

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

January 17, 2024

[REDACTED]
MARQUIS AID OPCO LLC
[REDACTED]
[REDACTED]

RE: MARQUIS GARDENS PLACE
660 CHERRY TREE LANE
UNIONTOWN, PA, 15401
LICENSE/COC#: 44495

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/06/2023 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: MARQUIS GARDENS PLACE License #: 44495 License Expiration: 07/11/2024
 Address: 660 CHERRY TREE LANE, UNIONTOWN, PA 15401
 County: FAYETTE Region: WESTERN

Administrator

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

Legal Entity

Name: MARQUIS AID OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/16/1998 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 38 Waking Staff: 29

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 12/06/2023

Inspection Dates and Department Representative

12/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 47 Residents Served: 28

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

Hospice
 Current Residents: [REDACTED]

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 10 Have Physical Disability: 0

Inspections / Reviews

12/06/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/30/2023

01/02/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/16/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/09/2024

Inspections / Reviews (*continued*)

01/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/11/2024

01/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's current license is not posted in the home. The posted license by the front door is the expired license, dated [REDACTED].

Plan of Correction

Accepted [REDACTED] - 01/02/2024)

The expired license was removed immediately, and the current license was posted immediately on [REDACTED] by the executive director.

The Regional Director of Operations or designee will provide training to Executive Director on replacement of license yearly. Completion by [REDACTED]

Executive Director or designee will provide training to current directors and newly hired directors on licensure being posted. Completion by [REDACTED].

Executive Director or designee will review license placement at a monthly QA meeting from January 2024 through February 2024.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 01/17/2024)

17 - Record Confidentiality

2. 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

The privacy coding document was attached to the Licensing Inspection Summary, dated [REDACTED], in a binder on the wall next to room [REDACTED]. The privacy coding document included the names of residents [REDACTED] and [REDACTED].

Plan of Correction

Accepted [REDACTED] - 01/02/2024)

Privacy coding document was immediately removed from the plan of correction binder on [REDACTED] by executive director.

The Regional Director of Operations or designee will provide training to Executive Director on record confidentiality regarding the posted plan of corrections. Completion by [REDACTED]

Executive Director or designee will provide training to current employees and newly hired employees on record confidentiality. Completion by [REDACTED].

Executive Director or designee will review record confidentiality at a monthly QA meeting from January 2024 through February 2024.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 01/17/2024)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accepted [redacted] - 01/04/2024)

Executive Director reached out to staff person A to provide high school diploma or GED on [redacted]. On [redacted] Staff person A removed from schedule until high school diploma or GED provided.

Staff person A provided high school transcripts on [redacted] to Executive director and Executive Director returned staff person a to the schedule on [redacted].

Executive Director or designee will provide education to current directors and administrative assistant on regulation 2600.54a. Completion by [redacted].

Executive director or designee will audit new hires file to ensure that they have provided their high school diploma, GED or active registry status on the Pennsylvania nurse aid registry prior to 1st day of working in direct care.

Executive director or designee will audit current employee files for high school diploma, GED pr active registry status on the Pennsylvania nurse aid registry by [redacted]

Executive director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [redacted] - 01/17/2024)

65d - Initial Direct Care Training

4. 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 [redacted], did not complete he Department-approved direct care training course and pass the competency test until [redacted].

Plan of Correction

Accepted [redacted] 01/04/2024)

Executive director or designee will provide training to current employees and newly hired employees on the direct care training course and completion time frame. Completion by [redacted].

Executive director or designee will audit new hire files to ensure that new hires have completed their direct care training course and pass the competency test prior to their first day of working in direct care.

Executive director or designee will audit current employee files for completion of the direct care training course. Completion by [redacted].

Executive director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/10/2024

65d - Initial Direct Care Training (continued)

Implemented [redacted] 01/17/2024)

65g - Annual Training Content

5. 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.

Description of Violation

Staff person A did not receive training in Fire Safety during training year 2022.

Plan of Correction

Accepted [redacted] - 01/04/2024)

Fire safety training completed for all staff on [redacted] that was provided by maintenance director.

Executive director or designee will audit current employee files/ training for completion of fire safety training.

Completion by [redacted].

Executive Director or designee will monitor monthly staff trainings on an ongoing basis at quarterly QA meetings to ensure annual compliance.

Executive director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [redacted] - 01/17/2024)

81b - Resident Personal Equipment

6. 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

Resident [redacted] has a bedside enabler that measures 10.5 inches across by 6 inches down. Also, the enabler slides under the mattress and is not securely attached to the bed.

Plan of Correction

Accepted [redacted] - 01/04/2024)

Bed cane covered and secured to bed on [redacted] by executive director.

Executive director or designee to provide training to current employees and newly hired employees on regulation 2600.81b . to include bedside mobility aid training. Staff will be educated on monitoring bed mobility aid safety including checking covers on openings, and that bedside mobility aid is secured to the bed daily and on each shift as part of their regular daily duties, Completion by [redacted].

On [redacted] executive director completed a walkthrough audit of all current resident apartments and verified that the current resident's apartments are free from hazards

Executive director or designee to work with family to order appropriate bed cane completion by [redacted].

Beginning the week of [redacted] Executive director or designee will [redacted] resident rooms per week for 4 weeks to confirm continued compliance with regulation 2600.81.b. Projected completion date [redacted]

Executive director or designee will monitor residents with a bedside mobility aid biweekly to ensure that they are

81b - Resident Personal Equipment (continued)

used in accordance with the department's regulations for bedside mobility aid safety including being securely attached and openings being covered.

Executive director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented [redacted] - 01/17/2024)

85e - Trash Outside Home

7. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately [redacted] the right side of the dumpster, located outside of the kitchen, was open and the dumpster contained approximately 6 bags of trash.

Plan of Correction

Accept [redacted] - 01/02/2024)

Dumpster lid was immediately closed on [redacted] 3, and signs posted by Executive Director to remind everyone to keep dumpster lids closed at all times.

Executive Director or designee will provide training to current employees and newly hired employees on regulation 2600.84e . Completion by [redacted]

Beginning the week of [redacted], Executive Director or designee will audit dumpster lid to ensure closed 3 times per week for 4 weeks to confirm continued compliance with regulation 2600.84.e.. Projected completion date [redacted]. Executive director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented [redacted] - 01/17/2024)

91 - Telephone Numbers

8. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the kitchen that has an outside line.

Plan of Correction

Accept [redacted] - 01/02/2024)

Executive Director placed emergency phone numbers in the kitchen near the phone on [redacted].

On [redacted] Executive Director completed a walkthrough audit of current resident apartments, offices, and common areas and verified that emergency telephone numbers are posted by every phone.

Executive Director or designee will provide training to current employees and newly hired employees on regulation 2600.91 . Completion by [redacted].

91 - Telephone Numbers (continued)

Beginning the week of [REDACTED], Executive Director or designee will audit 6 phones per week for 4 weeks to confirm continued compliance with regulation 2600.91. Projected completion date [REDACTED]. Executive Director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented [REDACTED] - 01/17/2024)

125a - Combustible Storage

9. Requirements

2600. 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately [REDACTED], there were paper user manuals leaning against the furnace in the furnace room next to the kitchen.

Plan of Correction

Accept [REDACTED] - 01/02/2024)

Executive Director immediately removed the paper manual on [REDACTED]. Executive Director or designee will provide training to current employees and newly hired employees on regulation 2600.125.a. Completion by [REDACTED]. Beginning the week of [REDACTED], Executive director or designee will audit furnace rooms weekly for 4 weeks to confirm continued compliance with regulation 2600.125.a. Projected completion date [REDACTED]. Executive Director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented [REDACTED] 01/17/2024)

132e - Fire Drill Sleeping Hours

10. Requirements

2600. 132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

More than 6 months elapsed between the last two sleeping hours fire drills. A sleeping hours was conducted on [REDACTED] at [REDACTED] and the previous sleeping hours fire drill was conducted on [REDACTED] at [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/04/2024)

Q4 fire drill completed on [REDACTED] at [REDACTED] for the overnight shift. Executive director or designee will provide training to the plant operations director on regulation 2600.132.e. Completion by [REDACTED]. The plant operations director or designee will be responsible for scheduling and or conducting unannounced fire drills for the morning, evening, and the overnight shift quarterly starting Q 1 2024 and ongoing in adherence to state scheduled requirements. The next overnight shift fire drill will be completed by May 2024 and at least every 6 months thereafter.

132e - Fire Drill Sleeping Hours (continued)

The records of the fire drills will be reviewed at the Quality Assurance and Safety committee meetings monthly and ongoing starting in January 2024.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [redacted] - 01/17/2024)

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menus were posted in the kitchen and not in a conspicuous and public place available to residents. The daily menu area outside of the kitchen was blank.

Plan of Correction

Accept [redacted] - 01/02/2024)

Executive Director posted weekly and daily menus on [redacted]

Executive Director or designee will provide training to the director or dining and dining staff on regulation 2600.162.c. Completion by [redacted].

The director of dining or designee will be responsible for posting menus 1 week in advance in a conspicuous and public space.

Executive Director or designee will audit that the menus are posted 1 week in advance weekly for 4 weeks.

Executive Director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [redacted] - 01/17/2024)

183b - Meds and Syringes Locked

12. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At [redacted], there was a bottle of Ibuprofen in the cabinet above the sink in the kitchen.

Plan of Correction

Accept [redacted] 01/04/2024)

Executive director removed ibuprofen from kitchen cabinet on [redacted]

Executive director or designee will provide training to current employees and newly hired employees on regulation 2600.183.b. Completion by [redacted]

Executive director or designee will monitor kitchen area daily for medications for 2 weeks, then 3 times a week for 2 weeks then monthly for 2 months.

Executive director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

183b - Meds and Syringes Locked (continued)

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [redacted] 01/17/2024)

227d - Support Plan Medical/Dental

13. 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 [redacted] has a bed enabler; however, the support plan, dated [redacted], does not include the intended use for this device or include any risks associated with the enabler's use or indicate the resident's ability to use the device safely.

According to staff interviews, resident [redacted] requires the assistance of 2 persons to transfer; however, the need for 2-person assistance is not indicated on the resident's support plan dated [redacted].

Plan of Correction

Accept [redacted] - 01/02/2024)

Resident [redacted] support plan will be updated by the Health and Wellness director or designee by [redacted]

Resident [redacted] support plan will be updated by Health and Wellness director or designee by [redacted] Executive Director or designee to provide training to the Health and Wellness director on regulation 2600.227.d by [redacted].

Area Nurse completed on [redacted]. The Health and Wellness Director or designee will provide training to direct care staff on resident [redacted] and resident [redacted] support plan by [redacted].

The Health and Wellness director or designee will audit the current resident assessments and support plans (RASP) to ensure compliance with 2600.227.d completion date of [redacted]

Executive Director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [redacted] - 01/17/2024)

227g -Support Plan Signatures

14. 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] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan nor is there any indication of his refusal, inability or declination to sign the support plan.

Plan of Correction

Accept [redacted] - 01/02/2024)

Resident [redacted] support plan was updated by Health and Wellness director on [redacted] including signature of resident [redacted]

227g -Support Plan Signatures (continued)

Executive Director or designee to provide training to the health and Wellness Director on regulation 2600.227.g. by

██████████. Area nurse completed on ██████████

The Health and Wellness director or designee will audit the current resident assessments and support plans (RASP) to ensure compliance with 2600.227.g completion date of ██████████

Executive Director or designee will review audit results at a monthly QA meeting from January 2024 to February 2024.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented ██████████ - 01/17/2024)