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

February 28, 2024

[redacted]
ASBURY PLACE INC
[redacted]

RE: ASBURY PLACE
760 BOWER HILL ROAD
PITTSBURGH, PA, 15243
LICENSE/COC#: 43155

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2024 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: *ASBURY PLACE* **License #:** *43155* **License Expiration:** *12/21/2024*

Address: *760 BOWER HILL ROAD, PITTSBURGH, PA 15243*

County: *ALLEGHENY* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *ASBURY PLACE INC*

Address: [redacted]

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *66* **Waking Staff:** *50*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Incident* **Exit Conference Date:** *02/07/2024*

Inspection Dates and Department Representative

02/07/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* **Residents Served:** *33*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Entire Home* **Capacity:** *42* **Residents Served:** *33*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *33*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *33*

Have Physical Disability: *0*

Inspections / Reviews

02/07/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/19/2024*

02/16/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/27/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/01/2024*

Inspections / Reviews *(continued)*

02/28/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *02/27/2024*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately [redacted]., resident [redacted], who lives in the Secure Dementia Care Unit (SDCU), wandered into the Greenhouse dining room and grabbed a fork, spoon, and napkin from a place setting on a table. Staff person A yanked them out of the resident's hand in a rough manner, causing the silverware and napkin to fall to the floor. Resident [redacted] responded with a murmur in a high and agitated tone. Staff person A tried to drag the napkin with [redacted] foot and pick up the silverware while resident [redacted] also tried to grab the napkin. Staff person A shoved resident [redacted] away, causing [redacted] to take 2-3 steps backwards. Staff person A said loudly–[redacted] stepped on my [redacted] toe. I don't have time to play [redacted] game. Resident [redacted] appeared to be agitated, was murmuring, and had an angry face. [redacted] threw up [redacted] hands and began walking again and rubbing [redacted] hand. This incident was observed by 2 staff persons; however, it was not reported to the local Area Agency on Aging until [redacted] at approximately [redacted]

Plan of Correction ***Accept[redacted] 02/16/2024)***

1. A reportable was submitted to DHS regarding incidents involving staff person A on [redacted] A written report was faxed to AAA, a verbal report was also given over the phone on [redacted]. The facility maintains that reporting was done in accordance with the "Suspected Resident Abuse Reporting and Investigation Requirements" and following the flow chart for Abuse. Within the flow chart, there is no "immediate" notification requirement to Agency on Aging under the abuse flow chart in circumstances where the abuse does not meet the level of "serious abuse" criteria, reference: page 176 of the Regulatory Compliance Guide 2600.
2. A staff meeting was held on [redacted] to review the importance of recognizing, immediately reporting, and preventing abuse and OAPSA.
3. All Nurses, Med Techs, Nurse Aides, Dining staff and Activities staff will be re-educated by the Administrator and/or designee on Reporting, Recognizing, and Preventing Abuse and "Suspected Resident Abuse Reporting and Investigation Requirements". All education will be completed by [redacted]. Documentation of completion of training will be kept in accordance with 2600.65i.
4. The DRC and/or designee will audit and interview 3 staff members weekly, within 2 business days of the receipt of the accepted plan of correction to ensure staff can explain what action needs to be taken and the expectations surrounding Reporting, Recognizing, and Preventing abuse. Audits will continue for 3 months, and monthly thereafter or until substantial compliance is achieved.
5. Audit findings will be reviewed by the Administrator and/or designee monthly, beginning within 2 business days of receipt of the accepted plan of correction, and will continue for 3 months or until substantial compliance is achieved.

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented[redacted] - 02/28/2024)

15b - Supervisor Plan

2. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

15b - Supervisor Plan *(continued)*

Description of Violation

On [redacted] at approximately [redacted] resident [redacted] who lives in the Secure Dementia Care Unit (SDCU), wandered into the Greenhouse dining room and grabbed a fork, spoon, and napkin from a place setting on a table. Staff person A yanked them out of the resident's hand in a rough manner, causing the silverware and napkin to fall to the floor. Resident [redacted] responded with a murmur in a high and agitated tone. Staff person A tried to drag the napkin with [redacted] foot and pick up the silverware while resident [redacted] also tried to grab the napkin. Staff person A shoved resident [redacted] away, causing [redacted] to take 2-3 steps backwards. Staff person A said loudly– [redacted] stepped on my [redacted] toe. I don't have time to play [redacted] game. Resident [redacted] appeared to be agitated, was murmuring, and had an angry face. [redacted] threw up [redacted] hands and began walking again and rubbing [redacted] hand. This incident was observed by 2 staff persons; however, staff person A continued working [redacted] shift until [redacted] and was not suspended until [redacted].

Plan of Correction ***Accept [redacted] - 02/16/2024)***

1. Staff person A was suspended on [redacted] due to this investigation and terminated on [redacted] Staff Person A is no longer employed with UPMC Asbury Heights Personal Care.

2. Staff meetings were held on [redacted] to review the importance of recognizing, immediately reporting, and preventing abuse and OAPSA and the need to implement a plan of supervision or suspend the staff person involved in an alleged incident.

3. All Nurses, Med Techs, Nurse Aides, and Activities staff will be re-educated by the Administrator and/or designee on Reporting, Recognizing, and Preventing Abuse. All education will be completed by 02/29/2024 for existing staff. Documentation of completion of training will be kept in accordance with 2600.65i.

4. The DRC and/or designee will audit and interview 3 staff members weekly beginning within 2 business days of receipt of the accepted plan on correction to ensure staff can explain what action needs to be taken and the expectations surrounding Reporting, Recognizing, and Preventing abuse and the need to implement a plan of supervision or suspend the staff person involved in an alleged incident. Audits will continue for 3 months, and monthly thereafter or until substantial compliance is achieved.

5. Within 2 business days of receipt of the accepted plan of correction, the Administrator and/or designee will review all internal incidents to ensure all staff persons involved in allegations of abuse are immediately suspended or placed on a plan of supervision.

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented [redacted] 02/28/2024)

16b - Incident Policies

3. Requirements

2600.
16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home's reportable incident policy, dated [redacted] and last revised in [redacted], indicates "the witness to the incident must immediately report the incident to the charge nurse/aide, Director of Resident Care or department supervisor. The administrator, DRC or designee will be notified by the charge nurse/aide or dept manager." On [redacted] at approximately [redacted] resident [redacted], who lives in the Secure Dementia Care Unit (SDCU), wandered into the Greenhouse dining room and grabbed a fork, spoon, and napkin from a place setting on a table. Staff person A yanked them out of the resident's hand in a rough manner, causing the silverware and napkin to fall to the floor. Resident [redacted]

16b - Incident Policies (continued)

responded with a murmur in a high and agitated tone. Staff person A tried to drag the napkin with [redacted] foot and pick up the silverware while resident [redacted] also tried to grab the napkin. Staff person A shoved resident [redacted] away, causing [redacted] to take 2-3 steps backwards. Staff person A said loudly– [redacted] stepped on my [redacted] toe. I don't have time to play [redacted] game. Resident [redacted] appeared to be agitated, was murmuring, and had an angry face. [redacted] threw up [redacted] hands and began walking again and rubbing [redacted] hand. This incident was observed by 2 staff persons; however, the charge nurse on duty was not notified.

Plan of Correction ***Accept[redacted] 02/16/2024)***

1. A reportable was submitted to DHS regarding incidents involving staff person A on [redacted] . A written report was faxed to AAA, and a verbal report was also given over the phone, on [redacted]. The Reportable Incident Policy is being reviewed and revised as indicated to align with the flow chart "Suspected Resident Abuse Reporting and Investigation Requirements" noted in the Regulatory Compliance Guide.

2. A staff meeting was held on [redacted] to review the importance of recognizing, reporting, and preventing abuse and OAPSA specifically the need to verbally report abuse timely to the supervisor on duty as indicated. Individual education was provided to the 2 employees who witnessed the incident as indicated.

3. All Nurses, Med Techs, Nurse Aides, Dining staff and Activities staff will be re-educated by the Administrator and/or designee on Reporting, Recognizing, and Preventing Abuse specifically the need to verbally report abuse timely to the supervisor on duty as indicated. All education will be completed by 2/29/2024. Documentation of completion of training will be kept in accordance with 2600.65i.

4. The DRC and/or designee will audit and interview 3 staff members weekly, within 2 business days of the receipt of the accepted plan of correction to ensure staff can explain what action needs to be taken and the expectations surrounding Reporting, Recognizing, and Preventing abuse, specifically the need to report abuse timely to the supervisor on duty as indicated.

5. Audit findings will be reviewed by the Administrator and/or designee monthly, beginning within 2 business days of receipt of the accepted plan of correction and will continue for 3 months or until substantial compliance is achieved.

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented[redacted] - 02/28/2024)

42b - Abuse

4. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately [redacted] resident[redacted] who lives in the Secure Dementia Care Unit (SDCU), wandered into the Greenhouse dining room and grabbed a fork, spoon, and napkin from a place setting on a table. Staff person A yanked them out of the resident's hand in a rough manner, causing the silverware and napkin to fall to the floor. Resident [redacted] responded with a murmur in a high and agitated tone. Staff person A tried to drag the napkin with [redacted] foot and pick up the silverware while resident [redacted] also tried to grab the napkin. Staff person A shoved resident [redacted] away, causing [redacted] to take 2-3 steps backwards. Staff person A said loudly– [redacted] stepped on my [redacted] toe. I don't have time to play [redacted] game. Resident [redacted] appeared to be agitated, was murmuring, and had an angry face. [redacted] threw up [redacted] hands and began walking again and rubbing [redacted] hand.

42b - Abuse *(continued)*

Plan of Correction ***Accept [redacted] - 02/16/2024)***

1. Staff person A was suspended on [redacted] and terminated on [redacted]. Staff Person A is no longer employed with UPMC Asbury Place Personal Care.
2. Staff meetings was held on [redacted] to review the importance of recognizing, immediately reporting, and preventing abuse, OAPSA, Abuse and that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way. Individual education was provided to the 2 employees who witnessed the incident as indicated.
3. All Nurses, Med Techs, Nurse Aides, Dining services and Activity staff will be re-educated by the Administrator and/or designee, on Reporting, Recognizing, and Preventing Abuse and that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way. All education will be completed by 02/29/24 for existing staff. Documentation of completion of training will be kept in accordance with 2600.65i.
4. The DRC and/or designee will audit and interview 3 staff members weekly beginning within 2 business days upon receipt of the accepted plan of correction to ensure staff can explain what action needs to be taken and the expectations surrounding Reporting, Recognizing, and Preventing abuse, and that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way.
5. Audit findings will be reviewed by Administrator and/or designee monthly, beginning within 2 business days upon receipt of the acceptance of this plan of correction, will continue for 3 months or until substantial compliance is achieved.

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented [redacted] - 02/28/2024)

54a - Direct Care Staff

5. 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, hired [redacted], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Accept [redacted] - 02/16/2024)***

1. Employee had an education verification screen completed upon hire within our organization.
2. The Administrator contacted the Human Resources representative for Asbury Place on [redacted], and confirmed that education was confirmed before hire into the organization.
3. The Administrator re-educated the Human Resources representative on [redacted] on regulation 2600.54a and the need for a high school diploma, GED, or active registry on the PA nurse aide registry.
4. The Administrator and HR audited all current employees on [redacted] and will audit all new hires to ensure the recruiter and human resources representative are complying with and obtaining the proper education which includes a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
5. Audit findings will be reviewed by the Administrator and/or designee monthly, beginning within 2 business days of receipt of the accepted plan of correction, and will continue for 3 months or until substantial compliance is achieved

54a - Direct Care Staff *(continued)*

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented [redacted] - 02/28/2024)