

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

June 17, 2025

[REDACTED]
SYCAMORE ESTATES, LLC
[REDACTED]
[REDACTED]

RE: SYCAMORE ESTATE PERSONAL
CARE RESIDENCE
717 DUQUESNE BLVD
DUQUESNE, PA, 15110
LICENSE/COC#: 45450

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2025 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: SYCAMORE ESTATE PERSONAL CARE RESIDENCE **License #:** 45450 **License Expiration:** 12/17/2025
Address: 717 DUQUESNE BLVD, DUQUESNE, PA 15110
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: SYCAMORE ESTATES, LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/14/1999 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 27 **Total Daily Staff:** 58 **Waking Staff:** 44

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 03/11/2025

Inspection Dates and Department Representative

03/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 49 **Residents Served:** 27

Secured Dementia Care Unit

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

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 5 **Are 60 Years of Age or Older:** 27
Diagnosed with Mental Illness: 9 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

03/10/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/10/2025

04/11/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/14/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/16/2025

Inspections / Reviews *(continued)*

04/22/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/14/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/29/2025

06/17/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 06/14/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

57a - Designee Present/Age

1. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On [REDACTED] there was no direct care staff present in the home from 7:34 a.m. until approximately 9:08 a.m. There were 28 residents present in the home during this time.

Plan of Correction

Accept [REDACTED] 04/22/2025)

Administrator has reviewed and updated Direct Care Staffing policy which now includes the educational requirement for all staff persons, responsibilities across direct care staff and staffing level requirements, see attached. It will be shared and reviewed with all direct care staff at the 4.28.25 staff meeting, included in the agenda notes and have sign-off by all employees acknowledging understanding.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 06/17/2025)

57d - Waking Hours

2. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED] there were 28 residents being served in the home, including 4 with mobility needs. A total of 24 hours of personal care service hours was required during waking hours. However, only 18 hours of personal care services were provided during waking hours.

Plan of Correction

Accept [REDACTED] - 04/22/2025)

Administrator has reviewed and updated Direct Care Staffing policy which now includes the educational requirement for all staff persons, responsibilities across direct care staff and staffing level requirements, see attached. It will be shared and reviewed with all direct care staff at the 4.28.25 staff meeting, included in the agenda notes and have sign-off by all employees acknowledging understanding.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 06/17/2025)

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED] there were 28 residents being served in the home, to include resident [REDACTED] and [REDACTED] that require the

60a Staff/Support Plan (continued)

assistance of 2 staff persons to transfer. However, on this date, there was only one direct care staff in the home from 9:00 a.m. until approximately 6:00 p.m. to provide direct care to the residents.

There was no staff person trained to administer medications present in the home on the overnight shift, from 11:00 p.m. [REDACTED], until 7:00 a.m. [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/22/2025)

Administrator has reviewed and updated Direct Care Staffing policy which now includes the two person assist requirement. It will be shared and reviewed with all direct care staff at the 4.28.25 staff meeting, included in the agenda notes and have sign off by all employees acknowledging understanding.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented ([REDACTED] 06/17/2025)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] take 1 tablet my mouth daily. However, there was a bottle of [REDACTED] stored in the med cart with a label indicating [REDACTED] tablet take 1 tablet by mouth daily. Staff Person A indicated this medication was discontinued.

Plan of Correction

Accept [REDACTED] - 04/11/2025)

Resident Care Coordinator completed an initial medication cart audit verifying there were no discontinued and/or expired medications in the medication cart. This was completed on March 14th.

All medication staff were reeducated on the proper storage of medications on March 18, 2025.

Resident Care Coordinator or Designee will complete a medication cart audit weekly x 3 weeks then monthly x 2 months.

Resident Care Coordinator or Designee will have this completed by May 30, 2025

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/17/2025)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [REDACTED], at approximately 9:00 a.m., staff person A administered the following medications to resident [REDACTED]; however, staff person A did not initial the medication record (MAR) as having administered the medications:

- [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/11/2025)

Resident Care Coordinator completed an initial MAR audit verifying there were medications on the MAR that was not signed off on. This was completed on March 14th.

All medication staff were reeducated on the proper storage of medications on March 18, 2025.

Resident Care Coordinator or Designee will complete a MAR audit weekly x 3 weeks then monthly x 2 months.

Resident Care Coordinator or Designee will have this completed by May 30, 2025

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/17/2025)

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 [REDACTED], take 1 tablet daily. However, this medication was not administered to the resident from [REDACTED], because the medication was not available in the home.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 04/22/2025)

Resident Care Coordinator or Designee will contact emergency pharmacy for any medications ordered by prescriber that are not in the building. Initial audit of all prescribed medications being available to the residents was completed on March 14, 2025.

All Med Techs received training on medication management. When a medication is down to a 7 day supply it is reordered. If the medication does not arrive at the home on the 6th day medication will be ordered through the back up pharmacy.

During the weekly medication cart audit Resident Care Coordinator or Designee will verify all prescribed medications are available as ordered by prescriber.

187d - Follow Prescriber's Orders (continued)

Resident Care Coordinator or Designee will complete a MAR audit weekly x 3 weeks then monthly x 2 months.
Resident Care Coordinator or Designee will have this completed by May 30, 2025

Licensee's Proposed Overall Completion Date: 04/16/2025

Implemented [REDACTED] 06/17/2025)

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The assessment for resident [REDACTED] dated [REDACTED] does not include the resident was admitted on hospice [REDACTED]. In addition, staff interviews indicate the resident has had numerous falls in [REDACTED] room. However, the resident ambulating is assessed as unsteady gait and does not include recent falls.

Plan of Correction

Accept [REDACTED] - 04/22/2025)

Resident [REDACTED] DME and RASP were updated by the Administrator on 3/14/25.

All resident records have been reviewed by both administrator and doctors since 4/4/25.

The Description of Services Policy [§ 2600.223(a)-(b)] has been updated on 4.9.25 to include the RASP updating cadence and by whom. See attached.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented [REDACTED] - 06/17/2025)

227d - Support Plan Medical/Dental

8. 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

The support plan for resident [REDACTED], dated [REDACTED] does not include the resident was admitted to hospice services on [REDACTED]. In addition, staff interviews indicate the resident has had numerous falls. However, the support plan does not address the resident's falls.

Plan of Correction

Accept [REDACTED] - 04/22/2025)

Resident [REDACTED] DME and RASP were updated by the Administrator on 3/14/25.

All resident records have been reviewed by both administrator and doctors since 4/4/25.

The Description of Services Policy [§ 2600.223(a)-(b)] has been updated on 4.9.25 to include the RASP updating cadence and by whom.

Licensee's Proposed Overall Completion Date: 04/15/2025

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

Implemented [REDACTED] - 06/17/2025)