

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

November 4, 2024

[REDACTED]  
MCCANDLESS SQUARE SENIOR LIVING LLC  
[REDACTED]

RE: ASHTON COMMONS SENIOR  
LIVING  
551 COOPER STREET  
WEXFORD, PA, 15090  
LICENSE/COC#: 45354

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2024 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: ASHTON COMMONS SENIOR LIVING License #: 45354 License Expiration: 08/14/2025
Address: 551 COOPER STREET, WEXFORD, PA 15090
County: ALLEGHENY Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: MCCANDLESS SQUARE SENIOR LIVING LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: 1 2 Date: 01/19/2022 Issued By: Township of McCandless

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 112 Waking Staff: 84

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 09/25/2024

Inspection Dates and Department Representative

09/25/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 109 Residents Served: 82

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 16 Residents Served: 16

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 30 Have Physical Disability: 0

Inspections / Reviews

09/25/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/07/2024

10/10/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 10/31/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/17/2024

Inspections / Reviews *(continued)*

10/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/31/2024

11/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

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

15a

On [REDACTED] at approximately 5:45 p.m., direct care staff person A, the medication technician and second-floor shift supervisor at the time, and direct care staff person B responded to requests for assistance in resident room [REDACTED] belonging resident [REDACTED] and found the resident lying in heavily soiled linens and heavily soiled clothing with a pervasive odor of urine in the room, with the resident's breakfast meal tray still in the room. The resident's visiting daughter raised concerns of neglect related to resident [REDACTED] to direct care staff person A, direct care staff person B, and direct care staff person C who was asked to come assist the resident through a text message from direct care staff person A at 5:57 p.m. Direct care staff person C informed the allegation of neglect with direct care staff person D, the third-floor shift supervisor at approximately 7:00 p.m. Direct care staff person D reported the allegation of neglect the following morning on 9/16/24 at approximately 7:00 a.m. to direct care staff person E, the charge nurse and supervisor. However, the incident of alleged neglect was not immediately reported to the Department of Aging 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 (relating to reporting suspected abuse) and was not verbally reported to the Department of Aging until 9/16/24 at approximately 12:45 p.m.

REPEAT VIOLATION 4/29/24

Plan of Correction

Accepted [REDACTED] - 10/21/2024)

Action: On 9/16/2024, Staff Members B and F were immediately suspended pending investigation. Resident [REDACTED] was evaluated by her PCP on 9/18/2024 to ensure she was still medically stable and at her baseline. Staff Member F was terminated on 9/25/2024 after the investigation was completed.

Training: Beginning 9/18/2024 and continuing, all Resident Assistants, Med Techs, Nursing and Clinical Supervisors were inserviced by Executive Director and/or Wellness Director on Regulations 2600.42 and 2600.15.a, which included following the EMR Care Tracker rounding times. Training will include education on the Older Adult Protective Services Act, the requirements of regulation 2600.42, 2600.15.a and the home's policy and procedures on allegations of abuse and neglect by the Executive Director. Documentation will be kept on file in accordance with regulation 2600.65.i

Ongoing: Beginning 10/8/2024, Care Tracking documentation will be reviewed daily to ensure that rounding is completed. Private interviews will be conducted with 3 residents per week for 3 months and then 3 residents per month for 3 months by the Executive Director to ensure compliance. Documentation will be kept on file in accordance with regulation.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented ([REDACTED] - 11/04/2024)

42b - Abuse

2. Requirements

42b - Abuse (continued)

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

Resident [redacted] support plan, dated [redacted] was updated 5/1/24 and indicated that the resident required assistance with toileting, bladder, and bowel management and that direct care staff will "perform routine checks and provide prompts/cues and physical assist for toileting." However, on 9/15/24 at approximately 5:45 p.m., direct care staff person A and direct care staff person B responded to requests for assistance in resident room [redacted] belonging resident [redacted]. On arrival to the resident room, it was noted that resident [redacted] was laying across [redacted] bed horizontally and covered in what appeared to be food debris or vomit, was soaking wet with urine, the bed linens of the resident s bed were also soaked through with urine, and the breakfast tray from the morning meal was still sitting in the resident s room. Direct care staff person A sent a text message to direct care staff person C at 5:57 p.m. to request assistance with cleaning the resident up and providing a shower. When removing the resident s clothing, interviews indicated that the clothing was soaked with urine to the point that it could be wrung out, and the resident s brief was described as "once I got to the depend, I was appalled, I have never felt a diaper so heavy because it was saturated with urine and was a deep, deep, brown color" while other interviews indicated "It was like blue, black, the color was just unusual, I had never seen anything like that before." Interviews indicated that video evidence from a series of three cameras mounted in resident room [redacted] demonstrated that no care related to toileting, bladder management, or bowel management had been provided to the resident by direct care staff person F since the early morning of 9/15/24, or by direct care staff person B who arrived at 3:00 p.m.

Plan of Correction

Accept [redacted] - 10/10/2024)

Action: On 9/16/24, Staff Members B and F were immediately suspended pending investigation. Resident [redacted] was evaluated by [redacted] PCP on [redacted] to ensure [redacted] was still medically stable and at [redacted] baseline. Staff Member F was terminated on 9/25/2024 after investigation was completed.

Training: Beginning 9/18/24, all staff members were inserviced on PA 2600.42 which included following the EMR Care Tracker rounding times. All staff persons were trained on the Older Adult Protective Services Act, the requirements of regulation 2600.42 and the home's policy and procedures on allegations of abuse and neglect by the Executive Director. Documentation will be kept on file.

Ongoing: Beginning 10/8/2024, Care Tracking documentation will be reviewed daily to ensure that rounding is completed. Private interviews will be conducted with 3 residents per week for 3 months and then 3 residents per month for 3 months by the Executive Director to ensure compliance. Documentation will be kept on file at the community.

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented [redacted] 11/04/2024)

227c - Support Plan Revision

3. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] support plan, dated [redacted] was updated 5/1/24 and indicated that the resident needs assistance with bladder and bowel management and that direct care staff will "perform routine checks and provide prompts/cues and

**227c - Support Plan Revision (continued)**

physical assist for toileting." However, resident [REDACTED]'s support plan did not identify the frequency of the routine checks and still indicated not applicable for both bowel and bladder management.

**Plan of Correction****Directed [REDACTED] - 10/21/2024)**

*Action: Resident [REDACTED] assessment was updated on [REDACTED], to reflect her current care needs. All assessments are being audited to ensure each resident's current needs are up to date and accurate on each assessment, this is being completed by the Wellness Director, Resident Care Coordinator and Administrator. Audit will be completed by October 30, 2024, to ensure that all assessments reflect resident's current needs.*

*Training: Wellness Director was in serviced by the Administrator on September 8, 2024, on the requirement of regulation 2600.227.c. Documentation of the staff education shall be kept in accordance with 2600.65.i.*

*Ongoing: Beginning October 8, 2024 and ongoing, every resident assessment will be checked by the Director of Nursing, and a final check will be completed and signed off by the Administrator prior to filing in the resident chart. An initial audit of all assessments will be completed by October 30, 2024, and ongoing each resident assessment will be completed per the regulation and will be reviewed annually and with change of condition, to include residents current needs, these will be completed by Wellness Director, Administrator or designee. Documentation shall be kept in accordance with regulation 2600.65.i.*

*Proposed Overall Completion Date: 10/30/2024*

**DIRECTED**

*Within one calendar day of the receipt of the accepted plan of correction: The administrator shall update the residents Support Plan to include the frequency of the routine checks for both bowel and bladder management. 10/21/24 [REDACTED]*

*Within five calendar days of the receipt of the accepted plan of correction: The administrator shall conduct an audit of all resident records to ensure each resident has a current, Complete, and timely support plan completed and in the resident's record including, who (by title) completed the audit, and the date the audit will be completed. 10/21/24 JK*

*Within five calendar days of the receipt of the accepted plan of correction: The administrator shall conduct an audit of all newly completed support plans ensure each resident has a current, Complete, and timely support plan completed and in the resident's record including, who (by title) completed the audit, and the date the audit will be completed. 10/21/24 [REDACTED]*

**Directed Completion Date: 10/30/2024**

**Implemented [REDACTED] - 11/04/2024)**