

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

February 1, 2024

[REDACTED]
LIFESPACE COMMUNITIES INC
[REDACTED]
[REDACTED]

RE: FRIENDSHIP VILLAGE OF SOUTH
HILLS
1296 BOYCE ROAD
UPPER SAINT CLAIR, PA, 15241
LICENSE/COC#: 45077

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/11/2024 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: *FRIENDSHIP VILLAGE OF SOUTH HILLS* License #: *45077* License Expiration: *11/18/2024*
 Address: *1296 BOYCE ROAD, UPPER SAINT CLAIR, PA 15241*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *LIFESPACE COMMUNITIES INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/09/2019* Issued By: *Township of Upper St. Clair*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *112* Waking Staff: *84*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *01/11/2024*

Inspection Dates and Department Representative

01/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *102* Residents Served: *83*

Special Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *32* Residents Served: *29*

Hospice
 Current Residents: *9*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

01/11/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/26/2024*

01/26/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/31/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/02/2024*

Inspections / Reviews *(continued)*

01/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

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

02/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately [redacted] direct care staff person A, was notified by resident [redacted] that resident [redacted] was a “danger” and “starts smacking me in the face when I am sleeping.” However, the allegation of abuse was not reported to the Department’s assisted living residence regional office or the Department’s assisted living residence complaint hotline.

On [redacted] at approximately [redacted] direct care staff person B witnessed resident [redacted] push [redacted] husband, resident [redacted], into the sliding door in the bedroom of resident living unit [redacted]. However, this incident was not reported to the Department’s assisted living residence regional office or the Department’s assisted living residence complaint hotline until [redacted] at [redacted].

On [redacted] at approximately [redacted] within the residence’s elevator, resident [redacted] was witnessed lunging at resident [redacted] and grabbing the resident by [redacted] arm and [redacted] walker. Resident [redacted] also assaulted multiple staff persons who attempted to intervene and separate the residents. However, this incident was not reported to the Department’s assisted living residence regional office or the Department’s assisted living residence complaint hotline until [redacted] at [redacted].

Plan of Correction

Accept [redacted] - 01/26/2024)

Staff person A and Staff person B re-educated on facility’s abuse policy and reporting policy (see attached). All nursing staff were re-educated on abuse policy and new form on 1/23/24 and 1/24/24. Facility to use abuse reporting form (see attached) and witness statement form (see attached) to help nursing effectively report abuse. Starting 1/31/24, ongoing compliance to be monitored by Nurse Care Coordinator and Administrator by completing weekly audits of reportable incidents during weekly care meeting to ensure all reportable incidents were reported in timely manner.

Licensee’s Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 02/01/2024)

225a2 Assessment – significant change

2. Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted], indicated that the resident required minimal supervision. However, a physician’s recommendation dated [redacted] indicated the resident should be transferred to the residence’s secured dementia care unit and the resident assessment was not updated to reflect the significant change in supervision needs until resident [redacted] wandered out of the facility and was found on the side of Boyce Road by passersby on [redacted].

REPEAT VIOLATION 4/5/23 et. al.

225a2 Assessment – significant change (continued)

Plan of Correction**Accept** [REDACTED] - 01/26/2024)

Nurse Care Coordinator updated resident's ASP to reflect supervision needs on [REDACTED] (see attached). Nurse Care Coordinator educated on importance of updating and addressing significant changes. Nurse care coordinator and nursing staff to address all orders within a 24-hour period. All orders to be redlined by two nursing team members to ensure that orders are addressed in a timely manner. If facility is unable to meet a resident's needs, facility is to assist resident and family in finding proper placement (example: the need for a secure unit). Compliance to be monitored started [REDACTED] by administrator and nurse care coordinator at weekly care meetings (see attached form). All significant changes are to be reviewed to ensure all support plans have been updated to reflect change. All nursing staff to be re-trained on new procedures by 2/12/24.

Licensee's Proposed Overall Completion Date: 02/12/2024**Implemented** [REDACTED] - 02/01/2024)