



SENT VIA EMAIL: walt@seniorcareplaza.com
aahoffman@hotmail.com

MAILING DATE: June 29, 2020

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

RE: Senior Care Plaza
Certificate #: 431060

Dear Ms. Hoffman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 17, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

3-16-20

Violation Report

Facility Information

Name: SENIOR CARE PLAZA

License Number: 43106

Address: 624 LYSLE BOULEVARD,, MCKEESPORT, PA 15132

County: ALLEGHENY

Region: WESTERN

Administrator

Name: Amy Ponzoo

Phone: 4126641969

Email: ponzoaa@gmail.com

Legal Entity

Name: SENIOR CARE PLAZA ASSOCIATES INC

Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA, 15132

★ WALT Young IS NOW THE ADMINISTRATOR

Certificate(s) of Occupancy

Type: I-2

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 75

Waking Staff: 56

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

12/17/2019 - On-Site: Belinda Graziano, Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 54

Secured Dementia Care Unit

In Home: Yes

Area: First Floor

Capacity: 12

Residents Served: 7

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 6

Are 60 Years of Age or Older: 52

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 21

Have Physical Disability: 0

Walt Young, Esq. Director
4-15-20 Walt Young

SENIOR CARE PLAZA

43106

17 - Record Confidentiality

Regulations

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

At 3:07 p.m., resident records for residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11, were unlocked, unattended, and accessible in the 1st floor medical records room.

Also, at 3:07 p.m., medication labels for resident #12 were unlocked, unattended and accessible in the 1st floor medical records room to include: Morphine Sulfate 100mg/5l, Lorazepam 2mg.ml, Acetaminophen 650 mg suppository, ABR 1/12.5/20mg/0.5ml, Bisacodyl 10mg suppository, and Hyoscyamine 0.125mg.

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.)

all resident information will be kept confidential in the future. Medical records room will be locked at all times to ensure records are confidential. Executive Director/Designer will monitor medical records room multiple times daily to ensure it is locked and records are secure. An audit sheet will be done and maintained immediately as proof that medical records door is locked. Audit sheet is enclosed. All staff will be retrained about the importance of keeping all resident records/information secured. Training will be completed by April 20, 2020.

Legal Entity Representative

Walt Young
Signature

Walt Young, EKE, D.R.
Printed Name and Title

4-15-20
Date

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The above plan of correction is approved as of

6/24/20
(Date)

Plan of correction implementation status as of

6/24/20
(Date)

☒ Implemented

☐ Not Implemented

The above plan of correction was approved by

JW
(Initials)

SENIOR CARE PLAZA

43106

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #13's most recent medical evaluation was completed on 11/01/2018.

Repeat Violation: 9/23/2019

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.)

An audit of all charts will be done to ensure all D.H.S. required forms are up to date and accurate. Audit will be completed by April 27, 2020. Resident #13's medical evaluation was updated immediately. Medical evaluation for resident #13 is enclosed. Audits of charts will be done randomly monthly to ensure all charts remain accurate. Audits will be done by Asst. Dir. / designee. All new admissions will be checked by Community Liaison / Exec. Dir. to ensure all D.H.S. required forms are present and accurate. Staff will be retrained on the importance of maintaining correct information on all residents. Training will be completed by April 29, 2020. Asst. Dir. / designee will keep track of all required documents (D.H.S.) to ensure compliance.

Legal Entity Representative

Walt Young
Signature

Walt Young E.D. 4/15/20
Printed Name and Title Date

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SENIOR CARE PLAZA

43106

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 3:07 p.m., a bottle of Hydralazine Tabs 25mg prescribed to resident #9 and a box of Acetaminophen 650mg suppository prescribed to resident #10 was unlocked, unattended, and accessible in the 1st floor medical records room.

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.)

all medications will be kept locked in the medication carts as needed and required for safety. medications will not be left unattended or accessible for the safety of all residents. Staff will be retrained on the importance of maintaining medications safely in medication carts. Training will be completed by 4-28-2020. asst. Dir./Designee will audit carts daily to ensure all medications are stored safely and properly. Pharmacy will do audits monthly during cycle change to ensure accuracy. Audit sheet attached.

Legal Entity Representative

Walt Young
Signature

Walt Young E.D. 4/15/20
Printed Name and Title Date

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SENIOR CARE PLAZA

43106

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Methylprednisolone 4mg prescribed for resident #14, was in the home's medical records room; however, the resident was discharged from the home on 11/22/2019.

Tramadol 50mg and Senna Lax Tablet 8.6mg prescribed for resident #13, were in the home's medication cart; however, the medications were discontinued on 11/29/2019.

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.)

all medications will be removed the day they are discontinued. Staff will be retrained by 4-28-2020 on the importance and procedure of discontinuing medications. Medication cart audit will be done by pharmacy monthly to ensure all discontinued medications have been removed timely. Audit form enclosed. Asst Dir/Designer will audit carts weekly to ensure all discontinued medications have been removed.

Legal Entity Representative

Walter Young Signature *Walter Young* Printed Name and Title *ED 4-15-20* Date

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43106

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

At 2:16 p.m. several loose medications were in the home's 3rd floor medication cart to include: One Carvedilol 3.125mg tablet, One Vitamin D 400IU Tablet, One Vitamin D3 1000IU capsule, and One Pantoprazole 40mg tablet in the top drawer; and One Aripiprazole 5mg tablet and One Pantoprazole 40mg tablet in the second drawer; and One Magnesium Oxide 241.3mg tablet in the narcotics drawer.

At 3:07 p.m., there was a box containing approximately 250 unidentified loose pills on the floor of the 1st floor medical records room.

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.)

all medications will be stored and organized within the medication carts. All medication carts will be kept neat and clean with no loose pills in the drawers. Staff will be retrained by April 28, 2020 to ensure compliance with regulation 2600.183e. Audits will be done monthly by the pharmacy to ensure medication carts are neat and clean. Asst Dir/Designee will check carts daily to ensure cleanliness and all medications are in proper containers. Audit sheet enclosed.

Legal Entity Representative

Loose medications were destroyed by med-tech and administrator immediately upon inspection.

Walt Young Signature *Walt Young* Printed Name and Title *Walt Young Esq D.O.* Date *6/23/20*

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JW
(Initials)

12/17/2019

FAXED JUN 23 2020

Signed response as an addendum

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SENIOR CARE PLAZA

43106

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #13 is prescribed Olanzapine 2.5mg, take 1 tablet by mouth twice daily as needed for agitation; however, the pharmacy label indicates Olanzapine 5mg, take one-half tablet by mouth twice a day as needed for agitation.

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.)

all medications will be labeled correctly as required by the regulations. all medication labels will be checked during medication cart audits. Audit sheet enclosed. Pharm forward pharmacy will do monthly audits and Asst Director/Designed will do weekly audits to ensure all medication labels are correct. Staff will be retrained by April 28, 2020 on the importance of accurate labels on medications. Resident #13 is no longer residing in our community

Legal Entity Representative

Walt Young
Signature

Walt Young E.D. 4/15/20
Printed Name and Title

Date

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43106

185a - Implement Storage Procedures

Regulations

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

The home's medication policy indicates that the staff must: "count the controlled medication with the charge aide who is leaving...paying close attention to the exact number of pills."

Resident #13 is prescribed Tramadol 50MG, take by mouth 1 tablet three times a day. The medication card has 41 tablets remaining; however, the narcotics count sheet indicates 39 tablets remaining.

Resident #15 is prescribed Fentanyl 25mcg/hr. patch, apply 1 patch topically every 72 hours as directed - rotate site - remove old patch. The medication box has 2 patches remaining; however, the narcotics count sheet indicates 6 patches remaining.

In addition, multiple staff interviews indicate that the staff are not counting controlled medications as indicated in the home's medication policy.

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.)

Community will develop and implement policy and procedure for safe storage, access, security distribution and use of all medications. Moving forward all med-techs will count all narcotics when shift changes. Any med-tech not doing count will be disciplined up to and including termination if count is not completed and correct. Staff will be retrained by 4-28-2020 on the importance of narc. counting and accuracy of narc. count. Medication cart audits will be done by pharmacy monthly and asst. Dir/Resident will be to ensure correct counts with narcotics.

Legal Entity Representative

Signature

Printed Name and Title

Date

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43106

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

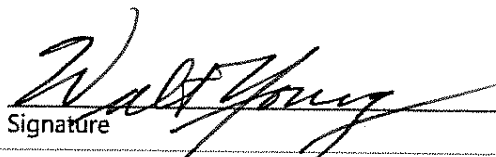
Resident #13 is prescribed Aripiprazole tablet 2MG, give ½ tablet by mouth twice a day as needed for agitation. However, resident's December 2019 medication administration record (MAR) does not include this medication.

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.)

all medication records shall be correct as given by doctors prescription. Staff will make sure as doctors change prescriptions that we are also changing them on our M.A.R.'s. all M.A.R.'s will be audited to ensure they match medications prescribed by the doctor. Audit attached. Staff will be retrained on the importance of making sure all doctors prescriptions are entered on the M.A.R.'s and are correct. M.A.R. audit will be completed by 4-28-2020. Mar audit will be done monthly by Asst Dir/Designee to ensure compliance. Resident #13 no longer resides in the community.

Legal Entity Representative


Signature

Walt Young ED 4-15-20
Printed Name and Title Date

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43106

187b - Date/Time of Medication Admin.

Regulations

2600.

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

Description of Violation

Resident #13 is prescribed Aripiprazole 2mg, Gabapentin 100mg, Lorazepam 0.5mg, Memantine HCL 10mg, Methenamine Hippurate 1gm, Simvastatin 10mg, and Tramadol 50mg. Resident #13's December 2019 MAR does not include the initials of the staff person who administered these medications on 12/13/2019 at 9:00 p.m.

Also, resident #13 is prescribed Aripiprazole 2mg, Gabapentin 100mg, Lorazepam 0.5mg, Memantine HCL 10mg, Methenamine Hippurate 1gm, Simvastatin 10mg, Tramadol 50mg, and Warfarin 4 mg. Resident #13's December 2019 MAR does not include the initials of the staff person who administered these medications on 12/16/2019 at 9:00 p.m.

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.)

all medications will be initialed when medication is given moving forward. Staff will be retrained to ensure that as they are passing medications they are signing off on the electronic M.A.R.'s. A report will be generated from the electronic M.A.R.'s for asst Dir/designee to examine daily to ensure all medications are signed off and completed. Staff training will be completed by April 28, 2020. Resident #13 is no longer in the community.

Legal Entity Representative

Walt Young
Signature

Walt Young EDH-15-20
Printed Name and Title Date

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12/17/2019

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SENIOR CARE PLAZA

43106

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #13's most recent assessment was completed on 11/2/2018.

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.)

An audit of all charts will be done to ensure all D.H.S. required forms are up to date and accurate. Audit will be completed by April 27, 2020. Resident #13's assessment was updated immediately. Assessment for resident #13 is enclosed. Audits of charts will be done randomly monthly by asst. director designed to ensure all charts remain up to date and accurate. All new admissions will be checked by Community Liaison/Exec. Director to ensure all D.H.S. required forms are present and accurate. Staff will be retrained on the importance of maintaining correct information on all residents. Training will be completed by April 29, 2020. Asst. Dir./Designee will keep tickler file of all required documents (D.H.S.) to ensure compliance. Resident is no longer residing in the community.

Legal Entity Representative

Signature *Walt Young*

Printed Name and Title *Walt Young ES*

Date *4-15-20*

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