

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

May 19, 2025

[REDACTED]
VINCENTIAN DE MARILLAC
[REDACTED]

RE: SCHENLEY GARDENS
3890 BIGELOW BOULEVARD
PITTSBURGH, PA, 15213
LICENSE/COC#: 44986

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2025 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: SCHENLEY GARDENS **License #:** 44986 **License Expiration:** 11/20/2025
Address: 3890 BIGELOW BOULEVARD, PITTSBURGH, PA 15213
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: VINCENTIAN DE MARILLAC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 05/12/1998 **Issued By:** City of Pittsburgh
Type: I-2 **Date:** 05/12/1998 **Issued By:** City of Pittsburgh

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 87 **Waking Staff:** 65

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 04/09/2025

Inspection Dates and Department Representative

04/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 164 **Residents Served:** 56

Secured Dementia Care Unit

In Home: Yes **Area:** 5th Floor **Capacity:** 32 **Residents Served:** 9

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 31 **Have Physical Disability:** 1

Inspections / Reviews

04/09/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/27/2025

04/28/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/16/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/05/2025

Inspections / Reviews *(continued)*

05/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/16/2025

05/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

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 7:00 a.m., allegations of verbal and physical abuse were reported by resident [REDACTED] against direct care staff person A to direct care staff person B. Direct care staff person B reported the allegations the same morning to direct care staff person C and on the morning of [REDACTED] to direct care staff person D. However, the incident of alleged verbal and physical 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 reported to the Department of Aging until [REDACTED] at approximately 3:12 p.m.

Plan of Correction

Directed [REDACTED] - 05/05/2025)

Following the inspection, on 4/10/25, Staff Person C was educated by the Nurse Manager on the importance of timely reporting of abuse to Administration. Staff person C also educated on 2600.15a abuse reporting regulation (See attached documentation). Moving forward, all staff will be instructed to report suspected abuse directly to the Administrator (or designee) immediately upon discovery. Staff education held on 4/17/25, Nurse Manager directed team to immediately report suspected abuse directly to the Administrator or designee. (See attached documentation of education). Suspected abuse is not to be only reported to a lead med tech or supervisor. This communication process was put into place to avoid untimely reporting in the future. Staff that were not present at the in-person training on 4/17/25 will be assigned an education with the same message on our online learning system (powerpoint attached, voice over included in uploaded education). Education will be due for completion on 5/15/25. "Speak Up" flyers directing staff how and where to reporting abuse posted in employee only areas to serve as a reminder to staff (see attached flyer). All new hires will be educated on reporting suspected abuse directly to the Administrator (or designee) during Schenley Gardens New Hire Orientation - specific bullet point added to the agenda (see attached agenda).

Starting on May 5, 2025, Administrator (or designee) will monitor for any allegations of abuse to ensure that they are reported to AAA and the Department within 24 hours. Documentation of all submissions to AAA and the Department, including dates and times, will be kept.

Proposed Overall Completion Date: 05/15/2025

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall audit all allegations of abuse to ensure any allegation of abuse is immediately reported to the Area Agency on Aging. 5/5/25 [REDACTED]

Directed Completion Date: 05/15/2025

Implemented [REDACTED] - 05/19/2025)

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 7:00 a.m., allegations of verbal and physical abuse were reported by resident #1 against direct care staff person A to direct care staff person B. Direct care staff person B reported the allegations the same morning to direct care staff person C, the shift supervisor. However, the home did not report the incident to the Department of Aging until [REDACTED] and direct care staff person C was not immediately suspended or placed on a plan of supervision approved by the Department and returned to work on [REDACTED] and worked from 7:00 p.m. until 7:00 a.m. on [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/05/2025)

Note: Staff person A was the staff person to be placed on suspension, not staff person C.

Following the inspection, on 4/10/25, Staff Person C was educated by the Nurse Manager on the importance of timely reporting of abuse to Administration. Staff person C also educated on 2600.15a abuse reporting regulation (See attached documentation). Moving forward, all staff will be instructed to report suspected abuse directly to the Administrator (or designee) immediately upon discovery. Staff education held on 4/17/25, Nurse Manager directed team to immediately report suspected abuse directly to the Administrator or designee. (See attached documentation of education). Suspected abuse is not to be only reported to a lead med tech or supervisor. This communication process put into place to avoid untimely reporting in the future. Staff that were not able to present at the in-person training on 4/17/25 will be assigned an education with the same message on our online learning system (powerpoint attached, voice over included in uploaded education). Education will be due for completion on 5/15/2. "Speak Up" flyers directing staff how and where to report abuse posted in employee only areas to serve as a reminder to staff (see attached flyer). All new hires will be educated on reporting suspected abuse directly to the Administrator (or designee) during Schenley Gardens New Hire Orientation - specific bullet point added to the agenda (see attached agenda).

It is the practice of Schenley Gardens to immediately placed any alleged perpetrator on suspension pending investigation by the facility, DHS, and APS. A statement is requested from the alleged perpetrator/staff person at the time of suspension. The untimely reporting by staff person C disrupted this practice. Education provided directly to Staff person C and all staff at Schenley Gardens in order to prevent delayed suspension of an alleged perpetrator in the future.

Starting on May 5, 2025, Administrator (or designee) will monitor for any allegations of abuse to ensure that the alleged perpetrator is immediately suspended pending investigation. Every allegation of abuse will be reviewed within 2 hours by the Administrator (or designee) to ensure that timely action is taken, and that the staff person does not work another shift until the investigation has been completed. Administrator (or designee) and Human Resources will keep all documentation of employee suspension, including time/date.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [REDACTED] 05/19/2025)

16c - Written Incident Report

3. Requirements

16c Written Incident Report (continued)

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 7:00 a.m., allegations of verbal and physical abuse were reported by resident [redacted] against direct care staff person A to direct care staff person B. Direct care staff person B reported the allegations the same morning to direct care staff person C and on the morning of [redacted] to direct care staff person D. However, the incident was not reported to the Department’s personal care home regional office or the Department’s personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until [redacted] at approximately 4:00 p.m.

Plan of Correction

Accept [redacted] - 05/05/2025)

Note: Staff person A was the staff person to be placed on suspension, not staff person C.

Following the inspection, on 4/10/25, Staff Person C was educated by the Nurse Manager on the importance of timely reporting of abuse to Administration. Staff person C also educated on 2600.15a abuse reporting regulation (See attached documentation). Moving forward, all staff will be instructed to report suspected abuse directly to the Administrator (or designee) immediately upon discovery. Staff education held on 4/17/25, Nurse Manager directed team to immediately report suspected abuse directly to the Administrator or designee. (See attached documentation of education). Suspected abuse is not to be only reported to a lead med tech or supervisor. This communication process put into place to avoid untimely reporting in the future. Staff that were not able to present at the in-person training on 4/17/25 will be assigned an education with the same message on our online learning system. Education will be due for completion on 5/15/25. "Speak Up" flyers directing staff how and where to report abuse posted in employee only areas to serve as a reminder to staff (see attached flyer). All new hires will be educated on reporting suspected abuse directly to the Administrator (or designee) during Schenley Gardens New Hire Orientation - specific bullet point added to the agenda (see attached agenda).

It is the practice of Schenley Gardens Administrator (or designee) to report the incident to the DHS PCH regional office within 24 hours. The untimely reporting by staff person C disrupted this practice. Education provided directly to Staff person C and all staff at Schenley Gardens in order to prevent delayed reporting in the future.

Starting on May 5, 2025, Administrator (or designee) will monitor for any allegations of abuse to ensure that they are reported to the Department within 24 hours. Documentation of all reportable incident submitted to the Department, including dates and times, will be kept.

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

Implemented [redacted] - 05/19/2025)

42c Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at the conclusion of the overnight shift at approximately 7:00 a.m., resident [redacted] reported to direct care staff person A that direct care staff person C had just provided [redacted] care while visibly angry and in a fashion described as

42c - Treatment of Residents (continued)

hostile both physically and verbally, and that the staff person aggressively "flipped me over" when providing morning care. Resident [redacted] could not recall exactly what was stated but indicated "in the moment, I felt very upset, very disrespected. I didn't say anything to [redacted] other than [redacted] was being mean to me."

Plan of Correction

Accept ([redacted] - 05/05/2025)

As soon as the Administrator and Nurse Manager were made aware of the situation on 3/31/25 by staff person D, staff person A was placed on suspension. Worked with human resources team to terminate staff person A due to treatment of resident following investigation. Staff person A is no longer employed by Schenley Gardens.

Staff education held on 4/17/25, Nurse Manager spoke to team about the residents' right to be treated with dignity and respect (See attached documentation of education). Staff that were not present at the in-person training on 4/17/25 will be assigned an education with the same message on our online learning system (powerpoint attached, voiceover was included in the uploaded education). Education is due for completion on 5/15/25. All new hires are educated on resident rights during Schenley Gardens New Hire Orientation.

Starting the week of May 5, 2025, the Administrator (or designee) will interview three residents per week to ensure that residents are being treated with dignity and respect. 3 residents will be interview per week for 3 months. Documentation of interviews will be kept.

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

Implemented ([redacted] - 05/19/2025)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:44 a.m., in the private bathroom of resident room [redacted] belonging to resident [redacted] there was a hand towel that was soiled with what appeared to be smeared feces that was draped over the grab rail to the left of the toilet from a seated position. Additionally, there was a stain on the floor to the right of the toilet that measured approximately twelve inches by ten inches and appeared to be dried urine.

Plan of Correction

Accept ([redacted] - 04/28/2025)

At the time of inspection, housekeeper was contacted immediately to clean the bathroom. Maintenance Manager, Administrator, or designee will spot check two resident bathrooms per floor weekly (see attached audit). Audits will be ongoing for two months. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented ([redacted] - 05/19/2025)