





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing Date: December 17, 2024

[REDACTED]  
Sycamore Estates, LLC  
717 Duquesne Boulevard  
Duquesne Pennsylvania 15110

RE: Sycamore Estate Personal Care  
Residence  
License #: 454500

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 27, 2024, August 28, 2024, September 17, 2024, and September 20, 2024, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: SYCAMORE ESTATE PERSONAL CARE RESIDENCE License #: 45450 License Expiration: 12/21/2024  
Address: 717 DUQUESNE BLVD, DUQUESNE, PA 15110  
County: ALLEGHENY Region: WESTERN

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: SYCAMORE ESTATES, LLC  
Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 05/14/1999 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Complaint, Provisional Exit Conference Date: 09/20/2024

**Inspection Dates and**

08/27/2024 - On-Site [REDACTED]  
08/28/2024 - On-Site [REDACTED]  
09/17/2024 - Off-Site [REDACTED]  
09/20/2024 - Off-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 49 Residents Served: 49

**Secured Dementia Care Unit**

In Home: No	Area:	Capacity:	Residents Served:
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**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 2	Are 60 Years of Age or Older: 49
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 2
Have Mobility Need: 7	Have Physical Disability: 0

## Inspections / Reviews

## 08/27/2024 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/06/2024*

## 10/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/20/2024*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/16/2024*

## 10/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/20/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/23/2024*

## 11/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/20/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1, a resident over the age of [REDACTED] years, ceased to breathe on the resident's date of death, and the resident's belongings were removed from the home on 5/30/24. Prior to the resident's death, the resident gave a check dated 6/1/24 to the owner, staff person A, in the amount of \$1,400.00, for charges for the month of June 2024. The home deposited the check and has not provided a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107).

Plan of Correction

Accepted [REDACTED] 10/16/2024)

Homes response for the record: Resident #1 owed a balance to the home upon their death and no refund was due. In addition, no information was provided by the any family The person who filed the complaint with the PA Department of Human Services will be provided a letter with the accounting explaining the balance due our home at the time of the residents passing. Therefore, we respectfully request this violation be retracted.

POC: The home will make sure going forward that we provide any refund due the family within the 30 day timeline or provide any reasons why a refund in full or partial is not due the estate. It is the practice of our home to provide refunds in accordance with the requirements of 28.e.

10-12-24 - Revised POC: We have uploaded a letter that shows the full refund in the way of a credit to the estate for the June 2024 housing. This is in compliance Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107) as reviewed in Westlaw.

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented [REDACTED] - 11/25/2024)

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On the following dates and times, there were no staff person's present who were trained in First Aid and certified in obstructive airway techniques. (CPR):

8/13/24 3:30-11:00 p.m.

8/14/24 3:30-11:00 p.m.

8/17/24 11:30 p.m.-7:00 a.m. on 8/18/24.

8/18/24 11:00 p.m.-7:00 a.m. on 8/19/24.

8/21/24 3:00 p.m.-11:00 p.m.

**63a - First Aid/CPR Training (continued)**

8/22/24 3:30 p.m.-7:00 a.m. on 8/23/24.  
 8/23/24 3:30 p.m.-11:00 p.m.  
 8/24/24 3;30 p.m.-11:00 p.m.

**Plan of Correction****Accept** [REDACTED] **10/08/2024)**

*Home response for the record: While we did not have all the certificates on file as we should have and submitted the CPR and First Aid certificates under separate email by Staff Member B which we believe covered all the dates and times listed in this specifics of this violation. However. we are not requesting a retraction of this violation since we did not have the information on file at the time of the inspection. We are thankful for the inspection team pointing this out to our management.*

*POC: Have have gathered all certificates for all staff members accept those hired within the last 30 days. We are confirming when preparing our staff work schedules that we have at least one staff member on each shift with current CPR/First Aid training certification.*

*We conducted a CPR/Frist Aid training course this past Friday which included auxiliary staff.*

*Additional, we are scheduling CPR/First Aid training every 60 days to training anyone without the certification or to renew those staff members requiring renewal of their certification.*

**Licensee's Proposed Overall Completion Date: 10/11/2024**

**Implemented** [REDACTED] **- 11/25/2024)****183d - Prescription Current****3. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*On 8/28/24 at approximately 2:10 p.m., there was a Lantus Solostar 100 unit/ML insulin pen present in the home's medication room, unopened with resident #2's name on it. Staff person B indicated it was discontinued, and should have been disposed of.*

**Plan of Correction****Accept** [REDACTED] **- 10/08/2024)**

*Home general response for 183d, 183e, 187b, and 187d: We have determined with the help of the inspection team that conducted our inspection 8/28/24 that we have a Med tech staff issue. Member B is fairly new to our home and the change of this position had impacts with existing Med tech's on our team. We had to terminate several of them and had one resign. We believe one of the Med techs we terminated just one week prior to the inspection was deliberately sabotaging our med cart, and record of logging and documenting. We are not making any excuses here but want to share what we believe are facts surrounding these four violations are true and correct. On July 2, 2024 we had the exact same inspection of our med cart, and all the violations we were cited here for and had no violations.*

*POC: -*

183d - Prescription Current (continued)

- \* Facility has hired new Med Techs
- \* Facility incorporated a new position of a full time Med Tech/RCA Coordinator who was hired to train and oversee Med passing and medication management.
- \* Facility hired a RN part time to assist with med passing and to provide additional support to med techs
- \* A cart audit is done weekly by the Administrator and the Med Tech/RCA Coordinator.
- \* Med count is completed before and after each shift
- \* Training and Practicums completed on 9/26/24
- \* Diabetic Training scheduled for 10/9/24
- \* Two existing Med Tech's will be taking the Med Tech on line course again once the course is available again on line. This is addition of the practicums they both did last week.

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented (█) - 11/25/2024)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 8/28/24 at approximately 2:13 p.m., resident #2's Novolog Flex-Pen did not indicate the date opened. According to the manufacturer's instructions, the insulin is to be used within 28 days of opening.

Repeat violation 3/11/24

Plan of Correction

Accept (█) - 10/16/2024)

POC: -

- \* Facility has hired new Med Techs
- \* Facility incorporated a new position of a full time Med Tech/RCA Coordinator who was hired to train and oversee Med passing and medication management.
- \* Facility hired a RN part time to assist with med passing and to provide additional support to med techs
- \* A cart audit is done weekly by the Administrator and the Med Tech/RCA Coordinator.
- \* Med count is completed before and after each shift
- \* Training and Practicums completed on 9/26/24

**183e - Storing Medications (continued)**

- \* Diabetic Training scheduled for 10/9/24
- \* After exit interview the Novolog Flex Pen was discarded by the administrator.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented (█ - 11/25/2024)

**187b - Date/Time of Medication Admin.****5. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident #2 is prescribed Quetiapine 25 MG tablet take 1 tablet by mouth 2 times daily. The resident's medication administration record (MAR) does not include the initials of the staff person who administered the medication on 8/27/24 at 9:00 p.m.

Repeat Violation: 3/11/24, et al and 9/19/23 et al

**Plan of Correction**

Accept (█ - 10/16/2024)

POC: -

- \* Facility has hired new Med Techs
- \* Facility incorporated a new position of a full time Med Tech/RCA Coordinator who was hired to train and oversee Med passing and medication management.
- \* Facility hired a RN part time to assist with med passing and to provide additional support to med techs
- \* A cart audit is done weekly by the Administrator and the Med Tech/RCA Coordinator.
- \* Med count is completed before and after each shift
- \* Training and Practicums completed on 9/26/24
- \* Diabetic Training scheduled for 10/9/24
- \* After inspection and exit interview as noted above new hires and new policies were put in place. MAR audit are done and completed at the time the administrator and the Med Tech/RCA coordinator.

187b - Date/Time of Medication Admin. (continued)

\* Logs Books for routine meds and narcotics are checked daily and audited weekly by the Administrator and Med Tech/RCA Coordinator when doing the cart audits.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [redacted] - 11/25/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Novolog Flex-pen syringe inject Sub-Q per scale with meals: 70-140=0units, 141-180=1unit, 181-220=2units, 221-260=3units, 261-300=4units,301-340=5units >340=6 units.

-On 8/5/24 at 8:24 a.m. the resident's glucometer indicated a blood sugar reading of 253 and 2 units of insulin were administered to the resident when 3 units should have been administered.

-On 8/28/24 at 8:00 a.m., resident #2's blood glucose check was not completed, as the resident's glucometer was not on the medication cart.

On 8/28/24 resident #2 did not receive the 9:00 a.m. dose of the following prescribed medications:

- Sertraline 100mg tablet and 50mg tablet daily to equal 150mg dose
- Amlodipine 5mg 1 tablet daily
- Gabapentin 100mg 1 capsule twice daily

Resident #3 is prescribed Clonazepam 0.5mg tablet take 1 tablet two times daily. However, resident #3 was not administered this medication on 8/16/24 at 8:00 p.m.

Repeat Violation 5/6/24 et al; 3/11/24 et al; 2/1/24 et al; and 9/19/23 et al

Plan of Correction

Accepted [redacted] 10/16/2024)

POC: -

\* Facility has hired new Med Techs

\* Facility incorporated a new position of a full time Med Tech/RCA Coordinator who was hired to train and oversee Med passing and medication management.

\* Facility hired a RN part time to assist with med passing and to provide additional support to med techs

\* A cart audit is done weekly by the Administrator and the Med Tech/RCA Coordinator.

**187d - Follow Prescriber's Orders (continued)**

- \* *Med count is completed before and after each shift*
  
- \* *Training and Practicums completed on 9/26/24*
  
- \* *Diabetic Training scheduled for 10/9/24*
  
- \* *As stated in the above POC'S the Med Tech/RCA Coordinator along with the RN will be monitoring the daily medication administration along with staff. Along with additional training and mentoring,*

**Licensee's Proposed Overall Completion Date:** 10/14/2024

**Implemented** [REDACTED] 11/25/2024)