

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

November 15, 2024

[REDACTED], DIRECTOR OF PERSONAL CARE SERVICES
VINCENTIAN DE MARILLAC
[REDACTED]

RE: SCHENLEY GARDENS
3890 BIGELOW BOULEVARD
PITTSBURGH, PA, 15213
LICENSE/COC#: 44986

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2024, 09/25/2024, 09/26/2024 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: *SCHENLEY GARDENS* License #: *44986* License Expiration: *11/20/2024*
 Address: *3890 BIGELOW BOULEVARD, PITTSBURGH, PA 15213*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *VINCENTIAN DE MARILLAC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *05/12/1998* Issued By: *City of Pittsburgh*
 Type: *I-2* Date: *05/12/1998* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *10/08/2024*

Inspection Dates and Department Representative

09/24/2024 - On-Site: [REDACTED]
 09/25/2024 - On-Site: [REDACTED]
 09/26/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *164* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *Yes* Area: *5th Floor* Capacity: *32* Residents Served: *10*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *30* Have Physical Disability: *1*

Inspections / Reviews

09/24/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2024*

Inspections / Reviews *(continued)*

10/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/12/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/24/2024

10/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/08/2024

11/15/2024 Document Submission

Submitted By: [REDACTED]

[REDACTED] Submitted: 11/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

132b Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 4/2/24; however, the previous fire safety inspection and fire drill conducted by a fire safety expert was completed on 3/1/23.

Plan of Correction

Accept (████) - 10/18/2024)

At the time of the inspection, administrator was re-educated on the regulatory requirement by the inspector. To avoid a repeat occurrence, administrator and maintenance manager plan to reach out to the City of Pittsburgh Fire Marshal in January 2025 to proactively schedule the fire safety inspection and fire drill. Outlook calendar reminder scheduled for 1/6/25 for both Administrator and Maintenance Manager.

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented (████) - 11/15/2024)

185a Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On ██████ resident #1's glucometer was not set to the current date and time.

Plan of Correction

Accept (████) - 10/23/2024)

At the time of inspection, Nurse Manager calibrated the glucometer to the correct date and time. Nurse Manager (or designee) will audit the glucometers for correct date and time weekly for six weeks, followed by monthly for six months (blank audit form attached). Audits will begin on 10/23/24. All glucometers currently in use will be included in the audit. All med techs will be educated on the importance and procedure of calibrating all glucometers. Education will be conducted by the nurse manager, and completed by 11/8/24. Documentation of education will be kept. Education on glucometer calibration will be added to new med tech training moving forward. Quality Management Meeting has been scheduled for Monday, November 4, 2024. Team will review violation and POC at the meeting.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented (████) 11/15/2024)

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.

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

Description of Violation

Resident #2's August 2024 medication administration record (MAR) does not include the initials of the staff persons who administered numerous medications to resident #2 on numerous dates/times, to include the following:

- [redacted] tablets Take 2 tablets by mouth every evening, which were not documented as administered on the evening of [redacted]
- [redacted] tablets Take 2 tablets by mouth once a day, which were not documented as administered on the mornings of [redacted]
- [redacted] Take 1 tablet by mouth once a day, which was not documented as administered on the morning of [redacted]
- [redacted] tablet Take 1 tablet by mouth once a day, which was not documented as administered on the morning of [redacted]
- [redacted] Take 1 tablet by mouth once a day, which were not documented as administered on the mornings of [redacted]

Plan of Correction

Accept ([redacted] - 10/23/2024)

Lead med techs are monitoring medication passes for completion every shift. This change was implemented following the inspection. Nurse Manager will audit MARS for completion weekly for six weeks, followed by monthly for six months. Audits began on 10/1/24. Audit will be completed using the "Medication Admin Audit Report" from EHR Point Click Care. This report includes data on all Schenley Gardens residents. All med techs will be educated on medication documentation. Education will be conducted by the nurse manager, and completed by 11/8/24. Documentation of education will be kept. Quality Management Meeting has been scheduled for Monday, November 4, 2024. Team will review violation and POC at the meeting.

Proposed Overall Completion Date: 04/18/2025

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented ([redacted] - 11/15/2024)

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 [redacted] Take 1 tablet by mouth 2 times a day; however, this medication was not administered to resident #2 on the morning of [redacted]

Plan of Correction

Directed ([redacted] - 10/23/2024)

At the time that the med error was discovered, the administrator submitted a reportable incident to DHS and counseled the med tech who failed to administer the dose of medication. Nurse Manager/med tech trainer met with Med tech to provide remediation on 8/29/24. Documentation of education kept (attached). Moving forward, Lead med techs are monitoring medication passes for completion every shift. This change was implemented following

187d Follow Prescriber's Orders (continued)

the inspection. Nurse Manager will audit MARS for completion weekly for six weeks, followed by monthly for six months. Audits began on 10/1/24. Audit will be completed using the "Medication Admin Audit Report" from EHR Point Click Care. This report includes data on all Schenley Gardens residents. Quality Management Meeting has been scheduled for Monday, November 4, 2024. Team will review violation and POC at the meeting.

DIRECTED: By 11/8/24: All staff persons qualified to administer medications shall be reeducated by the administrator/designee on the home's medication administration procedures to ensure all medications are administered in accordance with prescribers' orders. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 10/23/24

Proposed Overall Completion Date: 04/18/2025

Directed Completion Date: 11/08/2024

Implemented [REDACTED] - 11/15/2024)

225c - Additional Assessment

7. Requirements

2600.

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

- 1. Annually.

Description of Violation

The physician orders attached to resident #1's most recent medical evaluation, dated [REDACTED] indicate to "assist resident as needed with straight cath every 4 hours while awake and as needed for retention every 4 hours"; however, resident #1's most recent assessment, dated [REDACTED] indicates resident #1 is independent with bladder management and toileting.

Plan of Correction

Accept [REDACTED] - 10/23/2024)

Upon review of the documentation and assessment of the resident, Nurse Manager determined that resident is able to self cath without assistance (documentation of assessment attached). Physician's order was obtained for resident to independently self cath on [REDACTED]. RASP was updated to reflect new physician's order on [REDACTED] (attached). Moving forward, upon completion of a RASP done by the Nurse Manager (or designee) the Administrator (or designee, not to be the same person who completed the RASP) will review the RASP and DME for accuracy within 72 hours of completion. Second person will initial the RASP as documentation of review. At this time, the Administrator and Nurse Manager will be responsible for completion and double check of RASPs and both have been educated on the process. Additional staff persons will be educated as needed moving forward. Documentation of any additional education will be kept. Quality Management Meeting has been scheduled for [REDACTED]. Team will review violation and POC at the meeting.

Licensee's Proposed Overall Completion Date: 10/22/2024

Implemented [REDACTED] - 11/15/2024)

227d - Support Plan Medical/Dental

8. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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

The physician orders attached to resident #1's most recent medical evaluation, dated [REDACTED], indicate to "assist resident as needed with straight cath every 4 hours while awake and as needed for retention every 4 hours"; however, resident #1's most recent assessment, dated [REDACTED], indicates resident #1 is independent with bladder management and toileting and resident #1's most recent support plan, dated [REDACTED], does not include the description and plan to meet this service need, the frequency or the responsible person.

Plan of Correction

Accept ([REDACTED] - 10/23/2024)

Upon review of the documentation and assessment of the resident, Nurse Manager determined that resident is able to self cath without assistance (documentation of assessment attached). Physician's order was obtained for resident to independently self cath on [REDACTED]. RASP was updated to reflect new physician's order on [REDACTED] (attached). Moving forward, upon completion of a RASP done by the Nurse Manager (or designee) the Administrator (or designee, not to be the same person who completed the RASP) will review the RASP and DME for accuracy within 72 hours of completion. Second person will initial the RASP as documentation of review. At this time, the Administrator and Nurse Manager will be responsible for completion and double check of RASPs and both have been educated on the process. Additional staff persons will be educated as needed moving forward. Documentation of any additional education will be kept. Quality Management Meeting has been scheduled for Monday, [REDACTED] Team will review violation and POC at the meeting.

Licensee's Proposed Overall Completion Date: 10/22/2024

Implemented ([REDACTED] - 11/15/2024)