

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

January 21, 2025

[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 12/12/2024 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 116 Waking Staff: 87

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 12/12/2024

Inspection Dates and Department Representative

12/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 109 Residents Served: 89

Secured Dementia Care Unit
 In Home: Yes Area: 1st Floor Capacity: 16 Residents Served: 15

Hospice
 Current Residents: 7

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

12/12/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2024

01/06/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/20/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/10/2025

Inspections / Reviews *(continued)*

01/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/20/2025

01/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

187b - Date/Time of Medication Admin.

1. 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 [REDACTED] is prescribed [REDACTED] subcutaneously 4 times daily with meals and at bedtime-Hold if blood sugars are less than 150. No blood sugar readings are present on resident [REDACTED] at 8:00am and 12:00pm on 11/25/24 and 11/26/24; however, at 8:00am on 11/25/24, and at 12:00pm on 11/25/24 and 11/26/24, direct care staff person A documented on resident [REDACTED] November 2024 medication administration record (MAR) that the [REDACTED] was held because resident [REDACTED] blood sugars were below 150. Direct care staff person A also documented on resident [REDACTED] November 2024 MAR that resident [REDACTED] was administered the [REDACTED] of insulin at 8:00am on 11/26/24; however, resident [REDACTED] blood sugars were not tested on this date/time, so it is unable to be determined if resident [REDACTED] should have received the [REDACTED].

Plan of Correction

Directed [REDACTED] - 01/07/2025)

On 11/26/2024, Staff Person was terminated for failure to follow procedure. Additionally, Beginning on 11/25/2024, all Med Techs and Nurses were re-trained by Nursing Supervisor on the proper procedure for taking, recording blood glucose readings and subsequently medicating residents according to the prescriber's orders. Training will be completed by 1/8/2024. Documentation of training will be kept in accordance with 2600.65.i. Additionally, beginning 11/25/2024 DON or nurse designee will perform a weekly audit to ensure that all glucometer readings are properly recorded in the MAR and are in accordance with prescriber's orders. Audit will continue weekly through January 24, 2025. Audits will be reviewed by the Quality Committee on January 20, 2025 for further action and/or audits if needed. (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 1/7/25). Routine Monthly Auditing will be conducted thereafter to ensure ongoing compliance.

Proposed Overall Completion Date: 01/30/2025

Directed Completion Date: 01/20/2025

Implemented ([REDACTED] - 01/21/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] subcutaneously 4 times daily with meals and at bedtime-Hold if blood sugars are less than 150. No blood sugar readings are present on resident [REDACTED] at 8:00am and 12:00pm on 11/25/24 and 11/26/24; however, at 8:00am on 11/25/24, and at 12:00pm on 11/25/24 and 11/26/24, direct care staff person A documented on resident [REDACTED] November 2024 medication administration record (MAR) that the [REDACTED] was held because resident [REDACTED] blood sugars were below 150. Direct care staff person A also documented on resident [REDACTED] November 2024 MAR that resident [REDACTED] was administered the 3 units of [REDACTED] at 8:00am on 11/26/24; however, resident [REDACTED] blood sugars were not tested on this date/time, so it is unable to be determined if resident [REDACTED] should have received the [REDACTED].

187d - Follow Prescriber's Orders (continued)**Plan of Correction****Directed (████ - 01/07/2025)**

On 11/26/2024, Staff Person was terminated for failure to follow procedure. Additionally, Beginning on 11/25/2024, all Med Techs and Nurses were re-trained by Nursing Supervisor on the proper procedure for taking, recording blood glucose readings and subsequently medicating residents according to the prescriber's orders. Training will be completed by 1/8/2024. Documentation of training will be kept in accordance with 2600.65.i. Additionally, beginning 11/25/2024 DON or nurse designee will perform a weekly audit to ensure that all glucometer readings are properly recorded in the MAR and are in accordance with prescriber's orders. Audit will continue weekly through January 24, 2025. Audits will be reviewed by the Quality Committee on January 20, 2025 for further action and/or audits if needed. (DIRECTED: The quality management review shall include a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. █████ 1/7/25). Routine Monthly Auditing will be conducted thereafter to ensure ongoing compliance.

Proposed Overall Completion Date: 01/30/2025

Directed Completion Date: 01/20/2025

Implemented (████ - 01/21/2025)