

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

December 21, 2023

[REDACTED]
GRANDVIEW ESTATES MEMORY CARE LLC
[REDACTED]

RE: GRANDVIEW ESTATES MEMORY
CARE LLC
1151 SCENERY DRIVE
ELIZABETH, PA, 15037
LICENSE/COC#: 44992

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/07/2023 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: GRANDVIEW ESTATES MEMORY CARE LLC License #: 44992 License Expiration: 08/29/2024
 Address: 1151 SCENERY DRIVE, ELIZABETH, PA 15037
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: GRANDVIEW ESTATES MEMORY CARE LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/07/1994 Issued By: Labor and Industry
 Type: I-1 Date: 05/30/2019 Issued By: Elizabeth Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 36 Waking Staff: 27

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/07/2023

Inspection Dates and Department Representative

12/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 26 Residents Served: 18
 Secured Dementia Care Unit
 In Home: Yes Area: entire home Capacity: 26 Residents Served: 18
 Hospice
 Current Residents: 10
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 18
 Diagnosed with Mental Illness: [REDACTED] Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 18 Have Physical Disability: 0

Inspections / Reviews

12/07/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/22/2023

Inspections / Reviews (*continued*)

12/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/22/2023

12/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/02/2024

12/21/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2023

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

At [REDACTED] there were numerous resident records unlocked and unattended on the dining room table next to the medication cart, to include hospice delivery orders for residents [REDACTED] and [REDACTED] as well as physician orders for resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/18/2023)

Records were removed and locked away on [REDACTED] Staff will be re-trained on HIPPA compliance by [REDACTED] documentation will be kept. The director of operations will check for HIPPA compliance 3 times a day beginning on [REDACTED] Documentation will be kept.

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

Implemented [REDACTED] - 12/21/2023)

96b - First Aid Location

2. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff persons A and B did not know the location of the home's first aid kit.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

Staff present were shown where the first aide kit is kept. Staff will be trained/retrained on where the first aid kit is located by [REDACTED] documentation will be kept. The location of the first aid kit will be added to the building tour on new hire orientation on [REDACTED].

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

Implemented [REDACTED] - 12/21/2023)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill held during sleeping hours was conducted on [REDACTED] at [REDACTED] however, the previous fire drill held during sleeping hours was conducted on [REDACTED] at [REDACTED].

132e - Fire Drill Sleeping Hours (continued)

Plan of Correction**Directed** [REDACTED] - 12/18/2023)

An unannounced midnight fire drill is scheduled for 12/19/23. (DIRECTED: Documentation of the fire drill shall be kept in accordance with 2600.132c. [REDACTED] 12/18/23). A schedule of midnight fire drills was done by the administrator to ensure they occur every 6 months. There is one to be held on 6/4/24 and again on 12/3/24. The director of Operations will be monitoring the schedule to ensure the drills are being done. (DIRECTED: Within 48 hours of receipt of the plan of correction: The director of operations shall review the fire drill records monthly to ensure a fire drill is held during sleeping hours at least once every 6 months. [REDACTED] 12/18/23). A google calendar invite was created on 12/18/23 for the upcoming drills for the Director of operations, Director of Wellness and building supervisor (conducting the drill). Documentation will be kept.

Proposed Overall Completion Date: 12/19/2023

Directed Completion Date: 12/20/2023

Implemented [REDACTED] - 12/21/2023)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The home is currently storing [REDACTED] in the home's medication refrigerator for numerous residents, including residents [REDACTED] and [REDACTED] however, the manufacturer's instructions indicate to store the medication between 68 degrees Fahrenheit and 77 degrees Fahrenheit.

Plan of Correction**Directed** [REDACTED] - 12/18/2023)

[REDACTED] were immediately removed from the refrigerator and wasted. They were not replaced as the residents were not currently using them. (DIRECTED: Within 72 hours of receipt of the plan of correction: Unless discontinued in writing by the prescriber, the administrator shall ensure [REDACTED] is present in the home for all residents currently prescribed [REDACTED] to ensure the medication is available for administration in accordance with prescribers' orders. [REDACTED] 12/18/23). [REDACTED] will now be kept in the [REDACTED] lock box in the medication cart. Medication technicians will be trained on the manufacturer's instructions on storing [REDACTED] by 12/22/23. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 12/18/23). The DOW will check medication storage areas monthly to ensure that the medication is being stored per manufacturer instructions. This will begin on 12/20/23. Documentation will be kept.

Proposed Overall Completion Date: 12/22/2023

Directed Completion Date: 12/22/2023

Implemented [REDACTED] - 12/21/2023)

187d - Follow Prescriber's Orders

5. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] -Take [REDACTED] by mouth once a day; however, this medication was not administered to resident [REDACTED] on 12/2/23.

REPEAT VIOLATION: 5/25/2022, et. al.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

This error was made because of the new Tabula Pro eMAR conversion from QuickMar. The system alerted the med tech that the med should not be given. Unaware of what to do the Med Tech chose the "Withhold per dr order". The pharmacy was notified immediatley and the error was fixed. The Med Tech along with all other Med Techs will be trained on documenting exceptions to meds that are not given by 12/22/23. Documentation will be kept The DOW will audit all of the MARS and exceptions twice monthly to ensure compliance. The first audit will be completed on 12/19/23. Documentation will be kept.

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

Implemented [REDACTED] - 12/21/2023)

231b - Medical Evaluation

6. Requirements

- 2600.
- 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

The entire home is licensed as a secured dementia care unit (SDCU). Resident [REDACTED] was admitted to the SDCU on [REDACTED]; however, resident [REDACTED] medical evaluation was not completed until [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/18/2023)

All DME's were audited for compliance on 12/11/23. The DOW was made aware of the error and retrained on the timeline of Medical Evaluations in the SDCU on 12/19/23. The administrator shall audit all DME's every month beginning on 1/2/24. Documentation will be kept.

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

Implemented [REDACTED] - 12/21/2023)

233c - Key-Locking Devices

7. Requirements

- 2600.
- 233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

233c - Key-Locking Devices (continued)

Description of Violation

The directions to operate the home's locking mechanism were not conspicuously posted near the exit door next to the IT room.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

The code was immediately placed at the exit. The maintenance director was educated on the regulation on 12/18/23. Checking all exits for the existence of the codes was added to the daily maintenance checklist to begin on 12/18/23. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [REDACTED] - 12/21/2023)

234a - Admission Support Plan

8. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

The entire home is licensed as a SDCU. Resident [REDACTED] was admitted to the SDCU on [REDACTED]; however, resident [REDACTED] support plan was not completed until [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/18/2023)

All support plans were audited for compliance on [REDACTED]. The DOW was made aware of the error and retrained on the timeline of support plans in the SDCU by [REDACTED]. The administrator shall audit all support plans every month beginning on [REDACTED]. Documentation will be kept.

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

Implemented [REDACTED] - 12/21/2023)