

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

October 10, 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 08/25/2023 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: Total Daily Staff: *81* Waking Staff: *61*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint* Exit Conference Date: *08/25/2023*

Inspection Dates and Department Representative

08/25/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *62*

Secured Dementia Care Unit

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

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

08/25/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/10/2023*

09/11/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/06/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/15/2023*

Inspections / Reviews *(continued)*

09/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/06/2023

10/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

226a - Mobility Assessment

1. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #1's assessment, dated [REDACTED]/23, indicates that resident #1 is minimally mobile; however, resident #1 requires the assistance of 2 staff persons to transfer in/out of bed/chair with use of a Hoyer lift.

Resident #2's most recent assessment, dated [REDACTED]/23, indicates that resident #2 is minimally mobile; however, resident #2 requires the assistance of 2 staff persons to transfer in/out of bed/chair with use of a Hoyer lift.

Plan of Correction**Accept [REDACTED] - 09/11/2023)**

Resident #1 had a new assessment completed on 8/31/23 after returning to the Grand Residence on [REDACTED]/23 from a hospitalization on [REDACTED]/23. A new assessment and support plan were completed on 8/31/23 due to a significant change. The mobility and use of a Hoyer lift with 2 staff persons to transfer in/out of bed/chair was addressed. Please see attached.

Resident #2 had a new assessment and support plan completed on 8/28/23. Resident #2's mobility and use of a Hoyer lift with 2 staff persons to transfer in/out of bed/chair was addressed. Please see attached.

The administrator, assistant administrator, and direct care supervisor or their designees will review all resident assessments and support plans to ensure that the mobility needs of each resident are assessed and addressed on their assessment and support plan. This review will be completed by 10/6/23.

Resident assessment and support plans will be updated within 5 days when there is a change in their mobility. Ongoing on a monthly basis, the administrator, assistant administrator and direct care supervisor or their designees will review 30 resident assessments and support plans to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] - 10/10/2023)

227a - Support Plan 30 Days

2. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1's support plan, dated [REDACTED] 23, indicates resident #1 requires the assistance of 3 staff persons to transfer in/out of bed/chair with use of a sit-to-stand lift; however, resident #1 requires the assistance of 2 staff persons to transfer in/out of bed/chair with use of a Hoyer lift.

227a - Support Plan 30 Days (continued)

Plan of Correction

Accept [REDACTED] - 09/18/2023)

Resident #1's support plan, dated [REDACTED]/23 was completed within 30 days of admission. Resident #1 was admitted on [REDACTED]/23. Resident #1's support plan was completed on the Department's support form. An addendum was added on 8/28/23 that addressed resident #1's change and needing the assistance of 2 staff persons to transfer in/out of bed/chair with use of a Hoyer lift. Please see attached.

We do not agree with this violation due to the support plan being implemented within 30 days of admission to the home and documented on the Department's support form. We are completing this POC to comply with regulatory requirements. Proof of compliance with this regulation at the time of inspection on 8/25/23 is attached.

Resident #1 had a new assessment and support plan completed on 8/31/23 after returning to the Grand Residence on [REDACTED]/23 from a hospitalization on [REDACTED] 23. A new assessment and support plan were completed on 8/31/23 due to a significant change. The mobility and use of a Hoyer lift with 2 staff persons to transfer in/out of bed/chair was addressed. Please see attached.

Resident #1's new assessment and support plan dated 8/31/23 was completed on the Department's support form. It was also completed in 5 days or less from resident #1's significant change.

The administrator, assistant administrator, and direct care supervisor or their designees will review all resident support plans to ensure that they are completed with accuracy within 30 days of admission, updated within 5 days of a significant change, and that it is documented on the Department's support form. This review will be completed by 10/6/23.

Ongoing on a monthly basis, the administrator, assistant administrator and direct care supervisor or their designees will review 30 resident support plans to ensure compliance with this regulation that support plans be developed and implemented accurately within 30 days of admission, within 5 days of a significant change and documented on the Department's support form.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented ([REDACTED] - 10/10/2023)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's most recent support plan, dated [REDACTED]/23, indicates resident #2 requires the assistance of 2 staff persons to transfer in/out of bed/chair with use of a sit-to-stand lift; however, resident #2 requires the assistance of 2 staff persons to transfer in/out of bed/chair with use of a Hoyer lift.

227d - Support Plan Medical/Dental (continued)**Plan of Correction****Accept** [REDACTED] **- 09/11/2023)**

Resident #2 had a new support plan completed on 8/28/23 indicating that resident #2 requires the assistance of 2 staff persons to transfer in/out of bed/chair with use of a Hoyer lift. Please see attached.

The administrator, assistant administrator, and direct care supervisor or their designees will review all resident support plans to ensure that they document the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This review will be completed by 10/6/23.

Ongoing on a monthly basis, the administrator, assistant administrator and direct care supervisor or their designees will review 30 resident support plans to ensure compliance with this regulation that the home shall document on the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] **- 10/10/2023)**