

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

June 2, 2023

[REDACTED], ADMINISTRATOR
UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES
[REDACTED]
[REDACTED]

RE: DOROTHY M. TARTAGLIO HOME
1911 TWELFTH AVENUE
ALTOONA, PA, 16601
LICENSE/COC#: 36031

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/09/2023 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: DOROTHY M. TARTAGLIO HOME License #: 36031 License Expiration: 09/11/2023
 Address: 1911 TWELFTH AVENUE, ALTOONA, PA 16601
 County: BLAIR Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]@u

Legal Entity

Name: UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/27/1996 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/09/2023

Inspection Dates and Department Representative

05/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 13 Residents Served: 11
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 3
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/09/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/02/2023

05/31/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/02/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/07/2023

Inspections / Reviews *(continued)*

05/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/07/2023

06/02/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/09/2023

06/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

A PRN prescription of [REDACTED], for resident #2 was observed having an expiration date of August 2022.

Plan of Correction

Accept [REDACTED] - 06/02/2023

Medication was removed immediately from medication cupboard by [REDACTED] RA, reordered from pharmacy and expired medication destroyed in activated charcoal. All PRN medications were then audited for expiration dates and use. Ones that were not used for more than 2 months, staff faxed physician and asked if they wanted to continue order, For PRN (as needed medications) staff on 7-3 shift will: a. check PRN medications weekly for expiration dates. b. Pull medications from medication cupboard and look for the expiration date (s). c. If medications expired remove and destroy. d. complete PRN medication tracking form. e. check to see if resident has used medication within the last two month. If resident has not. Fax a note to physician asking them to discontinue that medication. Please see number 4 (a,b,c,d,e) under PROCEDURE. Also attached PRN tracking form. Procedure change and education covered at staff meeting on 5/31/23. 7am-3pm staff will review PRN medication every Wednesday and document on check sheet placed in each Residents MAR. Process to begin 5/31/23.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented [REDACTED] - 06/02/2023

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

On [REDACTED] the medication record for resident #1 incorrectly stated [REDACTED] units of insulin were administered. Staff reported [REDACTED] units were administered according to the physician's order and the documentation that [REDACTED] units were administered was documented incorrectly.

Plan of Correction

Accept [REDACTED] - 06/02/2023

Transcription error immediately corrected by [REDACTED] RA. Written on back of MAR that an error was made and relayed at shift change. After giving sliding scale insulin and recording the number of units on the medication administration record. Staff will double check units transcribed to ensure it is correct. Please see number 5 under PROCEDURE of attachment. Staff procedure change and education covered at staff meeting on 5/31/23. Process to begin on 5/31/23.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented [REDACTED] - 06/02/2023