and DON will check books daily during rounds to verify there are no missing signatures.

3. DON, ADON or Administrator will monitor shift changes daily. DON and Administrator will check narcotic books daily to ensure compliance

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [redacted] - 06/06/2023)

225a - Assessment 15 Days

4. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment dated, [REDACTED] for resident #1, indicates the resident requires total assistance with the managing his/her finances. However, interviews indicate the resident has total oversight and manages his/her own finances. Also, the resident does not have a personal needs account at the home or are any finances managed by the home.

Plan of Correction

Accept ([REDACTED] - 06/05/2023)

1. Resident support plan was updated 5/4/2023.
2. All resident RASP were reviewed on 5/4/2023 to reflect their financial status. System in place for DON to review all resident RASP quarterly. Administrator will review new RASP's upon admission and quarterly to verify compliance.
3. DON and Administrator will review RASP's quarterly. Administrator will review RASP upon admission. Any changes to a resident will be documented accordingly.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented ([REDACTED] - 06/06/2023)

227c - Support Plan Revision

5. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident #2 indicates no issues/void of any aggression, agitation, irritability. On [REDACTED] an assessment update indicated new orders from Hospice services- Resident has been more agitated with new orders for [REDACTED]. The resident began hospice services on [REDACTED]. However, the resident has reportedly exhibited significant behavioral changes that are not addressed on the support plan, such as, an increase verbal and physical aggression that include temper tantrums with bouts of crying, yelling at staff and other residents, has hit staff and smacked staff in the mouth, bitten hospice aide, digs fingernails into staff's arms, has thrown objects and frequently refuses to allow staff and hospice to provide care.

Plan of Correction

Accept ([REDACTED] - 06/05/2023)

1. RASP was updated on [REDACTED]
2. All resident RASP were reviewed on 5/4/2023 to ensure all documentation was updated accordingly. DON was re-educated to be more specific with documenting behavioral issues on RAPS. System in place to check resident RASP quarterly and as needed to verify compliance. DON will continue to monitor all residents monthly to ensure any change in status is being recorded in a timely manner.
3. Administrator and DON will review all resident RASP and update as needed. Monthly resident wellness checks will continue to be in place. all documentation will be completed and filed

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented ([REDACTED] 06/06/2023)

228e - Discharge and Transfer

6. Requirements

2600.

228.e. The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

Description of Violation

On 5/4/23 and 5/5/23, resident record review indicated resident's #1, and #3, no longer reside in the home; however, none of the resident records indicate the date of discharge, reason for the discharge or the discharge location, if available.

Plan of Correction

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

1. Resident charts have been updated to reflect discharge dates.

2. All passed residents within the last 2 years have been reviewed and documentation has been done. Staff were re-educated on 5/10/2023 on closing of a resident file. A new worksheet has been created on 5/10/2023 for Administrator to sign off when all documentation is completed and in resident chart prior to filing. Policy for closing a resident file has been reviewed to reflect the steps to be taken when purging a resident chart after discharge.

3. Administrator and DON will review resident chart to ensure compliance. Documentation will be placed inside resident chart once completed. File will be placed inside Administrator's office

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [redacted] /06/2023)

252 - Record Content

7. Requirements

2600.

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

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #4 ceased to breathe (CTB) in the home on [redacted] The resident's record did not include a date of death or a certificate of death.

Plan of Correction

Accept [redacted] 06/05/2023)

1. Date of death was completed electronically on tabula pro. date of death has been recorded on resident record, contract and death certificate obtained.

2. Staff were re-educated on 5/10/2023 to indicate steps to be taken in the event of a resident passing. Polices and procedures were reviewed on 5/9/2023 to reflect the steps to follow. DON and Administrator will review resident records to ensure compliance. Administrator will review records prior to filing away. Administrator will document when funeral home was contacted to obtain certificate.

3. DON and Administrator will review resident records on the day of resident passing. Administrator will review documentation prior to filing away. Administrator will document date and time funeral home was called to obtain death certificate. All documentation will be filed away in Administrator's office.

Licensee's Proposed Overall Completion Date: 05/23/2023

252 - Record Content (*continued*)

Implemented [REDACTED] - 06/06/2023)