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

May 8, 2025

[redacted]
MERCY LIFE CENTER CORPORATION
[redacted]
ATTN: LICENSING/COMPLIANCE
[redacted]

RE: GARDEN VIEW MANOR
441 SWISSVALE AVENUE
PITTSBURGH, PA, 15221
LICENSE/COC#: 44069

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2025 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: *GARDEN VIEW MANOR* **License #**: *44069* **License Expiration**: *06/13/2025*

Address: *441 SWISSVALE AVENUE, PITTSBURGH, PA 15221*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MERCY LIFE CENTER CORPORATION*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *04/08/2010* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *50* **Waking Staff**: *38*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *03/20/2025*

Inspection Dates and Department Representative

03/20/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* **Residents Served**: *50*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *50* **Are 60 Years of Age or Older**: *28*

Diagnosed with Mental Illness: *50* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

03/20/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/31/2025*

04/01/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/10/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/07/2025*

Inspections / Reviews *(continued)*

04/04/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/10/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/10/2025*

05/08/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/10/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

185a - Implement Storage Procedures

1. 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] tablet, dissolve one tablet by mouth three times a day as needed. However, on [redacted] at approximately 1:43 p.m., the [redacted] tablet was not available on the medication cart and was not in the home to administer if requested by resident [redacted].

Plan of Correction ***Accept [redacted] - 04/04/2025)***

- *The home had the [redacted] on site for Resident [redacted]; however, it was in a secured cabinet and was not presented at the time of inspection. It was found and placed in the med cart on 3/21/25 and was available for the resident.*
- *To prevent this from re-occurring, the home will no longer store any PRN or PRN refills in locations other than the medication cart. On 3/21/25, the home's supervisor worked with DCS to ensure all PRN medications were in the medication carts.*
- *By 3/31/25, all medication passers are educated on the location of PRN medications and the process of obtaining refills to ensure all PRN medications are available.*
- *Starting on 3/20/25, the home increased the frequency of cart audits to weekly. The audit and documentation will be completed by the home's nurses, PCHAs, or team leads only. Previously, audits occurred monthly.*
- *The medications carts and MARs are audited for: medication indicated on MAR but not present in medication cart, medication being present but not indicated on MAR, All medications in cart match exactly to the MAR, Administration of medications is documented, that each medication has a correlating diagnosis in each box on the MAR, that any allergies are listed on MAR, that Pulse/Blood Pressure is recorded when appropriate/applicable, Make sure that person who administered the meds has initials and signature on MAR, that code is indicated when a resident has any discrepancies with taking medications (ex: resident refused to take medications, wrong med given, etc.), that the cart is locked when not in use, drawers are neat, clean and orderly, discontinued meds are removed from the cart and indicated discontinued on MAR, Multi-Dose Vials are checked for date opened and initials of staff who dated vial, Diabetic injections documented and verified, Glucometer readings match the MAR.*
- *Upon completion, the home will address any identified issues. Verification of the corrections will be documented with a signature by PCHA and the date completed. Completed 'Medication Cart/MAR Audit' forms are maintained in the audit zone.*

Licensee's Proposed Overall Completion Date: *04/07/2025*

Implemented [redacted] - 05/08/2025)

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 once weekly on Wednesday. However, on [redacted] at approximately 9:30 a.m., resident [redacted], was administered [redacted] from the injector pen belonging to resident [redacted] and not [redacted].

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction ***Accept [redacted] - 04/04/2025)***

- *On 3/17/25, the RN who made this error received corrective action and was provided with education and a review of the risks of administering medications during times of crisis. Moving forward, [redacted] will refrain from giving any medication during medical or behavioral health emergencies until the situation has stabilized.*
- *On 3/31/25, all medication passers were assigned to complete the training PMHS - Medication Administration for CMHPCH and other Residential Programs on their next shift. Copies of the training certificate will be maintained in the staff members charts. This trainings is based on ODP about safe medication administration, storage, and documentation, which includes a review of the 5Rs and the importance of safety in medication administration.*
- *Starting on 3/20/25, the home increased the frequency of cart audits to weekly. The audit and documentation will be completed by the home's nurses, PCHAs, or team leads only. Previously, audits occurred monthly.*
- *The medications carts and MARs are audited for: medication indicated on MAR but not present in medication cart, medication being present but not indicated on MAR, All medications in cart match exactly to the MAR, Administration of medications is documented, that each medication has a correlating diagnosis in each box on the MAR, that any allergies are listed on MAR, that Pulse/Blood Pressure is recorded when appropriate/applicable, Make sure that person who administered the meds has initials and signature on MAR, that code is indicated when a resident has any discrepancies with taking medications (ex: resident refused to take medications, wrong med given, etc.), that the cart is locked when not in use, drawers are neat, clean and orderly, discontinued meds are removed from cart and indicated discontinued on MAR, Multi-Dose Vials are checked for date opened, and initials of staff who dated vial, Diabetic injections documented and verified, Glucometer readings match the MAR.*
- *Upon completion, the home will address any identified issues. Verification of the corrections will be documented with a signature by PCHA and the date completed. Completed 'Medication Cart/MAR Audit' forms are maintained in the audit zone.*
- *On 3/12/25, the Residential Care Advisor contacted Resident [redacted]s designated person to inform [redacted] that [redacted] received the wrong medication. The home's nurse contacted the PCP and UPMC Presbyterian, where the resident was admitted for behavioral health issue immediately after the medication error, to inform them of the medication error and to watch for any signs or symptoms and to inform them of [redacted] prescribing physician's instructions relating to this error. The home contacted the prescriber at the time of the error; however, the resident remains in the hospital for behavioral health reasons. All prescriber's instructions will be followed upon Resident [redacted] discharge back to the home.*
- *An incident report was filed on 3/12/25 by a nurse who made the error.*
- *The incident report is filed in the resident's chart and made part of the resident's permanent record for errors by the supervisor on 3/12/25. We are documenting on the MAR when an error occurs and coding it with a note specific to the error.*
- *On 3/12/25, the nurse attempted to contact emergency contact for Resident [redacted], whose medication was given to another resident, but the mother did not have a phone. The nurse contacted the resident's CTT and notified the resident's physician. This resident's medication was replaced at no cost to them, and there was no disruption to their medication administration.*

Licensee's Proposed Overall Completion Date: *04/07/2025*

Implemented [redacted] - 05/08/2025)