

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

March 11, 2024

[REDACTED]
MERCY LIFE CENTER CORPORATION
[REDACTED]
[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 02/05/2024 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: *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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/05/2024*

Inspection Dates and Department Representative

02/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *56* Residents Served: *53*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *53* Are 60 Years of Age or Older: *27*
 Diagnosed with Mental Illness: *53* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/05/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/17/2024*

02/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/07/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/28/2024*

Inspections / Reviews *(continued)*

02/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/07/2024

03/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

On [redacted] at [redacted] the fire alarm sounded in the personal care home. However, the fire drill record indicated one resident refused to evacuate, but also indicated all residents were evacuated from the personal care home and did not indicate any problems encountered.

On [redacted] at [redacted] the fire alarm sounded in the personal care home. However, the fire drill record indicated one resident refused to evacuate, but also indicated all residents were evacuated from the personal care home and did not indicate any problems encountered.

Plan of Correction

Accept [redacted] 02/20/2024)

PCH has a good fire drill form. PCH did not complete the form correctly as any time a resident refuses to evacuate, the column "any problems" needs to be checked yes and an explanation written on the back of the form. Moving forward, housekeeping supervisor/staff completing drill will write all information from fire drill on "sample form". This person will then meet with a Supervisor/PCHA/Team Lead within 24 hours to correctly complete the official fire drill form. These individuals will ensure that the form is completed correctly.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [redacted] - 03/11/2024)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On [redacted] at [redacted] the home conducted a fire drill with 48 residents in the home. However, only 47 residents were evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert.

On [redacted] at [redacted] the home conducted a fire drill with 48 residents in the home. However, only 47 residents were evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert.

On [redacted] at [redacted] the home conducted a fire drill with 47 residents in the home. However, only 46 residents were evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert.

REPEAT VIOLATION 7/27/22 et. al.

Plan of Correction

Accept [redacted] - 02/29/2024)

On each listed fire drill, one resident refused to evacuate each drill. No information was listed as to follow up on drills. However, a letter was presented to licenser showing that a letter was given and meeting held concerning

132d - Evacuation (continued)

resident that refused to evacuate [REDACTED]. This resident was decompensating therefore he was not agreeable to evacuating, he eventually was hospitalized. Letters were not given to all residents. Moving forward, letters will be given immediately upon any refusals to evacuate. A 1st warning letter was created that staff can easily complete to give immediately (in case a supervisor is not onsite). The will add the specific name and date to form. A 2nd letter was created as well to be given to residents upon 2nd refusal. On [REDACTED], these letters were saved on garden view computer under Fire Drill Letters so that staff have immediate access. Staff will all be educated on letters by [REDACTED] Residents will be reminded of evacuation procedures at the February monthly meeting - 2-27-24. Supervisors/PCHA/Team Lead will monitor the fire form monthly to ensure all residents are evacuating as directed and information will be listed on front and back as to follow up and letters have been given. If they do not evacuate, the drills will be repeated until we successfully evacuate all residents. As in 132c, all information will be documented on fire log. 2/26/24, monitoring started (as there was a fire drill). PCHA worked with housekeeping supervisor on 2/26/24 to ensure the drill was documented successfully (all residents evacuated). Supervisor educated some staff this day concerning the letters. Education will continue with staff and any staff new staff starting.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] - 03/11/2024)

162c - Menu Posted

3. 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 personal care home's posted menus for dates ranging from 1/7/24 through 2/17/24 did not state the specific food that was described as "composed salads" and was served at the lunchtime meals.

Plan of Correction

Accept [REDACTED] 02/29/2024)

Immediately after the inspection, supervisor/PCHA spoke with kitchen staff about explaining specific foods/beverages on menu. As of 2/17/24, the menu is specific about salads. The kitchen no longer writes composed salads but specifies specific salads for the meals. In addition, the menu also explains the beverages served at all meals as well as explaining what is on the salad bar. PCHA/Supervisors/Team Lead will monitor the menus weekly. These individuals will ensure that specific food is listed. This started 2/17/24. Kitchen staff send the upcoming menus out by Friday of the week. This is then reviewed by Supervisors/PCHA/Team Leads weekly and then printed/mailed to all staff to post. This menu is placed behind the current one so that on the beginning of the week-Sunday, new menu (second week) is showing . Two weeks are always posted (current week and future week). Supervisors send out weekly emails to staff. This was sent again today 2-28-24 for 3-10 through 3-16-24. Prior weeks are currently posted. GVM posts these menus in multiple locations on each floor so that residents always have access to the menus. They are also saved on the gdrive if residents remove and staff have to repost/make copies.

Licensee's Proposed Overall Completion Date: 02/28/2024

162c - Menus Posted (continued)

Implemented [redacted] - 03/11/2024)

225c - Additional Assessment

4. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [redacted] most recent assessment was finalized on [redacted].

Resident [redacted] was admitted to the personal care home on [redacted]. However, on [redacted] there was no assessment in resident [redacted] resident record.

Plan of Correction

Accept [redacted] - 02/29/2024)

As of inspection, site was reviewing charts and ensuring RASPs were up to date. These charts had not been audited. Both assessments were completed as of 2/16/24. Moving forward, supervisor, PCHA, team lead will be reviewing charts and ensuring plans are completed annually. An audit of all charts will be completed by PCHA/supervisor/Team Lead by 3/8/24.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [redacted] 03/11/2024)

227c - Support Plan Revision

5. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted] indicated the resident has a minimal need for managing aggression. However, the support plan dated [redacted] did not indicate a description of service need, plan to meet service need, frequency, or responsible party for managing resident #1's aggression, those areas were left blank.

Resident [redacted] was admitted to the personal care home on [redacted]. However, on [redacted] there was no support plan in resident [redacted] resident record.

Plan of Correction

Accept [redacted] - 02/29/2024)

As of inspection, site was reviewing charts and ensuring RASPs were up to date. These charts had not been audited. Both support plans were completed as of 2/16/24. Moving forward, supervisor, PCHA, team lead will be reviewing charts and ensuring plans are completed annually. An audit of all charts will be completed by PCHA/supervisor/Team Lead by 3/8/24.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [redacted] - 03/11/2024)

227g -Support Plan Signatures

6. 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], was not signed or dated by the assessor or resident [REDACTED] and there was no indication the resident was unable or unwilling to sign the support plan.

Plan of Correction

Accept [REDACTED] - 02/29/2024)

As of inspection, site was reviewing charts and ensuring RASPs were up to date with necessary signatures. This charts had not been audited. Support plan complete as of [REDACTED]. Moving forward, supervisor, PCHA, team lead will be reviewing charts and ensuring plans are completed with necessary signatures. PCHA / Supervisor/Team Lead will ensure audits are completed on all support plans/contracts by [REDACTED]

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] 03/11/2024)