

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

March 28, 2025

[REDACTED], PRESIDENT
ASBURY VILLAGE AND PLACE, LLC
[REDACTED]
[REDACTED]

RE: ASBURY PLACE
760 BOWER HILL ROAD
PITTSBURGH, PA, 15243
LICENSE/COC#: 45555

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2025 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 PLACE* License #: *45555* License Expiration: *04/01/2025*
 Address: *760 BOWER HILL ROAD, PITTSBURGH, PA 15243*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ASBURY VILLAGE AND PLACE, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *01/05/1992* Issued By: *Mt. Lebanon*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/06/2025*

Inspection Dates and Department Representative

03/06/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *33*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire home* Capacity: *42* Residents Served: *33*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *33* Have Physical Disability: *0*

Inspections / Reviews

03/06/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2025*

03/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/18/2025*

Inspections / Reviews *(continued)*

03/13/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/28/2025

03/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At approximately 10:30 AM, the bathroom sink in resident #1's private bathroom was clogged and was not draining properly.

REPEAT VIOLATION: 3/18/2024

Plan of Correction

Directed ([REDACTED] - 03/13/2025)

-The drain in room 332 was fixed on 3/7/2025 at 12:23 PM by maintenance.

-The administrator started sink audits 3/10/2025 of all sinks at Asbury Place. Audit will be completed by 3/14/2025 to ensure they are all draining properly.

-During the staff meeting on 3/11/2025, all staff were educated by the administrator on regulation 2600.95, which states that furniture and equipment must be in good repair, clean, and free of hazards. Documentation on staff education shall be kept in accordance with 2600.65i

-Maintenance staff were educated by administrator on 3/11/2025 of regulation 2600.95, furniture and equipment must be in good repair, clean and free of hazard. Documentation on staff education shall be kept in accordance with 2600.65i

-Staff were reeducated on 3/11/2025 by the administrator in the process to submit a work order for anything that is not clean or good repair. Staff should call the 5000 number and leave a message so that a work order can be created. Documentation on staff education shall be kept in accordance with 2600.65i

-The administrator will audit/maintain audits of all sinks at Asbury Place starting 3/10/2025, every 2 weeks for 6 months, then monthly indefinitely.

-2600.95 will be added to quality management to ensure that we remain compliant. The next quality management meeting is scheduled for 3/28/2025. (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 3/13/25).

Proposed Overall Completion Date: 03/28/2025

Directed Completion Date: 03/28/2025

Implemented ([REDACTED] - 03/28/2025)

184a - Resident's Meds Labeled

2. Requirements

2600.

184a - Resident's Meds Labeled (continued)

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is currently prescribed Nystatin powder-Apply to excoriated areas topically every 4 hours as needed for excoriation; however, the pharmacy label for this medication indicates to apply the Nystatin powder twice daily.

Plan of Correction

Directed () - 03/13/2025

-3/17/2024 a change of direction sticker was immediately placed on the Nystatin bottle by the nurse.

-A request was submitted by the nurse on 3/6/2025 to RX Partners to send a new bottle of Nystatin powder with the correct label.

-During the nurse and medication technician meeting on 3/11/2025, all nurses and medication technicians were educated by the administrator on regulation 2600.184a.4, which mandates that the prescribed dosage and instructions for administration must be accurately reflected on the label. Documentation on staff education shall be kept in accordance with 2600.65i

-3/10/2025 the administrator started to audit all orders in each resident EMAR's against the labels on medications to ensure accuracy by 3/17/2025.

-Starting 3/10/2025, the administrator will conduct weekly audits of all medication labels and EMAR orders for the next three months to ensure accuracy. Subsequently, the administrator will conduct monthly audits of all PCC orders against the medication labels indefinitely.

-Regulation 2600.184a.4 has been added to quality management meetings to ensure compliance is maintained. The next quality management meeting is scheduled for 3/28/2025. (DIRECTED: Documentation of the quality management review shall be kept. () 3/13/25).

Proposed Overall Completion Date: 03/28/2025

Directed Completion Date: 03/28/2025

Implemented () - 03/28/2025

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.

Description of Violation

Resident #2 is prescribed Florastor-250mg capsule-Give 1 capsule by mouth in the morning; however, resident #2's March 2025 medication administration record (MAR) does not include the strength of this medication.

187a - Medication Record (continued)**Plan of Correction****Directed (█ - 03/13/2025)**

-The nurse immediately corrected the order in Point Click Care EMAR by adding the correct dosage.

-During the nurse and medication technician meeting on 3/11/2025, all nurses and medication technicians were educated by the administrator on regulation 2600.187a.4, which mandates that the prescribed dosage and instructions for administration must be accurately reflected on the label. Documentation on staff education shall be kept in accordance with 2600.65i

-starting 3/10/2025 the administrator will audit each residents' orders in the electronic medication administration records, against the labels on medications to ensure accuracy by 3/17/2025. Starting 3/10/2025 the administrator will conduct weekly audits of all medication labels for the next three months to ensure accuracy. Subsequently, the administrator will conduct monthly audits of all residents EMAR orders against the medication labels indefinitely.

-Regulation 2600.187a.4 has been added to quality management meetings to ensure compliance is maintained. The next quality management meeting is scheduled for 3/28/2025. (DIRECTED: Documentation of the quality management review shall be kept. █ 3/13/25).

Proposed Overall Completion Date: 03/28/2025

Directed Completion Date: 03/28/2025

Implemented (█ - 03/28/2025)