

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

February 16, 2024

[REDACTED]
MERCY LIFE CENTER CORPORATION

[REDACTED]
ATTN: LICENSING/COMPLIANCE
[REDACTED]

RE: GARDEN VIEW MANOR
441 SWISSVALE AVENUE
PITTSBURGH, PA, 15221
LICENSE/COC#: 44069

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2023 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: *GARDEN VIEW MANOR* License #: *44069* License Expiration: *07/02/2024*
 Address: *441 SWISSVALE AVENUE, PITTSBURGH, PA 15221*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MERCY LIFE CENTER CORPORATION*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *04/08/2010* Issued By: *Dept of L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *52* Waking Staff: *39*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *01/03/2024*

Inspection Dates and Department Representative

12/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *56* Residents Served: *52*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *52* Are 60 Years of Age or Older: *21*
 Diagnosed with Mental Illness: *52* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/19/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/14/2024*

01/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/15/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/26/2024*

Inspections / Reviews (*continued*)

01/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/05/2024

02/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED], multiple times during the morning, an agent of the Department requested access to the following information, which was not provided in a timely manner:

- At [REDACTED] and [REDACTED] a staff list with dates of hire, a resident list with dates of admission, resident records for resident [REDACTED] and resident [REDACTED] and staff person A's record were requested; however, at [REDACTED], only the staff list was provided.
- At [REDACTED] the agent of the Department again requested the information.
- At [REDACTED] a resident list with partial information and staff person A's record were provided; however, transcript was not provided until [REDACTED] and [REDACTED] criminal history check was not provided until [REDACTED]

Plan of Correction

Accept [REDACTED] 01/19/2024)

Unfortunately, the administrator was not onsite (stuck in traffic). The staff working did not know where some documents were located. All items (except staff chart) was previously located in the office -or on the computer. Supervisor had these items placed in the front of communication log back in July when DHS had come. On the day of inspection items were placed in office.

Staff charts are locked up in supervisors office since they are confidential. Unfortunately, the agency keeps the clearances / criminal history/etc on file. We have to request this in advance or for audit. The HR director did send all requested information on [REDACTED]. Supervisor also forwarded. We received error messages (because of confidentiality). Also, the folder was a zip drive. Supervisor had to take information out and send individually. This caused the delay. Moving forward, supervisors/administrators will call HR and request someone access these records if they are not onsite for inspection- so that auditor has them prior to leaving the site. When new staff start we can ask that they provide a copy of clearances to be kept in onsite file.

On [REDACTED], Supervisor had created a folder on G-drive labeled Audit- DHS which contains staff phone list, over 60, and resident quick reference list. These documents will be available for all staff.

Administrator/supervisor / team lead will ensure they are updated monthly as things change.

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented [REDACTED] 02/16/2024)

25c4 - Payment Responsibility

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

Description of Violation

Resident [REDACTED] resident-home contract, dated [REDACTED], specifies Mercy Behavioral Health as the party responsible for payment; however, the resident is responsible for [REDACTED] payment.

Plan of Correction

Accept [REDACTED] - 01/19/2024)

On the day of inspection the most current contract was dated [REDACTED] On this day the payee, information was

25c4 - Payment Responsibility (continued)

updated by administrator. On [REDACTED], a new contract was made with all correct information(as [REDACTED] had not provided current income).

Moving forward, administrators/supervisor/team lead will ensure that admission contracts contain the correct information. All contracts will be reviewed/updated by [REDACTED] to ensure information is current and correct.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [REDACTED] - 02/16/2024)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A was hired on [REDACTED] and completed [REDACTED] 40th scheduled work hour. However, staff person A did not complete training in the reporting of reportable incidents and conditions until [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/19/2024)

This employee did complete incident report training prior to [REDACTED]. However, it was not documented on [REDACTED] form correctly. The [REDACTED] was an additional training that the entire Pittsburgh Mercy Agency required all employees to take by May or June [REDACTED]. PCH employees always get incident report training during their orientation. In addition, this administrator worked with [REDACTED] (and peers on actual incidents).

Moving forward, initial training logs will be reviewed by administrator/supervisor/team lead to ensure Reportable Incidents is taken by staff in the proper time frame.

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented [REDACTED] - 02/16/2024)

182c - Medication Administration

4. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.

Description of Violation

On [REDACTED] at approximately [REDACTED] staff person A did not identify the correct resident prior to administering resident [REDACTED] and [REDACTED] to resident [REDACTED]

REPEAT VIOLATION: 7/27/2023

Plan of Correction

Accept [REDACTED] - 01/19/2024)

Unfortunately staff member A did not follow the rights of medication passing (patient, medication, dose, time, route, and documentation). [REDACTED] failed to identify the correct resident. Staff member was moving quickly and not following the process. This staff member was taken off medication passing as this was a repeat mistake for [REDACTED]. [REDACTED] was

182c - Medication Administration (continued)

remediated. In addition, [redacted] will not be on passing medications alone for some time. Supervisors/team leads/veteran staff/nurses will observe [redacted] passing medications- ensuring [redacted] follows correct procedures.

Supervisors posted rights of medication administration in the medication offices. Supervisors have also been talking with all staff about the rights of medications and taking their time to pass correctly.

By [redacted] Supervisors / Nurse/Team lead can observe all staff passing medications to ensure correct process is being followed.

Licensee's Proposed Overall Completion Date: 02/18/2024

Implemented [redacted] - 02/16/2024)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] medication administration record (MAR) indicates that staff person A administered various medications to the resident on [redacted] at approximately [redacted] including [redacted], [redacted] and [redacted]. However, staff person A had administered resident [redacted] and [redacted] to resident [redacted] in place of these medications.

Plan of Correction

Accepted [redacted] 01/29/2024)

Unfortunately staff member A did not follow the rights of medication passing (patient, medication, dose, time, route, and documentation). [redacted] failed to document correctly. Staff member was moving quickly and not following the process. This staff member was taken off medication passing as this was a repeat mistake for [redacted] [redacted] was remediated. In addition, [redacted] will not be on passing medications alone for some time. Supervisors/team leads/veteran staff/nurses will observe [redacted] passing medications- ensuring [redacted] follows correct procedures.

Supervisors posted rights of medication administration in the medication offices. Supervisors have also been talking with all staff about the rights of medications and taking their time to pass correctly.

On [redacted], [redacted] (Program Supervisor/PCHA) coded the MAR 10 for Resident [redacted] (after each entry of medications). On the back, Supervisor explained the code 10- writing that a medication error occurred and none of the prescribed medications were given and listed the two error medications given. This was coded on both MAR sheets for 8AM. (Note no error occurred for resident [redacted]. [redacted] still received [redacted] correct medications)

By [redacted], Supervisors / Nurse/Team lead can observe all staff passing medications to ensure correct process is being followed and they document the MAR correctly.

Licensee's Proposed Overall Completion Date: 02/18/2024

Implemented [redacted] - 02/16/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed multiple medications to be administered daily at [redacted] including [redacted], [redacted]; however, on [redacted] at approximately [redacted] resident [redacted] was administered resident [redacted] and [redacted] in place of these medications.

REPEAT VIOLATION: 7/27/2023

Plan of Correction

Accept [redacted] - 01/29/2024)

Unfortunately staff member A did not follow the rights of medication passing (patient, medication, dose, time, route, and documentation). [redacted] failed to follow the directions of the prescriber. Staff member was moving quickly and not following the process. This staff member was taken off medication passing as this was a repeat mistake for [redacted]. [redacted] was remediated. In addition, [redacted] will not be on passing medications alone for some time. Supervisors/team leads/veteran staff/nurses will observe [redacted] passing medications- ensuring [redacted] follows correct procedures. Supervisors posted rights of medication administration in the medication offices. Supervisors have also been talking with all staff about the rights of medications and taking their time to pass correctly.

Only one resident had a medication error (Resident [redacted]. The residents physician - PCP [redacted] and Psychiatric Prescriber [redacted] were both notified on [redacted] of the medication errors on Resident [redacted] (and how it was related to Resident [redacted]. Overnight staff were directed to check on resident throughout the night. Later in the am on [redacted], Nurse [redacted] contacted the Oncall PCP office - PMFHC and spoke with oncalt [redacted]. The home shall follow the direction of the prescriber related to a medication error. No interventions were required by [redacted]. On [redacted] both residents were notified of the incident by Supervisor [redacted]. Both residents do not have emergency contacts on file therefore no notification. The medication error was made part of the permanent records by adjusting the MAR [redacted] and by completing the incident report [redacted] by Program Supervisor/PCHA [redacted]. By [redacted] Supervisors / Nurse/Team lead can observe all staff passing medications to ensure correct process is being followed and they follow the directions of the prescriber.

Licensee's Proposed Overall Completion Date: 02/18/2024

Implemented [redacted] 02/16/2024)

225c - Additional Assessment

7. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]

Plan of Correction

Accept [redacted] 01/19/2024)

Unfortunately this residents 2023 assessment was missed. Staffing changes and numerous covid quarantines caused some RASPs to be missed. This residents RASP will be completed by [redacted] Supervisor already started updating the information.

225c - Additional Assessment (continued)

Supervisor/administrator /team lead will audit charts and work with staff to update any out of date plans. Moving forward, supervisor/administrator will check in monthly to update plans and ensure they are completed annually.

Licensee's Proposed Overall Completion Date: 02/18/2024

Implemented [redacted] - 02/16/2024)

227g -Support Plan Signatures

8. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] most recent support plan, dated [redacted] is not signed by the staff person completing the support plan.

Plan of Correction

Accept [redacted] - 01/19/2024)

Unfortunately this residents 2023 support plan was missed. Staffing changes and numerous covid quarantines caused some RASPs to be missed. This residents RASP will be completed by [redacted]. Supervisor already started updating the information.

Supervisor/administrator /team lead will audit charts and work with staff to update any out of date plans. Moving forward, supervisor/administrator will check in monthly to update plans and ensure they are signed and dated and completed annually.

Licensee's Proposed Overall Completion Date: 02/18/2024

Implemented [redacted] 02/16/2024)