



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** NOV 11/8 2013

Ms. Alma A. Hoffman, Owner/Administrator  
Senior Care Plaza Associates, Inc.  
Senior Care Plaza  
624 Lysle Boulevard  
McKeesport, Pennsylvania 15132

Dear Ms. Hoffman:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 6, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland". The signature is written in a cursive, flowing style.

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

Page 1 of 5

PCH Name: SENIOR CARE PLAZA		License Number: 43106
Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: MS. JENNIFER FLOAT		Region: WEST
Legal Entity Name: SENIOR CARE PLAZA ASSOCIATES INC		
Legal Entity Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 05/08/1995 Comm. of PA Dept. L&I		OCT 01 2013  <b>WEST REGION FIELD OFFICE</b> <b>Human Services Licensing</b>
Staffing Hours		
Resident Support: 0	Total Daily Staff: 85	Waking Staff: 64
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/06/2013: Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100  Number of Residents Served: 69  Secured Dementia Care Unit In Home: No  Area:  Secured Dementia Unit Capacity, if Applicable:  Number of Residents Served in Secured Dementia Care Unit, if applicable:  Number of Current Hospice Residents: 12  Number of Hospice Residents in past year: 12	Number of Residents who:  Receive Supplemental Security Income: 0  Are 60 Years of Age or Older: 69  Have Mental Illness: 0  Have an Intellectual Disability: 1  Have a Mobility Need: 16  Have a Physical Disability: 1	

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Violation Report: 43106 - 08/06/2013 - Pollock, Susan  
PCH Name: SENIOR CARE PLAZA

## WEST REGION FIELD OFFICE Human Services Licensing

### 1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

### 2a. DESCRIPTION OF VIOLATION

On 6/17/13 at 11:00 a.m. resident #1 complained he/she had no energy, staff person A assessed the resident and noted the resident had left lower lung congestion and obtained a physician's order for a chest x-ray. At 5:57 p.m. the home received the x-ray results indicating a diagnosis of Cardiomegaly and Congestive Failure; however, the home did not secure health care for resident #1 to address this decline in medical stability until 6/19/13 at 1:00 p.m.

### 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Staff was educated on reading x-ray reports and proper protocol for securing healthcare for residents

2. Staff inservice was held on 7/18/13 educating direct care staff on proper procedure of securing health care for residents when needed.

3. DON. [redacted] Administrator [redacted] will review all files on a daily basis to ensure proper measures are being made for securing healthcare for all residents

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Date 10/1/13

### DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Initials)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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10/23/2013

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43106 - 08/06/2013 - Pollock, Susan  
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55-Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Coumadin therapy. On 2/4/13 the home obtained the PT/INR blood work results and the physician increased the dosage of resident #2's Coumadin as take 2.5mg by mouth every other day, alternate with Coumadin 5mg take 1 tablet by mouth every other day and to recheck the resident's PT/INR in two weeks; however, the home did not have the blood work test completed until 4/1/13 at which time the resident's PT level had increased to 34.1 and the INR level had reached 3.8. The physician prescribed a hold order for the home not to administer the Coumadin from 4/1/13 to 4/4/13 and to have the blood test PT/INR rechecked on 4/4/13. The home did not have the resident's PT/INR blood test completed on 4/4/13 or any time thereafter; however, the home did resume administering the Coumadin 2.5mg by mouth every other day, alternate with the Coumadin 5mg by mouth every other day.

On 5/5/13 at approximately 10:30 a.m. resident #2 bumped his/her arm on an end table. Later that afternoon, staff person B returned to resident #2's room and noticed significant blue and purple bruising approximately 5 inches long on the resident's left upper arm. At approximately 5:30 p.m. the resident started to feel ill and was complaining of pain in his/her chest on the left side and down into her stomach. The resident's was transported to McKeesport Hospital for evaluation. Resident #2 was diagnosed with an elevated Coumadin level PT 44.3 and INR 5.4.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Re-educated staff on the importance of following directions of the prescriber
2. Staff inservice was held on 7/10/13 to re-educate staff on the importance of following the directions of the prescriber. a procedure is in place listing the steps that need to take place to ensure the resident is receiving the proper care.
3. D.O.N. [redacted] and administrator [redacted] will be responsible for checking to make sure process is in place and staff is following directions of a prescriber in a timely manner.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Jennifer Float Administrator		10/1/13

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The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

2600.187 (d)

1. Reviewed resident file regarding PT/INR testing frequency and medications. Process in place to ensure resident number 2 is on the list to check PT/INR as per physician orders. Please see attachment 1A and attachments 1B - 1F
2. Staff in-service was held on 7/18/13 to re-educate staff on the importance of following the directions of the prescriber. A procedure is in place listing the steps that need to take place to ensure the resident is receiving the proper care. Please see attachment 2A
3. Director of Nursing and Administrator will be responsible for checking to make sure the weekly process is in place and staff is following the directions of the prescriber in a timely manner.

11-15-13 - The Administrator or designated staff person qualified to Administer medications will review all current physician orders to ensure all physician orders are being followed, including any prescribed tests. 10-28-13g

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Violation Report: 43106 - 08/08/2013 - Pollock, Susan  
PCH Name: SENIOR CARE PLAZA

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's support plan, dated 12/12/12, was not updated to include how the home will meet the needs of the resident in securing and using transportation, managing finances, making and keeping appointments and caring for personal possessions indicated on the resident's assessment dated 12/12/12.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

1. Resident #2 support plan was updated to include how the home will meet his needs

2. All support plans will be reviewed by direct care staff for any updates or omissions.

3. Monthly process will be in place for DON [redacted] and Administrator [redacted] to ensure all documents are updated

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Janet Hoot</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Janet Hoot Administrator</i>	<i>10/1/13</i>

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<p>The above plan of correction is approved as of _____ (Date)</p> <p>The above plan of correction was approved by _____ (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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OCT 01 2013

Violation Report: 43106 - 08/06/2013 - Pollock, Susan PCH Name: SENIOR CARE PLAZA		<b>WEST REGION FIELD OFFICE</b> <b>Human Services Licensing</b>	
<b>1. REGULATION 55 Pa.Code §2600</b> 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.			
<b>2a. DESCRIPTION OF VIOLATION</b> Resident #1's support plan, dated 7/20/13, does not indicate the care, supervision and services related to the resident's requirement for a wander guard device.			
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>			
<div style="font-family: cursive; font-size: 1.2em;"> <p>1. Resident #1's support plan was updated</p> <p>2. All support plans will be reviewed by direct care staff for any omissions or updates.</p> <p>3. Monthly process will be in place for DON [REDACTED] and Administrator [REDACTED] to ensure all documents are updated.</p> </div>			
Repeat Violation: No		Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Jennifer Float - Administrator		10/1/13	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Fully Implemented</div> <div><input type="checkbox"/> Partially Implemented - Adequate Progress</div> <div><input type="checkbox"/> Partially Implemented - Inadequate Progress</div> <div><input type="checkbox"/> Not Implemented</div> </div>	