

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

May 31, 2024

[REDACTED],
CA SENIOR MCCANDLESS II OPERATOR LLC
[REDACTED]

RE: THE REMINGTON SENIOR LIVING
8651 CAREY LANE
PITTSBURGH, PA, 15237
LICENSE/COC#: 44998

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/02/2024 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: *THE REMINGTON SENIOR LIVING* License #: *44998* License Expiration: *03/27/2025*
 Address: *8651 CAREY LANE, PITTSBURGH, PA 15237*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *03/18/2019* Issued By: *Township of McCANDLESS*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *132* Waking Staff: *99*

Inspection Information

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

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *90*

Secured Dementia Care Unit
 In Home: *Yes* Area: *2nd floor* Capacity: *40* Residents Served: *35*

Hospice
 Current Residents: *15*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *42* Have Physical Disability: *0*

Inspections / Reviews

05/02/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2024*

05/17/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/28/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2024*

Inspections / Reviews *(continued)*

05/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/31/2024

05/31/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2024

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 10:30 am, resident [REDACTED] reported to staff that a jewelry box was missing. Staff assisted resident [REDACTED] in searching for the jewelry, but was unable to locate it. However, this was not reported to the local area agency on aging until [REDACTED] at 7:45 am.

Residents [REDACTED] and [REDACTED] reside in the memory care unit. On [REDACTED] at approximately 9:50 am, resident [REDACTED] became upset and hit resident [REDACTED] on the right hand causing a small laceration on the second finger. This incident was not reported to the local area agency on aging until [REDACTED]

Repeat violation 1/23/2024

Plan of Correction

Accept [REDACTED] - 05/21/2024)

With Respect to the specific deficiency cited:

The home failed to report the incidents on the above-mentioned dates. The Administrator is aware of the requirement/regulation; however, failed to follow procedure/protocol.

With Respect to Systemic Measures that have been put into place to address the stated concern:

Reporting incidents allows the Department to respond promptly to serious situations.

The Administrator will have re-trained all staff regarding Regulation 2600.15a Abuse Reporting Covered By Law, by 5/24/24. The training includes a review of the home's policy on "Incident Occurrence Reporting."

To prevent this from happening again, the Administrator/Designee will file reports immediately in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225-701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27, and a copy of the incident will be retained on record.

With Respect to How the Plan of Corrective Measures will be Monitored:

Compliance monitoring on Regulation 2600.15a, Abuse Reporting Covered by Law, will be conducted x 2 quarters by the Administrator as part of Quality Assurance meetings. All records will be retained.

Licensee's Proposed Overall Completion Date: 05/24/2024

Implemented [REDACTED] - 05/31/2024)

16c - Written Incident Report

2. Requirements

16c - Written Incident Report (*continued*)

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately 10:30 am, resident [REDACTED] reported to staff that her jewelry box was missing. Staff assisted resident [REDACTED] in searching, but was unable to locate it. However, this incident was not reported to the Department until [REDACTED] at 4:00 pm.

Residents [REDACTED] and [REDACTED] reside in the memory care unit. On [REDACTED] at approximately 9:50 am, resident [REDACTED] became upset and hit resident [REDACTED] on the right hand causing a small laceration on the second finger. This incident was not reported to the Department until [REDACTED] at 3:15 pm.

Plan of Correction

Accept [REDACTED] 05/21/2024)

With Respect to the specific deficiency cited:

The home failed to report the incidents on the above-mentioned dates. The Administrator is aware of the requirement/regulation however failed to follow procedure/protocol.

With Respect to Systemic Measures that have been put into place to address the stated concern:

Reporting incidents allows the Department to respond promptly to serious situations.

The Administrator will have re-trained all staff regarding Regulation 2600.16c, Reportable Incidents and Conditions, by 5/24/24. The training includes a review of the home's policy on "Incident Occurrence Reporting" and the "Commonwealth of Pennsylvania Adult Residential Living Personal Care Homes Resident Rights."

The Administrator conducted an audit on 5/17/24 with no other reporting issues discovered.

To avoid future deficiencies of this nature, effective immediately 5/4/24, all reportable incidents will be reviewed during morning stand-up and completed/submitted by the Administrator/designee within 24 hours daily to ensure accurate resident information is captured and reported in a timely manner.

With Respect to How the Plan of Corrective Measures will be Monitored:

Compliance monitoring on Regulation 2600.16c, Reportable Incidents and Conditions, will be conducted x 2 quarters by the Administrator as part of Quality Assurance meetings. All records will be retained.

Licensee's Proposed Overall Completion Date: 05/24/2024

16c - Written Incident Report (*continued*)

Implemented [REDACTED] - 05/31/2024)