



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 20, 2015

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

RE: Senior Care Plaza
License #431060

Dear Ms. Hoffman:

As a result of the Department of Human Services' licensing inspection on July 6, 2015, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig", followed by a large, stylized checkmark or flourish.

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

Page 1 of 8

PCH Name: SENIOR CARE PLAZA		License Number: 43106
Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: JENNIFER FLOAT		Region: WEST
Legal Entity Name: SENIOR CARE PLAZA ASSOCIATES, INC		
Legal Entity Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy C-2 LP A2 05/08/1995 L & I		RECEIVED NOV 16 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/06/2015: Breuer, Patricia; Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 57 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: 7 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 4 Have a Physical Disability: 1	

Violation Report: 43106 - 07/06/2015 - Breuer, Patricia

NOV 16 2015

PCH Name: SENIOR CARE PLAZA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

At approximately 9:06 a.m., resident records containing confidential information including assessments, support plans and physicians' orders for residents #1, #2, #3, #4, #5, #6, #7, and #8 were unlocked, unattended, and accessible in the conference room.

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. All resident records were removed from conference room and placed in locked file cabinet
2. Staff was re-educated on 7/22/15 about confidentiality. All resident records are not permitted to leave nursing station area and must be placed back in a locked cabinet after charting.
3. Administrator and Director of Nursing will check all floors ^{daily} to ensure all resident charts ^{charts} are put away in a locked cabinet

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)

Jennifer Float Administrator

Date

11/15/15

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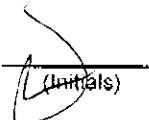
The above plan of correction is approved as of

11/19/15
(Date)

Plan of correction implementation status as of

11/18/15
(Date)

The above plan of correction was approved by


(Initials)
☐

Fully Implemented

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Partially Implemented - Adequate Progress

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Partially Implemented - Inadequate Progress

☐

Not Implemented

Violation Report: 43106 - 07/06/2015 - Brouer, Patricia

PCH Name: SENIOR CARE PLAZA

NOV 16 2015

1. REGULATION 55 Pa.Code §2600

2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE
Human Services Licensing**2a. DESCRIPTION OF VIOLATION**

On 6/8/15, at approximately 6:04 p.m., resident #1 was hit in the head repeatedly with a sleeve of styrofoam cups by staff person A, while the resident was seated in the 2nd floor dining room. Resident #1 attempted to stand, and staff person A pushed the resident back into his/her seat. On 6/11/15, the administrator was reviewing video recordings of public areas of the home and discovered this incident had occurred. Staff person A was terminated from employment on [REDACTED] 15.

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 person A was immediately terminated from Senior Care Plaza. Incident was reported to all authorities and family members involved on [REDACTED] 15
2. Staff was re-educated on resident rights on 7/22/15
3. Administrator will continue to watch surveillance cameras to ensure all resident rights are being followed

Immediately - The administrator will provide continued reinforcement of residents' rights and appropriate and respectful treatment of residents.

11/18/15

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)

Junita Float, Administrator

Date 11/19/15

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NOV 16 2015

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Violation Report: 43106 - 07/06/2015 - Breuer, Patricia PCH Name: SENIOR CARE PLAZA		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.			
2a. DESCRIPTION OF VIOLATION At approximately, 10:27 a.m., there was an uncovered plate of 3 hardboiled eggs and 6 sausage patties on the dining room microwave.			
3. PLAN OF CORRECTION (POC) (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>			
<ol style="list-style-type: none"> 1. Food was removed 2. Staff was re-educated on 7/25/15 on proper food storage. Dietary Staff will inspect all dining areas after meal times to ensure food is stored appropriately. 3. Administrator and Dietary Director will inspect all dining areas ^{at least weekly} to ensure regulation is being followed. 			
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		11/15/15	
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The above plan of correction is approved as of <u>11/18/15</u> (Date)		Plan of correction implementation status as of <u>11/18/15</u> (Date)	
The above plan of correction was approved by <u>(Signature)</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 43106 - 07/06/2015 - Breuer, Patricia
PCH Name: SENIOR CARE PLAZA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

At approximately 10:27 a.m., there was an uncovered, undated plate of food on top of the dining room microwave oven which included the following foods:
3 hard boiled eggs and 6 sausage patties

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. Food was removed
2. Staff was re-educated on 7/25/15 on proper food storage. Dietary Staff will inspect all dining areas after meal times to ensure food is stored appropriately.
3. Administrator and Dietary Director will inspect all dining areas ^{at least weekly} to ensure regulation is being followed. J. Breuer

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer Float

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

Jennifer Float, Administrator

Date *11/19/15*

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[Signature]
(Initials)

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Violation Report: 43106 - 07/06/2015 - Breuer, Patricia		NOV 16 2015	
PCH Name: SENIOR CARE PLAZA			
1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Human food shall be kept below 0°F. Thermometers are required in refrigerators and freezers.		WEST REGION FIELD OFFICE Human Services Licensing	
2a. DESCRIPTION OF VIOLATION At approximately 10:36 a.m., the temperature in the 1st floor dining area refrigerator measured 54°F, and at 2:45 p.m., the temperature measured 42°F. At approximately 10:33 a.m., the 3rd floor freezer did not have a thermometer.			
3. PLAN OF CORRECTION (POC) (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>			
1. Thermometer was placed to the back of refrigerator for a more accurate reading. Temperature read 38 degrees at 4:00 pm. Thermometer was placed inside third floor freezer 2. Spreadsheet is placed on each refrigerator to document temperature readings daily 3. Administrator and Dietary director will check each refrigerator daily to ensure temperature readings are being documented and are within state requirements			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/10/2014	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Jenniffer Float		11/15/15	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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Violation Report: 43106 - 07/08/2015 - Breuer, Patricia

PCH Name: SENIOR CARE PLAZA

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #9 is ordered blood glucose testing; however, there is no blood glucose testing kit labeled with the resident's name in the home.

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. Blood glucose testing kit was labeled with resident #9's name
2. Staff was re-educated on 7/22/15 on regulation 2600.185(a). Procedure in place to inspect all Med carts monthly to ensure all testing kits are labeled appropriately
3. Administrator and Director of Resident Care will check all carts monthly to confirm labels are on each glucose testing kit.

By 11/30/15 - All staff who administer medications will be reeducated on ensuring that at no time are glucometers or supplies permitted to be used on more than one resident, and to notify administrator immediately if unable to identify or locate a resident's blood glucose testing supplies. (3)

Documentation will be kept 1/15/15

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 11/15/15

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11/13/15
(Date)

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(Date)

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Violation Report: 43106 - 07/06/2015 - Breuer, Patricia

PCH Name: SENIOR CARE PLAZA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 7/3/15 at 9 a.m., resident #9 was administered Glimepiride 2 mg, Lisinopril 10 mg, Metformin 1000 mg, Nicotine DIS 14mg, Pantoprazole 40mg, Sodium Chloride 1gm, Sorbitol 70%, and at 2 p.m., the resident was administered Hydrocodone/Acetaminophen 5/325; however, the initials of the staff person(s) who administered the medications are not indicated on the medication administration record.

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. Medications were signed off by staff person
2. Staff was re-educated on 7/22/15 about the importance of signing off on medications after administering them. Process in place with pharmacy to remind staff persons with an alert message to sign off on medications
3. Administrator and Director of Resident Care will check E-MAR system ^{daily} to ensure there are no alerts for missing signatures ^{11/16/15}

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)

Janet F. Boat, Administrator

Date 11/15/15

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