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

January 5, 2024

[redacted], ADMINISTRATOR
REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION
2344 PERRYSVILLE AVENUE
PITTSBURGH, PA, 15214

RE: REFORMED PRESBYTERIAN HOME
2344 PERRYSVILLE AVENUE
PITTSBURGH, PA, 15214
LICENSE/COC#: 42966

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/07/2023 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: *REFORMED PRESBYTERIAN HOME* **License #:** *42966* **License Expiration:** *08/27/2024*

Address: *2344 PERRYSVILLE AVENUE, PITTSBURGH, PA 15214*

County: *ALLEGHENY* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION*

Address: *2344 PERRYSVILLE AVENUE, PITTSBURGH, PA, 15214*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Incident* **Exit Conference Date:** *11/07/2023*

Inspection Dates and Department Representative

11/07/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* **Residents Served:** *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older:** *29*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *1*

Have Mobility Need: *16* **Have Physical Disability:** *1*

Inspections / Reviews

11/07/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/24/2023*

11/28/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/04/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *12/04/2023*

Inspections / Reviews *(continued)*

12/05/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/04/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/01/2024*

12/11/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/04/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/01/2024*

01/05/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/04/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 11/5/23 at approximately 12:15 am, resident #1 exited the home, unattended and unsupervised, from the 2nd floor exit door near the elevator. Resident #1 walked up the road approximately a 1/2 mile, until resident #1 was found by police and brought back to the home at approximately 1:30 am. According to resident #1's most recent medical evaluation, which is undated, resident #1 has a diagnosis of [redacted] Resident #1's most recent assessment, dated [redacted]/23, indicates resident #1 requires moderate supervision, and resident #1's most recent support plan, dated [redacted]/23, indicates resident #1 requires supervision in the home in unfamiliar and familiar places, requires supervision when on campus, have an escort when out of the building and that resident #1 can become confused at times and may wander. The home does have a wander guard system. Resident #1 was wearing a wander guard bracelet at the time of the incident; however, the wander guard system is currently not installed on the 2nd floor exit door that resident #1 exited from. The 2nd floor exit door is equipped with an alarm. When resident #1 exited the 2nd floor exit door, staff persons A and B heard the alarm and went to check the door. Staff persons A and B did not see resident #1 at the door; however, did not exit the door to check outside to see if a resident exited the door. When resident #1 was brought back to the home by police, staff person A tested resident #1's wander guard bracelet and found it to be inoperable. An agent of the Department also tested resident #1's wander guard bracelet at the time of inspection, which was still found to be inoperable. According to numerous staff persons, resident #1 does frequently wander in the home and has attempted to exit-seek from the home in the past.

Plan of Correction ***Directed [redacted] - 12/05/2023)***

Resident # 1 left the home on 11/06/23 unattended and unsupervised.
Correction-Resident # 1 Will not leave the home unattended and unsupervised as evidenced by protocol updated and put in place immediately following the incident.
-All PC Staff were retrained on ELOPEMENT PROTOCOL on 11/06/2023. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 12/5/23).

12/04/2023
Resident #1- [redacted] RCC gave the Resident a new wander guard bracelet on 11/06/2023@ approximately 1:00pm (Per discussion with administrator on 12/5/23, resident #1 was issued a new, operable wander guard bracelet on 11/7/23 at approximately 1:00pm, not on 11/6/23 as indicated. [redacted] 12/5/23).
After testing the wander guard it was determined, the wander guard is functioning properly.(new bracelet given).
Maintenance Employee[redacted] checks the wander guard daily to ensure proper functioning. (DIRECTED: Beginning on 12/8/23: Maintenance staff shall inspect all resident wander guard bracelets and all doors equipped with the wander guard system daily for 1 month then weekly thereafter to ensure they are in good repair and operable. The checks shall also include a check of all doors equipped with door alarms to ensure they are in good repair and operable. Documentation of all checks shall be kept. [redacted] 12/5/23).
All Personal Care Staff in-service retraining on Elopement risk protocol/and policy was done on 11/062023 @ 2:30pm-3:37pm.
Elopement Protocol for the entire community was reviewed. (DIRECTED: Documentation of the staff education

42b - Abuse (continued)

shall be kept in accordance with 2600.65i. [redacted] 12/5/23).
A detailed/Personal care specific Protocol was also reviewed.
a daily rounding monitor was reviewed ,and is designated for Residents identified as elopement risk.
Resident # 1 has a door alarm. The door alarm is do be monitored for operability (DIRECTED: Beginning on 12/8/23: A designated staff person shall inspect resident #1's door alarm daily for 1 month then weekly thereafter to ensure the door alarm is in good repair and operable. Documentation of the checks shall be kept. [redacted] 12/5/23).
at the time of of the hourly round.
The lead MedTech and/or a designated PCA is responsible for the monitoring.

DIRECTED: By 12/8/23: The administrator shall update resident #1's assessment and support plan to include resident #1's exit-seeking behaviors and current interventions being provided to resident #1. A copy of resident #1's updated assessment/support plan shall be kept in resident #1's record and made available to all direct care staff persons. [redacted] 12/5/23).

- Detailed PC ELOPEMENT PROTOCOL RISK and PREVENTION instructions have been developed and Staff will start to receive training on the detailed ELOPEMENT PROTOCOL starting 11/27/2023.Completion date,12/15/2023 (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 12/5/23).

-An alarm has been placed on Resident # 1 room door.
-Elopement risk screening has been completed on all current residents and will be completed on new admissions. 12/04/2023 (DIRECTED: Documentation of the resident elopement risk screenings shall be kept in each resident's record, including the elopement risk screening for resident #1. [redacted] 12/5/23).

DIRECTED: By 1/1/24: The home shall conduct a quality management review with emphasis on this plan of correction. Documentation of the quality management review shall be kept, which includes the date/time of the review, the names of the staff persons in attendance and a summary of the items discussed during the review. [redacted] 12/5/23

Proposed Overall Completion Date: 12/04/2023

Directed Completion Date: *01/01/2024*

Implemented [redacted] - 01/05/2024)

81a - Accomodation

2. Requirements

2600.
81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

On 11/5/23 at approximately 12:15 am, resident #1 exited the home, unattended and unsupervised, from the 2nd floor exit door near the elevator. Resident #1 walked up the road approximately a 1/2 mile, until resident #1 was found by

81a - Accomodation (continued)

police and brought back to the home at approximately 1:30 am. According to resident #1's most recent medical evaluation, which is undated, resident #1 has a diagnosis [redacted]. Resident #1's most recent assessment, dated [redacted]/23, indicates resident #1 requires moderate supervision, and resident #1's most recent support plan, dated [redacted]23, indicates resident #1 requires supervision in the home in unfamiliar and familiar places, requires supervision when on campus, have an escort when out of the building and that resident #1 can become confused at times and may wander. The home does have a wander guard system. Resident #1 was wearing a wander guard bracelet at the time of the incident; however, the wander guard system is currently not installed on the 2nd floor exit door that resident #1 exited from. The 2nd floor exit door is equipped with an alarm. When resident #1 exited the 2nd floor exit door, staff persons A and B heard the alarm and went to check the door. Staff persons A and B did not see resident #1 at the door; however, did not exit the door to check outside to see if a resident exited the door. When resident #1 was brought back to the home by police, staff person A tested resident #1's wander guard bracelet and found it to be inoperable. An agent of the Department also tested resident #1's wander guard bracelet at the time of inspection, which was still found to be inoperable. According to numerous staff persons, resident #1 does frequently wander in the home and has attempted to exit-seek from the home in the past.

Plan of Correction ***Directed ([redacted] - 12/05/2023)***

Resident # 1 has an alarm installed on [redacted] room door.
-Resident #1 has been fitted with a new wandergard bracelet. (Per discussion with administrator on 12/5/23, resident #1 was issued a new, operable wander guard bracelet on 11/7/23 at approximately 1:00pm. [redacted] 12/5/23).
-The second floor exit, will remain on alarm at all times. (DIRECTED: Beginning on 12/8/23: Maintenance staff shall inspect all resident wander guard bracelets and all doors equipped with the wander guard system daily for 1 month then weekly thereafter to ensure they are in good repair and operable. The checks shall also include a check of all doors equipped with door alarms to ensure they are in good repair and operable. Documentation of all checks shall be kept. [redacted] 12/5/23).
-Residents picture is at the front lobby door.
-All department heads have pictures of Residents at risk for wandering, pictures are posted and shared with all Staff.

A door alarm placed on Resident #1 door at 1pm 11/06/23. (DIRECTED: Beginning on 12/8/23: A designated staff person shall inspect resident #1's door alarm daily for 1 month then weekly thereafter to ensure the door alarm is in good repair and operable. Documentation of the checks shall be kept. [redacted] 12/5/23).
the door alarm is monitored every hour by the lead MedTech/PCA designee to ensure proper functioning.
A new wander guard bracelet was given to Resident # 1.The wander guard was tested by taking the Resident to the door. The wander guard alarmed.
the wander guard system is tested daily for compliance ,by [redacted] (maintenance).
All staff educated on Elopement Protocol on 11/6/2023 (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 12/5/23).

DIRECTED: By 12/8/23: The administrator shall update resident #1's assessment and support plan to include resident #1's exit-seeking behaviors and current interventions being provided to resident #1. A copy of resident #1's updated assessment/support plan shall be kept in resident #1's record and made available to all direct care staff persons. [redacted] 12/5/23).

DIRECTED: By 1/1/24: The home shall conduct a quality management review with emphasis on this plan of correction. Documentation of the quality management review shall be kept, which includes the date/time of the review, the names of the staff persons in attendance and a summary of the items discussed during the review. [redacted] 12/5/23

81a - Accomodation (continued)

Detailed for Personal care elopement protocol in place.

Proposed Overall Completion Date: 12/28/2023

Directed Completion Date: *01/01/2024*

Implemented (- 01/05/2024)

141b1 - Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation does not include the date resident #1 was evaluated, the date resident #1's medical evaluation was completed, the name, signature and the license number of the medical professional who completed the medical evaluation or the date the medical professional signed the medical evaluation. These sections of resident #1's medical evaluation are blank.

REPEAT VIOLATION: 4/6/2022, et. al.

Plan of Correction ***Directed (- 12/05/2023)***

Resident #1 has a community PCP. Resident #1has an appointment with PCP on /2023,Medical Evaluation will be completed at that time. (DIRECTED: A copy of resident #1's new medical evaluation shall be kept in resident #1's record. 12/5/23).
Family of Resident #1 made aware of the importance of the DME being completed in a timely manner (yearly on the annual date.)
All Resident DME'S will be reviewed- signed and completed if needed.

DME's will be reviewed for completion by the Administrator/Designee.
DME audits will be competed by 12/28/2023.
A tracking system will be implemented for monthly review by the PCC.
Complete by 12/28/23. (DIRECTED: Documentation of the tracking system shall be kept and updated by the PCC during the monthly reviews. 12/5/23).

Proposed Overall Completion Date: 12/28/2023

Directed Completion Date: *12/28/2023*

Implemented - 01/05/2024)