

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

April 29, 2024

[REDACTED]
CA SENIOR MCCANDLESS OPERATOR LLC
[REDACTED]

Suite 100
[REDACTED]

RE: RIDGECREST PERSONAL CARE &
MEMORY CARE
8870 DUNCAN AVENUE
PITTSBURGH, PA, 15237
LICENSE/COC#: 45217

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2024 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: *RIDGECREST PERSONAL CARE & MEMORY CARE* License #: *45217* License Expiration: *09/15/2024*
 Address: *8870 DUNCAN AVENUE, PITTSBURGH, PA 15237*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CA SENIOR MCCANDLESS OPERATOR LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *162* Waking Staff: *122*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/01/2024*

Inspection Dates and Department Representative

03/28/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *211* Residents Served: *123*

Secured Dementia Care Unit
 In Home: *Yes* Area: *1st Floor* Capacity: *35* Residents Served: *23*

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *122*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *39* Have Physical Disability: *0*

Inspections / Reviews

03/28/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/17/2024*

04/16/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/26/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/22/2024*

Inspections / Reviews (*continued*)

04/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/01/2024

04/29/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

58a - Awake Staff 16 or More

1. Requirements

2600.

58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

Description of Violation

On or around [REDACTED] between approximately 6:30am-7:30am, direct care staff person A was observed sleeping on a couch in the home's secured dementia care unit (SDCU).

On or around [REDACTED] between approximately 4:00am-5:00am, direct care staff person B was observed sleeping on a couch in the home's SDCU.

Plan of Correction

Directed [REDACTED] 04/23/2024)

Direct care staff person A was found sleeping on or around [REDACTED] and immediately suspended. [REDACTED] employment was terminated on [REDACTED] after an investigation was completed.

Direct care staff person B was found sleeping on or around [REDACTED] and immediately removed from the community. The temporary staffing agency was notified on [REDACTED] that staff person B was not permitted to return to the community.

The current direct care staff was re-educated by the Administrator/designee on regulation 2600.58a on 4/18 & 4/19, 2024. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/24).

Newly hired direct care staff will be educated upon hire on regulation 2600.58a specifically that direct care staff person on duty shall be awake at all times per their job description as signed upon hire.

The Administrator/designee will monitor weekly x4 weeks any incidents of staff sleeping. (DIRECTED: The weekly rounds shall begin on 4/25/24. [REDACTED] 4/23/24). The home's monitoring steps after the weekly audits conclude will be random weekly unannounced visits during nightshift hours to be completed by the Health Care Director/designee to ensure staff are awake.

Any further occurrences regarding regulation 2600.58a will be noted during the monthly Quality Assurance (QA) meeting and documentation will be kept. The next QA meeting is on 4/25/2024. (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 4/23/24).

Proposed Overall Completion Date: 04/26/2024

Directed Completion Date: 04/25/2024

Implemented [REDACTED] - 04/29/2024)

225c - Additional Assessment

2. Requirements

2600.

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

- 1. Annually.

225c - Additional Assessment (continued)

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/23/2024)

The Health Care Director completed a new annual assessment for Resident [REDACTED] on [REDACTED]. (DIRECTED: A copy of resident [REDACTED] new assessment shall be placed in resident [REDACTED] record. [REDACTED] [REDACTED]).

A chart audit was completed by the Health Care Director on 4/17/2024 ensuring each chart had a completed Resident Assessment and Support Plan.

Commencing on 4/25/2024 the Health Care Director and/or Administrator shall develop and implement a tracking system that includes the names and dates of current assessments for all residents. The tracking system shall be reviewed by the Health Care Director and/or Administrator at least monthly to ensure timely and complete assessments are completed for all residents. (DIRECTED: The monthly review and updating of the tracking system shall begin on 5/1/24. Documentation of the tracking system shall be kept. [REDACTED] 4/23/24).

Chart audits will be retained and reviewed as part of monthly Quality Assurance (QA) meetings, commencing on 4/25/2024 and the Administrator will retain the documentation in the QA report. (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 4/23/24).

Proposed Overall Completion Date: 04/26/2024

Directed Completion Date: 05/01/2024

Implemented [REDACTED] 04/29/2024)

227d - Support Plan Medical/Dental

3. 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

According to numerous staff persons, resident [REDACTED] wears pull-ups, is frequently incontinent overnight and receives hospice services; however, resident [REDACTED] support plan, dated [REDACTED], does not indicate resident [REDACTED] use of incontinence supplies, the frequency resident [REDACTED] is checked overnight to ensure incontinence care is provided, or the type of services and frequency of services resident [REDACTED] receives from hospice.

Plan of Correction

Directed [REDACTED] 04/23/2024)

Resident [REDACTED] support plan was updated on 3/29/2024 by the Health Care Director/designee to reflect the need for incontinence care and hospice services. (DIRECTED: A copy of resident [REDACTED] updated support plan shall be placed in resident [REDACTED] record. [REDACTED] 4/23/24).

227d - Support Plan Medical/Dental (continued)

All direct care staff responsible for the completion of support plans were re-educated on Regulation 2600.227d by the Administrator/designee on 4/12/2024. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/24). Any direct staff hired after that date will have this education provided to them upon hire.

A chart audit was completed by the Health Care Director on 4/17/2024 ensuring each chart had a completed Resident Assessment and Support Plan.

Commencing on 4/25/2024 the Health Care Director and/or Administrator shall develop and implement a tracking system that includes the names and dates of current assessments for all residents. The tracking system shall be reviewed by the Health Care Director and/or Administrator at least monthly to ensure timely and complete assessments are completed for all residents. After the audits and/or any changes in the plan of care are indicated the Health Care Director and/or designee will update the resident assessments/support plans as resident care needs change accordingly. (DIRECTED: The monthly review and updating of the tracking system shall begin on 5/1/24. Documentation of the tracking system shall be kept. [REDACTED] 4/23/24).

Chart audits will be retained and reviewed as part of monthly Quality Assurance (QA) meetings, commencing on 4/25/2024 and the Administrator will retain the documentation in the QA report. (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 4/23/24).

Proposed Overall Completion Date: 04/26/2024

Directed Completion Date: 05/01/2024

Implemented [REDACTED] - 04/29/2024)