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

March 11, 2024

, PRESIDENT/COO
SNH PENN TENANT LLC

RE: OVERLOOK GREEN
5250 MEADOWGREEN DRIVE
PITTSBURGH, PA, 15236
LICENSE/COC#: 45057

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2023, 12/01/2023 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *OVERLOOK GREEN* **License #**: *45057* **License Expiration**: *07/01/2024*

Address: *5250 MEADOWGREEN DRIVE, PITTSBURGH, PA 15236*

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

Administrator

Name:

Legal Entity

Name: *SNH PENN TENANT LLC*

Address:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *02/23/1994* **Issued By**: *Labor & Industry]*

Type: *I-2* **Date**: *03/14/2018* **Issued By**: *Whitehall Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *75* **Waking Staff**: *56*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *12/12/2023*

Inspection Dates and Department Representative

11/30/2023 - On-Site:

12/01/2023 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *128* **Residents Served**: *53*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *53*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *22* **Have Physical Disability**: *1*

Inspections / Reviews

11/30/2023 Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/25/2023*

Inspections / Reviews *(continued)*

01/02/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/31/2023*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *01/09/2024*

01/12/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/05/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *01/19/2024*

03/11/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/18/2024*

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

63a - First Aid/CPR Training

1. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 11/24/23, there were 52 residents in the home, however, from 7:00 a.m. – 11:00 p.m. there was only one staff person trained in both CPR and first aid, and from 11:00 p.m. to 7:00 a.m. there was no one scheduled to work trained in CPR and first aid.

On 11/25/23, there were 52 residents in the home, however, from 3:00 p.m. – 11:00 p.m. there was no one scheduled to work trained in CPR and first aid and from 11:00 p.m. – 7:00 a.m. there was only staff person trained in CPR and first aid scheduled to work.

On 11/26/23, there were 52 residents in the home, however, from 3:00 p.m. to 11:00 p.m. there was no one scheduled to work trained in CPR and first aid.

Plan of Correction ***Accept - 01/02/2024)***

Plan of Correction
Immediate action: Review of schedule to ensure a person who is CPR/1st Aid certified is scheduled for each shift completed December 28, 2023
Education action: Staff members who are not CPR/1st Aid certified will be educated upon and must have certification by January 15, 2024.
Preventative/Ongoing action: scheduler will work with DRC to ensure all shifts will have 2 CPR/1st aid certified person on each shift. The schedule will be provided to the ED to complete a final review. Compliance date 12/28/2023 and ongoing.

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented (- 03/08/2024)

65d - Initial Direct Care Training

2. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on , provides unsupervised ADL services; however, has not successfully completed the Department-approved direct care training course, or passed the competency test.

Plan of Correction ***Accept - 01/02/2024)***

Immediate Action: Staff member taken off schedule until training is completed. Completed on
BOM will conduct employee record audit on all employees to ensure all training requirements have been met by 12/29/2023.
Education Action: DRC will work with BOM to ensure all education is completed prior to scheduling a shift for any

65d Initial Direct Care Training (continued)

new hires effective 12/21/2023.
Preventative/Ongoing Action: The BOM will keep a check off list of all training requirements and will communicate with DRC/Scheduler when new hire staff member has completed all education requirements and can be placed on the schedule. Compliance date:

Licensee's Proposed Overall Completion Date: *12/29/2023*

Implemented (█ - 03/08/2024)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in the the following required topics during the 2022 training year:
Care for residents with dementia and cognitive impairments
Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
Safe management techniques

Direct care staff person C did not receive the training in the following required topics during the 2022 training year:
Care for residents with dementia and cognitive impairments
Safe management techniques

Plan of Correction ***Accept (█ - 01/02/2024)***

Immediate Plan: BOM will review all employee files for their annual training requirements:
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

65f Training Topics (continued)

5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.
This will be completed by 12/29/2023 Any staff found not having completed the training must do so prior to the next scheduled shift.
Education Plan: BOM will keep a calendar for the year of and education will be provided during monthly staff meeting and keep attendance, and any staff who missed meeting will have training information and post test provided to them to complete. This will be completed by January 30, 2024.
Preventative Plan: The ED or designee will complete monthly check/balance of the education training/attendance and ensure all staff have met the requirements. Compliance of January 30, 2024 and ongoing.

Licensee's Proposed Overall Completion Date: *01/30/2024*

Implemented (- 03/08/2024)

65g - Annual Training Content

4. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Direct care staff person B, hired , staff person C, hired and staff person D, hired did not receive training in the following required topics during training year 2022:
Emergency preparedness procedures and recognition and response to crises and emergency situations
Resident rights

Also, direct care staff person D did not receive training in falls and accident prevention.

Plan of Correction ***Accept - 01/02/2024)***

Immediate Plan: BOM will review all employee files for their annual training requirements:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
5. Falls and accident prevention.
This will be completed by 12/29/2023 Any staff found not having completed the training must do so prior to the

65g - Annual Training Content (continued)

next scheduled shift.
Education Plan: BOM will keep a calendar for the year of and education will be provided during monthly staff meeting and keep attendance, and any staff who missed meeting will have training information and post test provided to them to complete. This will be completed by January 30, 2024.
Preventative Plan: The ED or designee will complete monthly check/balance of the education training/attendance and ensure all staff have met the requirements. Compliance of January 30, 2024 and ongoing.

Licensee's Proposed Overall Completion Date: *01/30/2024*

Implemented (█ - 03/08/2024)

81b - Resident Personal Equipment

5. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 11/30/23, the enabler bar on resident #1's bed was not well-secured, and the device could be lifted approximately 6" from the bed frame, posing an entrapment and fall hazard.

Plan of Correction ***Directed █ - 01/08/2024)***

Immediate Plan: This was removed from the bed on 12/19/2023. Conversation with daughter this couldn't be on the bed as it wasn't secured.

Education Plan: Discussed with daughter acceptable enabler bars and her mother is in therapy for strengthening to be able to have bed mobility. Conversation occurred 12/19/2023. In addition, an in service for all care staff and housekeepers on bedside mobility devices will be conducted by the Director of Resident Care by Jan 20, 2024.

Preventative Plan: Physical and Occupational Therapy are working with resident on strengthening and ability to get out of bed without use of an enabler. In the event this isn't effective, a halo bar will be ordered and installed on the bed. Compliance by January 20, 2024
Proposed Overall Completion Date: 01/20/2024

Within 5 days of receipt of the plan of correction - The administrator will update the resident's support plan to ensure all aspects of the resident's needs are included in the plan, including halo bar, if needed.

Directed Completion Date: *01/20/2024*

Implemented (█ - 03/08/2024)

85a - Sanitary Conditions

6. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #2's glucometer was used to measure resident #3's blood glucose reading on █.

85a - Sanitary Conditions (continued)

On [redacted] at approximately [redacted] an agent of The Department observed staff person E, resident assistant, administer insulin to resident #2 without using an alcohol wipe to clean the site prior to administering the medication.

Plan of Correction ***Accept ([redacted] - 01/08/2024)***

Plan of Correction
Immediate Action: Obtained resident a new glucometer and audited all other glucometers to ensure they are labeled properly for each resident this was completed on 12/1/2023
Education Action: All staff who assist with medications were trained on 12/18/2023 on proper use of glucometers, cleaning technique. Two staff members who did not attend will obtain training by 1/20/2024. Each staff person who administers medication will be observed by the Director of Resident Care completing a medication pass by Jan 20, 2023
Preventative Action: A diabetic log will be in place for each resident indicating the date/time/results of glucometer reading and will monitor logs weekly for accuracy and will complete competency visual of proper technique 2 x week for one month, 2xwk every other week for one month, then 2xwk monthly for one month and as needed. Compliance will be completed by January 2, 2024 and ongoing.

Licensee's Proposed Overall Completion Date: *01/20/2024*

Implemented ([redacted] - 03/08/2024)

89b - Hot Water Temperature

7. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 11/30/23 at 11:15 a.m., the water temperature at the sink in the bathroom located in bedroom 222 measured 132.1 degrees Fahrenheit.

On 11/30/23 at 11:21 a.m., the water temperature at the sink in the bathroom located in bedroom 223 measured 131.9 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 01/08/2024)***

Plan of Correction
Immediate Action: Maintenance decreased temperature immediately on 11/30/2023
Education Plan: Maintenance will complete weekly TELS report on water temperatures, compliance by January 20, 2024. All resident care staff will be educated on risks of scalding and monitoring hot water temperatures and bathing by January 20 by the Director of Resident Care.
Preventative Action: Maintenance will complete weekly water temperature checks and log them into TELS report with Compliance date of January 20, 2024 and ongoing.

Licensee's Proposed Overall Completion Date: *01/20/2024*

Implemented ([redacted] - 03/08/2024)

132c - Fire Drill Records

8. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 4/27/23 at 1:05, 6/26/23 at 6:00 and 7/31/23 at 1:08 do not indicate if the time as a.m. or p.m.

Plan of Correction ***Accept (- 01/02/2024)***

Immediate Action: Time will be retrieved from TELS to clarify if AM or PM by the maintenance director or ED, completed 12/19/2023
Education: Maintenance Director will place the AM or PM on the report and into TELS and ED will review for accuracy Completed 12/19/2023
Preventative Action: Maintenance Director will have ED review the fire Drill record upon completion

Licensee's Proposed Overall Completion Date: *12/22/2023*

Implemented (JD - 03/08/2024)

132f - Alternate Exit Routes

9. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

All of the exits were used for 7 of the last 12 monthly drills conducted, to include 11/30/22, 12/31/22, 5/31/23, 7/31/23, 8/29/23, 9/26/23, 10/31/23 and 11/30/23.

Plan of Correction ***Accept - 01/02/2024)***

Immediate Action: A change in timeline/exit routes for fire drill has been made to be conducted within the last 8 days of the month with compliance date of 12/22/2023.
Education Action: Educated maintenance on change in completing the fire drill, not on same day each month, and not same shift/ nor same exit route. Conversation with maintenance 12/21/2023. Maintenance will provide a calendar to the Executive Director for upcoming year by January 15, 2024.
Preventative Action: Maintenance Director will communicate with Executive Director a calendar for the upcoming year and will have dates/times when drills will be held without a pattern. Compliance date of January 15, 2024 and ongoing.

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented - 03/08/2024)

132g - Fire Drills Days/Times

10. Requirements

2600.

132g Fire Drills Days/Times *(continued)*

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The past 12 fire drills were conducted at the end of month:

11/30/22

12/31/22

2/28/23

3/31/23

4/27/23

5/31/23

6/26/23

7/31/23

8/29/23

9/26/23

10/31/23

11/30/23

Plan of Correction ***Accept (01/02/2024)***

Plan of Correction

Immediate Action: A change in timeline for fire drill has been made to be conducted within the last 8 days of the month with compliance date of 12/22/2023.

Education Action: Educated maintenance on change in completing the fire drill, not on same day each month, and not same shift. Conversation with maintenance 12/21/2023. Maintenance will provide a calendar to the Executive Di

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented (- 03/08/2024)

141a - Medical Evaluation

11. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation, dated , for resident #3, does not include the resident's ability to self administer medications. This section of the medical evaluation is blank.

Plan of Correction ***Accept (- 01/02/2024)***

Immediate Plan: DRC or designee will audit all residents charts to ensure completion of the DME by 4.

Education Plan: Upon admission resident's DME will be reviewed and returned to physician for additional information if not fully completed. Conversation with DRC held on 12/21/2023

Preventative Plan: Upon admission the residents DME will be reviewed for accuracy and completion. If not fully completed, physician will be notified for additional information, compliance date 1/2/2024 and ongoing.

Licensee's Proposed Overall Completion Date: *01/02/2024*

141a - Medical Evaluation *(continued)*

Implemented (█ - 03/08/2024)

141b1 - Annual Medical Evaluation

12. Requirements

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

Description of Violation

Resident #4 resides on the Secured Dementia Care Unit (SDCU), however, the medical evaluation, dated █, does not indicate the need for an SDCU. Additionally, the medical evaluation indicates "see attached" for medications, however, nothing is attached.

The medical evaluation, dated █ for resident #5 indicates "see attached" for medications, however, nothing is attached.

Plan of Correction ***Accept (█ - 01/08/2024)***

Plan of Correction
Immediate Action: DRC or BTR Director will audit all residents charts in SDCU for annual medical evaluation and medication attachments are attached by 1/2/2024. DRC spoke to MD for resident #4 on █ and DME was corrected as resident does meet the criteria for a secure unit.
Education Action: DRC and BTR Director educated on annual medical evaluation for residents in the SDCU must be conducted by a physician. Conversation held on 12/21/2023
Preventative Action: BTR Director will keep a calendar of annual medical evaluations of residents residing in SDCU and ensure residents are scheduled with physician to have this completed. Compliance date 1/2/2024 and ongoing.

Licensee's Proposed Overall Completion Date: *01/04/2024*

Implemented █ - 03/08/2024)

185a - Implement Storage Procedures

13. 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 █., resident #3's glucometer was not calibrated to the correct date and time.

Plan of Correction ***Accept (█ - 01/02/2024)***

Plan of Correction
Immediate A
ction: Obtained resident a new glucometer and audited all other glucometers to ensure they are labeled/calibrated properly for each resident this was completed on 12/1/2023
Education Action: All staff who assist with medications were trained on 12/18/2023 on proper use of glucometers, cleaning technique. Two staff members who did not attend will obtain training by 1/10/2024.
Preventative Action: A diabetic log will be in place for each resident indicating the date/time/results of glucometer

185a Implement Storage Procedures (continued)

reading and will monitor logs weekly for accuracy and will complete competency visual of proper technique 2 x week for one month, 2xwk every other week for one month, then 2xwk monthly for one month and as needed. Compliance will be completed by January 2, 2024 and ongoing.

Licensee's Proposed Overall Completion Date: *01/02/2024*

Implemented (03/08/2024)