

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

June 30, 2025

[REDACTED]
ABODE CARE OF MONROEVILLE LLC
[REDACTED]

RE: ABODE CARE OF MONROEVILLE
2560 STROSCHEIN ROAD
MONROEVILLE, PA, 15146
LICENSE/COC#: 45119

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/15/2025 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: ABODE CARE OF MONROEVILLE **License #:** 45119 **License Expiration:** 11/14/2025
Address: 2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: ABODE CARE OF MONROEVILLE LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 06/04/2012 **Issued By:** Municipality of Monroeville

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 61 **Waking Staff:** 46

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Provisional **Exit Conference Date:** 05/15/2025

Inspection Dates and Department Representative

05/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 35

Secured Dementia Care Unit

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

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 34
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 26 **Have Physical Disability:** 1

Inspections / Reviews

05/15/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/15/2025

06/20/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/26/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/26/2025

Inspections / Reviews *(continued)*

06/30/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at approximately 1:30 pm, the following resident records were unlocked, unattended, and accessible in the cabinet in the conference room:

- * Miscellaneous medical record for resident [redacted] dated [redacted]
- * Hospital Discharge Clinical Summary for resident [redacted] dated [redacted]
- * Medication Administration Records and Physician Orders, March 2025, for resident [redacted]

REPEAT VIOLATION [redacted] et al., [redacted]

Plan of Correction

Accept [redacted] - 06/20/2025)

On May 15, 2025, while the Executive Director was accompanying inspector, records were placed in a credenza in the locked conference room. The Marketing Director used the conference room and upon exiting the conference room inadvertently left the door unlocked. It is important to note that while the room was unlocked, the records themselves were not in an open public area but were stored within a closed credenza and the conference room is room that is only used by AbodeCare Management and not used for general or supervised purposes. On May 15th while inspector was on site the records were secured by the Executive Director in [redacted] office. On 05/16/25 the Regional Director re-educated the Executive Director on 2600.17. Following this education, a comprehensive training was conducted on 5/22/25 by the Executive Director with all staff members emphasizing HIPAA record confidentiality and the critical importance of maintaining secure locations for sensitive information. Moving forward, the Executive Director and Director of Wellness will be responsible to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [redacted] - 06/30/2025)

144c2 - Smoking Area Distance

2. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

According to the home's smoking policy, as amended on [redacted] the designated smoking area is outside the main front exits in the parking lot. However, on [redacted] at 9:00 am, agents from the Department witnessed residents [redacted] and [redacted] smoking directly in front of the main front entrance door. There is a no smoking sign posted on the wall at this entrance.

144c2 Smoking Area Distance (continued)

REPEAT VIOLATION [REDACTED] et al., [REDACTED]

Plan of Correction

Accepted [REDACTED] - 06/20/2025)

On [REDACTED] while inspectors on site residents [REDACTED] and [REDACTED] were informed of designated smoking area and redirected to that location for future use. On May 16, 2025, the Executive Director reviewed the smoking policy at the community, resident counsel meeting. During the meeting, residents expressed a desire for a covered area where they could smoke. The Executive Director promptly addressed this request. Immediately, after the resident council meeting on May 16, 2025, the Maintenance Director installed a canopy in the designated smoking area to address resident concerns in order to ensure ongoing compliance would be adhered to. As of 05/16/25 the Executive Director will be responsible to ensure ongoing compliance by 2600.144c2 and will do this by enforcing the communities policy to all offenders that includes, residents, visitors and staff.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [REDACTED] - 06/30/2025)

184a - Resident's Meds Labeled

3. Requirements

2600.

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 [REDACTED] is ordered [REDACTED] take [REDACTED] tablets in the afternoon (around 2 pm) and [REDACTED] tablets "qhs" (at bedtime); however, the pharmacy label indicates [REDACTED] take 1 1/2 tablets by mouth 3 times a day.

Plan of Correction

Accepted [REDACTED] - 06/20/2025)

On May 15th, 2025, following the inspection the Director of Wellness reviewed the residents medication administration record to determine if an error occurred in administration due to the label being incorrect. It was determined that the medication was administered according to physician's orders and no medication error occurred. The Provider and Pharmacy were both consulted in this investigation to clarify the medication order and to investigate for medication error. As a result, on 05/15/25. A correct label was requested and sent by the pharmacy and adhered to the medication by the Director of Wellness. On May 19, 2025 the Director of Wellness provided an education to All Med Techs educated on verification of physicians orders versus the medicaiton label.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [REDACTED] - 06/30/2025)

227d - Support Plan Medical/Dental

4. 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.

227d Support Plan Medical/Dental (continued)**Description of Violation**

Resident [REDACTED] requires the use of a Hoyer lift to safely transfer; however, the resident's support plan, dated [REDACTED] does not indicate how the home is addressing this care need.

Plan of Correction**Directed [REDACTED] - 06/20/2025)**

The Resident Assessment Support Plan (RASP) for Resident [REDACTED] was immediately revised on May 15, 2025 by the Director of Wellness, to accurately reflect the need for and use of the Hoyer lift for transfers. It includes specific details to ensure the safe operation of the Hoyer lift,

On 05/17/25 the Director of Wellness completed an audit on all RASPs for the residents that use a Hoyer Lift to ensure proper documentation in accordance with 2600.227d. Any areas of deficient information was updated during the audit by the Director of Wellness. Moving forward, the Director of Wellness or designee will be responsible for ongoing compliance.

Proposed Overall Completion Date: 06/28/2025

Directed Completion Date: 06/20/2025

Implemented [REDACTED] - 06/30/2025)