

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

March 27, 2024

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/01/2024 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: *OVERLOOK GREEN* License #: *45057* License Expiration: *07/01/2024*
Address: *5250 MEADOWGREEN DRIVE, PITTSBURGH, PA 15236*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *SNH PENN TENANT LLC*
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

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: *74* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Monitoring* Exit Conference Date: *02/01/2024*

Inspection Dates and Department Representative

02/01/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: <i>128</i>	Residents Served: <i>53</i>		
Secured Dementia Care Unit			
In Home: <i>Yes</i>	Area: <i>D Wing - Bridge to Rediscovery</i>	Capacity: <i>23</i>	Residents Served: <i>9</i>
Hospice			
Current Residents: <i>53</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>53</i>		
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>21</i>	Have Physical Disability: <i>1</i>		

Inspections / Reviews

02/01/2024 - Partial
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *03/18/2024*

03/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/26/2024

03/27/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. 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

Resident [redacted] is ordered [redacted] checks 4 times daily w [redacted] sliding scale: [redacted].

The following [redacted] readings were in resident [redacted], but were not entered on the [redacted] line on the resident's January medication administration record (MAR):

[redacted]

Plan of Correction

Accept [redacted] - 03/19/2024)

Immediate Action:

- Resident [redacted] did not suffer any ill effects from the documentation not being transcribed on the resident's MAR. The information was contained on the resident's Diabetic Log. Resident's responsible party and PCP were notified with no new orders received.
- On [redacted], DRC conducted an audit of current residents with orders for [redacted] monitoring to ensure documentation was transcribed from [redacted] monitor on both the Diabetic Log and the MAR. Documentation was found to be accurate and complete.

Education Action:

- On [redacted] Clinical Specialist educated staff certified to administer medications on requirements set within regulation 2600.185a.
- On [redacted] or [redacted], current staff who are certified to administer medications will receive Diabetic Training from a Certified Diabetic Educator. This training will be repeated in approximately 6 months.
- On [redacted] through [redacted], employee(s) involved in improper documentation on resident [redacted] MAR will be issued a Corrective Action.

Preventative Action:

- DRC or designee will audit current residents with orders for blood glucose monitoring to ensure documentation was accurately transcribed from blood glucose monitor to both the Diabetic Log and MAR twice weekly x 6 weeks then weekly x 6 weeks to ensure compliance with regulation 2600.185a.

Licensee's Proposed Overall Completion Date: 03/18/2024

Implemented [redacted] - 03/27/2024)

187b - Date/Time of Medication Admin.

2. 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

The January 2024 MAR for resident [REDACTED] was not initialed by staff for numerous medications on multiple dates and times as follows:

[REDACTED]

The January 2024 MAR for resident [REDACTED] was not initialed by staff for [REDACTED] and [REDACTED] on [REDACTED] at [REDACTED]

The January 2024 medication administration record MAR for resident [REDACTED] was not initialed by staff for numerous medications on multiple dates and times as follows:

[REDACTED]

Plan of Correction

Accept [REDACTED] - 03/19/2024)

Immediate Action:

- Resident's [REDACTED] and [REDACTED] did not suffer any ill effects from the medication documentation not being transcribed on the resident's MAR. Responsible parties and PCPs for residents [REDACTED] and [REDACTED] were notified with no new orders received.
- Staff who were scheduled to administer medications on those dates and shifts updated the documentation on the residents' MARs to accurately reflect the medication administration. • On [REDACTED], DRC conducted an audit of current residents' MARs to ensure proper documentation for medications was completed. Documentation was

187b - Date/Time of Medication Admin. (continued)

found to be accurate and complete.

Education Action:

• On [REDACTED], Clinical Specialist educated staff certified to administer medications on requirements set within regulation 2600.187b.

• On [REDACTED] through [REDACTED], employee(s) involved in improper documentation on resident [REDACTED] and [REDACTED] MARs will be issued Corrective Actions.

Preventative Action:

• DRC or designee will audit current residents' MARs twice weekly x 6 weeks then weekly x 6 weeks to ensure compliance with regulation 2600.187b.

Licensee's Proposed Overall Completion Date: 06/18/2024

Implemented [REDACTED] 03/27/2024)