

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

December 11, 2024

[REDACTED]  
ASBURY VILLAS  
[REDACTED]

RE: ASBURY VILLAGE AND PLACE LLC  
730 BOWER HILL  
PITTSBURGH, PA, 15243  
LICENSE/COC#: 45554

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/04/2024 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:** ASBURY VILLAGE AND PLACE LLC      **License #:** 45554      **License Expiration:** 04/01/2025  
**Address:** 730 BOWER HILL, PITTSBURGH, PA 15243  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** ASBURY VILLAS  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 10/19/2002      **Issued By:** Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 70      **Waking Staff:** 53

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 11/04/2024

**Inspection Dates and Department Representative**

11/04/2024 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100      **Residents Served:** 70

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 70  
**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

**Inspections / Reviews**

**11/04/2024 Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/15/2024

**11/18/2024 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 12/09/2024  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/22/2024

Inspections / Reviews *(continued)*

11/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/09/2024

12/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 23b - Instrumental Activities of Daily Living Assistance

### 1. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

Resident [REDACTED] most recent assessment, dated [REDACTED], indicates resident [REDACTED] requires some physical assistance with laundry and caring for personal possessions. Resident [REDACTED] most recent support plan, dated [REDACTED], indicates resident [REDACTED] will receive weekly and as needed housekeeping services from an outside company and that "DCS will complete frequent checks of the apartment to ensure there is no garbage on the floor, and it is clutter and hazardous free." However, at the time of inspection, resident [REDACTED] bedroom had a strong odor that permeated throughout resident [REDACTED] bedroom and into the hallway. Also, numerous, dark stains were present on the carpeting throughout resident [REDACTED] bedroom and numerous amounts of debris and food items were scattered on the floor throughout resident [REDACTED] bedroom, to include popcorn, food crumbs, plastic wrappers, dried spills, numerous trash bags and baby powder that covered the floor at the bathroom sink.

#### Plan of Correction

Directed [REDACTED] - 11/25/2024)

1. On 11/4/2024 Administrator had housekeeping along with organizational assistance from outside company to remove all the debris and food from Resident [REDACTED] floor. Trash bags were removed from the floor and baby powder was cleaned from the floor. Housekeeping was notified for a carpet cleaning pending a carpet and floor removal. A thorough clean and Air fresheners provided to help with permeating smell.
2. Discussion with family on 11/8/2024 about the cleanliness and smell of Resident [REDACTED]'s room. Family hired outside assistance for 2 days week, along with in housekeeping will be tending to Resident [REDACTED] room for a total of 4days week. In the meantime, Direct care staff, Resident of Direct Care and Administrator will be following up with Resident [REDACTED] room to ensure debris, garbage, or baby powder is not on the floor. Housekeeping will tend to various needs as they arise during the rest of the week.
3. Carpet and floor removal is scheduled for the 1st week of December. Resident [REDACTED] apartment will receive all new flooring throughout the apartment.
4. On 11/11/2024 Disposable commode mats were placed around the toilet and changed as needed/per Resident #1's needs.
5. Administrator updated Resident [REDACTED] Support Plan with extra support and commode mats and frequent checks for debris and garbage on 11/6/2024. The bathroom and sink area will be cleansed daily on 11/6/2024.
6. A whole house walk through audit was complete on 11/12/2024 to ensure sanitary conditions were met as required. No other apartments had sanitary concerns identified.
7. The Administrator and Direct of Resident Care will provide housekeeping, and direct care staff education on the requirements for sanitary conditions by 12/2/2024. (DIRECTED: Documentation of the staff education shall be kept in accordance with 260.65i [REDACTED] 11/25/24).
8. Starting 11/11/2024 The Administrator/designee will complete audits of Resident [REDACTED] room three times a week for three weeks, then monthly for three months to ensure the room is clean, odor free, powder free, free of debris and garbage on the floor and check disposable commode mat placement and ensure that Resident [REDACTED] apartment is in compliance with DHS regulations.

Proposed Overall Completion Date: 11/18/2024

Directed Completion Date: 12/09/2024

Implemented [REDACTED] 12/11/2024)

**85a Sanitary Conditions****2. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

Resident [REDACTED] bedroom had a strong odor that permeated throughout resident [REDACTED]'s bedroom and into the hallway. Also, numerous, dark stains were present on the carpeting throughout resident [REDACTED]'s bedroom and numerous amounts of debris and food items were scattered on the floor throughout resident [REDACTED]'s bedroom, to include popcorn, food crumbs, plastic wrappers, dried spills, numerous trash bags and baby powder that covered the floor at the bathroom sink.

**Plan of Correction****Directed ( [REDACTED] - 11/25/2024)**

1. On 11/4/2024 Administrator had housekeeping along with organizational assistance from outside company to remove all the debris and food from Resident [REDACTED]'s floor. Trash bags were removed from the floor and baby powder was cleaned from the floor. Housekeeping was notified for a carpet cleaning pending a carpet and floor removal. A thorough clean and Air fresheners provided to help with permeating smell.
2. Discussion with family 11/8/2024 about the cleanliness and smell of Resident [REDACTED]'s room. Family hired outside assistance for 2 days week, along with in housekeeping will be tending to Resident [REDACTED] room for a total of 4days week. In the meantime, Direct care staff, Resident of Direct Care and Administrator will be following up with Resident #1's room to ensure debris, garbage, or baby powder is not on the floor. Housekeeping will tend to various needs as they arise during the rest of the week.
3. Carpet and floor removal is scheduled for the 1st week of December. Resident [REDACTED]'s apartment will receive all new flooring throughout the apartment.
4. On 11/11/2024 Disposable commode mats are to be placed around the toilet and changed as needed/per Resident #1's needs.
5. On 11/11/2024 Resident [REDACTED] Support Plan was updated with extra support and commode mats and frequent checks for debris and garbage. The bathroom and sink area will be cleansed daily by the Administrator.
6. A whole house walk through audit was completed on 11/12/2024 to ensure sanitary conditions were met as required. No other apartments had sanitary concerns identified.
7. The Administrator and Direct of Resident Care will provide housekeeping and direct care staff education on the requirements for sanitary conditions and updating Resident [REDACTED]'s support plan as needed by 12/2/2024. (DIRECTED: Documentation of the staff education shall be kept in accordance with 260.65i. [REDACTED] 11/25/24).
8. Starting 11/11/2024 the Administrator/designee will complete audits of Resident [REDACTED]'s room three times a week for three weeks, then monthly for three months to ensure the room is clean, odor free, powder free, free of debris and garbage on the floor and check disposable commode mat placement, and ensure that Resident [REDACTED] apartment is in compliance with DHS regulations. (DIRECTED: The audits shall also include a check of at least 5 other resident bedrooms during each audit to ensure sanitary conditions are maintained. [REDACTED] 11/25/24).

Proposed Overall Completion Date: 11/18/2024

**Directed Completion Date: 12/09/2024****Implemented ( [REDACTED] 12/11/2024)****141a 1 10 Medical Evaluation Information**

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] medical evaluation, dated 7/8/24, indicates “see attached” under the medication addendum section; however, nothing is attached. Resident [redacted] is prescribed numerous medications, to include [redacted] tablets, [redacted] tablets and [redacted] tablets.

Plan of Correction

Accept [redacted] - 11/25/2024)

1. On November 4, 2024, Administrator found the see attached med scripts for the Resident #3 in physician orders. The med scripts were copied and placed back with 7/8/2024 DME – Medical Evaluation Information form.
2. The Direct of Resident Care/designee will complete a whole house chart audit on Medical Evaluation Information – DME to ensure compliance by 12/2/2024.
3. On 11/12/2024 the Administrator provided Director of Resident Care education about the resident information needed for Medical Evaluation Information -DME and 141a regulation to meet compliance.
4. After 12/2/2024 and completion of the initial whole house audit, The Direct of Resident Care/designee will audit six charts a month continuously to maintain compliance of regulation 141a.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented ([redacted] - 12/11/2024)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation, dated [redacted] does not include resident # [redacted]'s height or resident # [redacted] ability to self-administer medications. These sections of resident # [redacted] medical evaluation are blank.

Plan of Correction

Accept [redacted] - 11/25/2024)

1. On 11/4/2024 the Administrator did write in and include Resident [redacted] height. Resident [redacted] ability to self-administer medication was completed during the 2/22/2024 Annual Medical Evaluation. It was not left blank.
2. The Direct of Resident Care/designee will complete a whole house chart audit on Medical Evaluation Information – DME to ensure compliance by 12/2/2024.

**141b1 - Annual Medical Evaluation (continued)**

3. On 11/12/2024 the Administrator provided Director of Resident Care education about the resident information needed for Medical Evaluation Information -DME and 141b regulation to meet compliance.
4. After 12/2/2024 and completion of the initial whole house audit, The Direct of Resident Care/designee will audit six charts a month continuously to maintain compliance of regulation 141b.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented (████) - 12/11/2024)

**225a - Assessment 15 Days****5. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident █████ was admitted to the home on █████; however, resident █████'s assessment was not completed until █████.

**Plan of Correction**

Directed (████) 11/25/2024)

1. On 11/4/2024 Resident █████ 15-day assessment was not completed within the 15 days. The resident was transferred out of the facility on July 11,2024 and did not return. Assessment unable to be updated.
2. The Direct of Resident Care/designee will complete a whole house chart audit on Resident Assessment Support Plan – initial and annual assessment to ensure compliance by 12/2/2024.
3. On 11/12/2024 the Administrator provided Director of Resident Care education about the resident information needed and timely matter of 15-day initial assessment needing to be completed (RASP) and 225a regulation to meet compliance.
4. After 12/2/2024 and completion of the initial whole house audit, The Direct of Resident Care/designee will audit six charts a month continuously to maintain compliance of regulation 225a.
5. The Administrator will create a New Resident Admission Checklist and implement the checklist for new residents by 12/2/2024. The checklist will help ensure the completion of the 15-day assessment and 30-day support plan. (DIRECTED: By 12/2/24: All staff persons involved in the admission process shall be educated on the new checklist. Documentation of the staff education shall be kept in accordance with 2600.65i. █████ 11/25/24)

Proposed Overall Completion Date: 11/19/2024

Directed Completion Date: 12/02/2024

Implemented (████) - 12/11/2024)

**227a - Support Plan 30 Days****6. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

227a - Support Plan 30 Days (continued)

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, resident [redacted] support plan does not include the date it was completed, so it is unable to be determined if resident [redacted] support plan was completed within 30 days of admission to the home. Resident [redacted] support plan was signed by the assessor on [redacted]

Plan of Correction

Directed [redacted] - 11/25/2024)

1. On 11/4/2024 Resident [redacted] 30-day Support Plan does not have completion date and support plan was signed by the assessor weeks later. The resident was transferred out of the facility on July 11,2024 and did not return. Assessment unable to be updated.
2. The Direct of Resident Care/designee will complete a whole house chart audit on Resident Assessment Support Plan – initial and annual assessment to ensure compliance by 12/2/2024.
3. On 11/12/2024 the Administrator provided Director of Resident Care education about the resident information needed and timely matter of 30-day initial assessment and support plan needing to be completed and signed (RASP) and 227a regulation to meet compliance.
4. After 12/2/2024 and completion of the initial whole house audit, The Direct of Resident Care/designee will audit six charts a month continuously to maintain compliance of regulation 227a.
5. The Administrator will create a New Resident Admission Checklist and implement the checklist for new residents by 12/2/2024. The checklist will help ensure the completion of the 15-day assessment and 30-day support plan. (DIRECTED: By 12/2/24: All staff persons involved in the admission process shall be educated on the new checklist. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 11/25/24)

Proposed Overall Completion Date: 11/19/2024

Directed Completion Date: 12/02/2024

Implemented [redacted] - 12/11/2024)

227d - Support Plan Medical/Dental

7. 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

Resident [redacted] progress notes include numerous mental and behavioral health concerns to include suicidal thoughts, “consistently refuses care with ADL’s, housekeeping and bathing”, “leaves refrigerated food out in the open for days at a time and still eats it” and “observed scratching back and buttocks with a used toilet brush on multiple occasions”. Resident [redacted] most recent assessment, dated [redacted], indicates a moderate problem with judgment; however, resident [redacted]’s most recent support plan, dated [redacted] only indicates resident [redacted] “has poor decision making at times due to cognition deficits” and does not include specific plans to meet resident [redacted] mental health needs.

Plan of Correction

Accept [redacted] - 11/25/2024)

1. On 11/8/2024 Resident [redacted]’s Support plan was updated to support his mental health needs and specific

**227d - Support Plan Medical/Dental (continued)**

*behaviors and refusal. Notification to family, PCP and Psychiatry will be noted in support plan for certain behaviors.*

*2. The Director of Resident care/designee will audit all residents with known behavioral issues to ensure the Support Plan is accurately updated by 12/2/2024.*

*3. On 11/12/2024 the Administrator provided Director of Resident Care education provided to Direct of Resident Care and Administrator on the importance of updating and completing support plan to suit the resident's needs – mental, physical, emotional, and financial and including updating support plans as the needs of the resident change or behaviors change.*

*4. After 12/2/2024 and completion of the initial whole house audit, The Direct of Resident Care/designee will continue to audit six resident Support Plans monthly to conform to needs or behaviors as they change or arise.*

**Licensee's Proposed Overall Completion Date: 11/19/2024**

**Implemented [REDACTED] - 12/11/2024)**