

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

January 14, 2025

[REDACTED]  
ASBURY HEALTHCARE, LLC  
[REDACTED]

NE, SUITE A501  
[REDACTED]

RE: ASBURY HEALTH CENTER  
700 BOWER HILL ROAD  
PITTSBURGH, PA, 15243  
LICENSE/COC#: 45550

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2024 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 HEALTH CENTER **License #:** 45550 **License Expiration:** 04/01/2025  
**Address:** 700 BOWER HILL ROAD, PITTSBURGH, PA 15243  
**County:** ALLEGHENY **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** ASBURY HEALTHCARE, LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

<b>Type:</b> C-1	<b>Date:</b> 04/16/1987	<b>Issued By:</b> Department of Health
<b>Type:</b> C-1	<b>Date:</b> 02/26/1987	<b>Issued By:</b> Department of Health
<b>Type:</b> C-2 LP	<b>Date:</b> 07/15/1997	<b>Issued By:</b> PA Dept of Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 49 **Waking Staff:** 37

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 12/16/2024

**Inspection Dates and Department Representative**

12/16/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 120 **Residents Served:** 30

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** 6th Floor **Capacity:** 24 **Residents Served:** 19

**Hospice**

**Current Residents:** 6

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 30
<b>Diagnosed with Mental Illness:</b> 2	<b>Diagnosed with Intellectual Disability:</b> 1
<b>Have Mobility Need:</b> 19	<b>Have Physical Disability:</b> 1

**Inspections / Reviews**

12/16/2024 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/30/2024

Inspections / Reviews *(continued)*

## 01/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/07/2025

## 01/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/15/2025

## 01/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2025

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

On [REDACTED] at approximately 7:45 p.m., allegations of verbal abuse against resident [REDACTED] were reported involving direct care staff person A to direct care staff person B. However, the incident of verbal abuse 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 [REDACTED] at approximately 2:24 p.m.

## Plan of Correction

Accept [REDACTED] - 12/31/2024)

- [REDACTED] - A reportable was submitted to DHS regarding incidents involving staff person A. A written report was faxed to AAA, a verbal report was also given over the phone on [REDACTED]. Family of Resident [REDACTED] was present for the incident on [REDACTED] therefore already aware.

- [REDACTED] and [REDACTED] – Inservice was held for by Administrator for all Nurses, Med Techs, Nurse Assistants, Housekeeping and Activities staff to discuss the plan of correction and reeducate and review the importance of recognizing, immediately reporting, and preventing abuse and OAPSA. Documentation of the staff education shall be kept in accordance with 2600.65i.

- [REDACTED] - The Administrator/designee will audit, and interview 2 staff members weekly ensure staff can explain what action needs to be taken and the expectations surrounding Reporting, Recognizing, and Preventing abuse and to ensure abuse is reported in accordance with regulation 2500.15a.

- Audit findings will be reviewed by the Administrator and/or designee monthly, beginning 1/1/25, and will continue for 3 months or until substantial compliance is achieved.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/14/2025)

## 15b - Supervisor Plan

## 2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

## Description of Violation

On [REDACTED] at approximately 7:45 p.m., direct care staff person A was witnessed allegedly yelling at resident [REDACTED] in resident room [REDACTED], and the allegation of verbal abuse was reported to direct care staff person B. However, direct care staff person A was not immediately suspended or placed on a plan of supervision approved by the Department and continued to provide direct care services to residents of the personal care home until the end of the shift at approximately 11:00 p.m. Direct care staff person A returned to work on [REDACTED] from approximately 6:30 a.m. and continued to provide unsupervised direct care services to the home's residents during the shift and was not suspended until approximately 1:00 p.m. on [REDACTED] after another allegation of verbal abuse was reported involving resident [REDACTED]

## Plan of Correction

Accept [REDACTED] - 12/31/2024)

[REDACTED] - Staff person A was suspended at 1:00 p.m pending the outcome of this investigation. On [REDACTED] after

**15b - Supervisor Plan (continued)**

the allegation of abuse was unsubstantiated, Staff person A was transferred to another Personal Care Facility to continue employment.

- [REDACTED] and [REDACTED] – In-service was held for by Administrator for all Nurses, Med Techs, Nurse Assistants, Housekeeping and Activities staff to discuss the plan of correction and reeducate and review the importance of recognizing, immediately reporting, and preventing abuse and OAPSA. Documentation of the staff education shall be kept in accordance with 2600.65i.

[REDACTED] The Administrator/designee will audit and interview 2 staff members weekly ensure staff can explain what action needs to be taken and the expectations surrounding Reporting, Recognizing, and Preventing abuse  
-Beginning 1/1/25, the Administrator and/or designee will review all internal incidents daily to ensure all staff persons involved in allegations of abuse are immediately suspended or placed on a plan of supervision which has already been approved by DHS and the Area Agency on Aging prior to implementation.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/14/2025)

**23a - Activities of Daily Living Assistance****3. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] support plan, dated [REDACTED] indicated the resident requires some assistance with eating and stated "Resident [REDACTED] needs some physical assistance with eating and meal set up" with plan of "DCS will orient resident [REDACTED] to [REDACTED] tray, open containers/cartons, and cut up resident [REDACTED] food daily and as needed." However, on [REDACTED] at the lunchtime meal, resident [REDACTED] was served cheese quiche that had not been cut up and staff interviews indicated that cheese quiche should be cut up before being served to the resident.

**Plan of Correction**

Accept [REDACTED] - 01/08/2025)

[REDACTED] - Administrator educated Staff on the importance of following the support plans for each resident's needs and that Resident [REDACTED] quiche should have been cut up. Administrator requested a speech therapy consult for Resident [REDACTED]. Resident was evaluated on [REDACTED] Any updates or changes will be added to the support plan.

[REDACTED] and [REDACTED] - Administrator conducted in-service for all staff to emphasize importance in assisting residents with ADL's as indicated in the resident assessment support plan. Documentation of completion of training will be kept in accordance with 2600.65i.

-12/20/24 and 12/23/24 - Administrator completed audit of all resident assessment support plans to ensure they are accurately representing what ADL's residents need assistance with.

-1/20/25 - Administrator/Designee will audit 10 resident RASP's monthly including new admissions as they occur, to ensure all resident assessment support plans are accurate. Audit will be ongoing.

-Beginning 1/6/25, Administrator will privately interview 3 residents weekly for 3 months (until April 5th, 2025) and three residents monthly thereafter, to ensure compliance with 2600.23(a).

Licensee's Proposed Overall Completion Date: 01/07/2025

Implemented [REDACTED] 01/14/2025)

## 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] annual medical evaluation, dated [REDACTED], did not indicate the resident's height, that area of the form was left blank.

## Plan of Correction

Accept [REDACTED] - 01/02/2025)

- [REDACTED] - Resident [REDACTED] PCP entered the height of the resident at the time of evaluation, and signed and dated DME.
- [REDACTED] and [REDACTED] - Administrator held an in-service educating LPN's and Health Unit Coordinator in the importance of all fields in a medical evaluation be completed. Documentation of completion of training will be kept in accordance with 2600.65i.
- [REDACTED] and [REDACTED] Administrator conducted a complete audit of all resident medical evaluations to ensure every field was filled out appropriately and accurately.
- [REDACTED] - Administrator/Designee will audit 10 resident charts monthly including new admissions to ensure all medical evaluations are completed properly. Audit will remain ongoing.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/14/2025)

## 141b2 - Medical Evaluation Changes

## 5. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

## Description of Violation

Resident [REDACTED] status change medical evaluation, dated [REDACTED] did not include the resident's weight, that area of the form was left blank. Additionally, the fields for body positioning and movement, as well as health status and cognitive functioning were also left blank and the medication addendum section indicated "See attached for complete Med list - K" but there was nothing attached to the document.

## Plan of Correction

Accept [REDACTED] - 01/02/2025)

- [REDACTED] - The Administrator added the medication list to the medical evaluation in the chart on [REDACTED].
- [REDACTED] - Resident [REDACTED] provider entered the weight, fields for body positioning and movement, as well as health status and cognitive functioning of the resident at the time of evaluation, and signed and dated DME
- [REDACTED] and [REDACTED] - Administrator held an in-service to educate the LPN's and Health Unit Coordinator the importance of all fields in a medical evaluation be completed and the importance in medication list being present either on the DME or attached separately in the chart. Documentation of completion of training will be kept in accordance with 2600.65i.
- [REDACTED] and [REDACTED] - Administrator conducted complete audit of all resident medical evaluations to ensure every field was filled out appropriately and accurately, and medication lists were present for each resident.
- [REDACTED] - Administrator/Designee will audit 10 resident charts monthly including new admissions to ensure all medical evaluations are completed properly. Audit will remain ongoing.

141b2 - Medical Evaluation Changes (continued)

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 01/14/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed the use of a sling on the left arm as indicated, "Sling to left upper extremity(LUE) at all times, check placement each shift(L arm should be close to body and flexed approximately 90 degrees) three times a day. However, on [redacted] at approximately 1:00 p.m., resident [redacted] was observed in [redacted] room with [redacted] arm at [redacted] side and loosely hanging from the sling while receiving incontinence care, and direct care staff person A refused to reposition the resident's arm in line with the prescriber's order and prevented direct care staff person C from repositioning the residents arm into the prescribed sling and position.

Plan of Correction

Accept [redacted] - 01/08/2025)

- [redacted] - Staff person A was suspended pending investigation following this incident and incidents occurring [redacted]
- [redacted] - Administrator verbally educated all staff present on the importance of following the Prescriber's orders exactly as they are written when providing care for the residents.
- [redacted] and [redacted] - The administrator conducted an in-service for all LPN's Med Tech's and Nurse Assistants to emphasize the importance in following prescriber's directions exactly regarding resident care. Documentation of completion of training will be kept in accordance with 2600.65i.
- [redacted] and [redacted] - Administrator and LPN conducted Audit of all Resident charts completed to ensure all the MD orders are being followed correctly.
- [redacted] - Administrator/Designee will audit 10 resident charts monthly including new admissions to ensure all prescriber orders are being followed. Audit will remain ongoing.
- Beginning 1/6/25, Administrator will privately interview 3 residents weekly for 3 months (until April 5th, 2025) and three residents monthly thereafter, to ensure compliance with 2600.187(d).

Licensee's Proposed Overall Completion Date: 01/07/2025

Implemented [redacted] 01/14/2025)