

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

December 29, 2023

[REDACTED]
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 11/28/2023, 11/30/2023 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:** 08/13/2024
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:** Monroeville

Staffing Hours

Resident Support Staff: 36 **Total Daily Staff:** 92 **Waking Staff:** 69

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 11/30/2023

Inspection Dates and Department Representative

11/28/2023 - On-Site: [REDACTED]
 11/30/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 38

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:** 38
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 18 **Have Physical Disability:** 1

Inspections / Reviews

11/28/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/24/2023

12/26/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/28/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/02/2024

Inspections / Reviews *(continued)*

12/29/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11/28/23, at 11:03 a.m. the wellness office containing resident records and narcotic count sheet binders was unlocked, unattended, and accessible.

Plan of Correction

Accepted [redacted] - 12/26/2023)

- 1. *The door was locked on site and remained locked all day.*
- 2. *Staff meeting was held on 12/7/2023 to re-educate medication techs on the importance of locking the nurses station when exiting.*
- 3. *Daily rounds will be done by Administrator, Director of resident care, and med tech supervisor morning, afternoon and evening to check nurses station door is locked when no one is present. begin date is 11/28/2023*

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [redacted] - 12/29/2023)

25a Written Contract and Review

2. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1 was admitted to the home on [redacted] and the resident-home is signed by the resident, payor and administrator. However, the contract does include the date the contract was executed.

Plan of Correction

Accepted [redacted] - 12/26/2023)

- 1. *Resident contract now includes date of signing for 4/23/2023.*
- 2. *Administrator checked all current resident contracts to ensure dates are present on all contracts*
- 3. *System in place for Administrator to check all resident contracts quarterly to verify dates are on all contracts*

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [redacted] - 12/29/2023)

88a Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 11/28/23, at 9:10 a.m. the emergency exit door located in the Abode activity room did not latch or fully close.

On 11/28/23, at 10:12 a.m. the fire exit doors between hallway B and C did not fully close, leaving a gap of approximately 1 inch.

Plan of Correction

Accept [redacted] - 12/26/2023)

1. Emergency exit door located in the activity room was repaired on 11/30/2023. Fire exit door between hallways B&C were repaired on 11/30/2023.

2. System in place to check all fire exits once a month using physical site checklist

3. Administrator and maintenance director will sign off on physical site checklist once monthly to check and verify all exits doors close properly should a fire emergency occur

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [redacted] - 12/29/2023)

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 11/28/23, at 11:25 a.m. the freezer had several inches of ice located throughout the upper portion of the freezer, located in the dry storage area of the home.

Plan of Correction

Accept [redacted] - 12/26/2023)

1. Tall freezer was thawed out on 11/28/2023.

2. system in place for freezer's to be checked weekly for any ice build up.

3. Administrator and dietary manager will check freezers weekly and sign off they are in good working condition .

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [redacted] - 12/29/2023)

191 - Resident Right to Refuse

5. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (continued)

Resident #2, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #4, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [REDACTED] - 12/26/2023)

1. resident contract has been updated to reflect the right to refuse medications if resident believes that there maybe a medication error. each resident and responsible party has received a letter of the change in the resident contract

2. Medication technicians were re-educated on resident rights 12/7/2023. Residents were re-educated on 12/2/2023 of contract update and their right to refuse medications. Documentation was placed in resident file.

3. Administrator will check contracts quarterly to reflect resident rights. Administrator will check resident files quaterly to ensure all residents have a signed document stating their right to refuse medications if they feel it's medication error. Administraetor will inform all new residents and their resposbile party prior to admission their right to refuse medications if they feel it's a medication error. All documtion will be placed in resident contract chart located in administrator's office.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [REDACTED] - 12/29/2023)

227d - Support Plan Medical/Dental

6. 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 #4's support plan dated [REDACTED], does not include a phone number to contact the hospice agency that provides services to the resident.

Plan of Correction

Accept [REDACTED] - 12/26/2023)

1. resident #4's support plan was updated on [REDACTED].

2. Director of resident care and Administrator reviewed all resident support plans to ensure all numbers were present on care plans.

3. Administrator and Director of resident care will check all support plans quarterly and as needed to ensure all information is added to the care plan in a timely manner

Licensee's Proposed Overall Completion Date: 12/21/2023

227d - Support Plan Medical/Dental (continued)

Implemented [redacted] - 12/29/2023)

251c - Standardized Forms

7. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident 1's medical evaluation, dated [redacted], was not completed on the Department's current standardized form.

Resident 2's medical evaluation, dated [redacted], was not completed on the Department's current standardized form.

Resident 3's medical evaluation, dated [redacted] was not completed on the Department's current standardized form.

Resident 4's medical evaluation, dated [redacted], was not completed on the Department's current standardized form.

Plan of Correction

Accept [redacted] - 12/26/2023)

1. Waiver form was submitted to [redacted] on [redacted]. Waiver was granted on 12/22/2023 and posted in front lobby.

2. All new, significant changes and annuals will be completed on tabula pro documentation.

3. Administrator and Director of resident care will continue to do proper documentation for all residents on tabula pro. Administrator and Director of resident care will check all documentation quarterly to ensure all residents are current.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [redacted] - 12/29/2023)

252 - Record Content

8. Requirements

2600.

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

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The most recent photo in resident #4's record is dated [redacted].

Plan of Correction

Accept [redacted] - 12/26/2023)

1. Resident #4's photo was retaken on [redacted]

2. Administrator reviewed all resident photos on 1/28/2023 to ensure all resident photos are current with proper dates. New document created for all residents with expiration dates of all resident photos.

3. Administrator will check document daily as well as Tabula pro dashboard for any reminders to retake resident

252 - Record Content (continued)

photos prior to their expiration dates.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [REDACTED] - 12/29/2023)