



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 March 6, 2020 and March 11, 2020, 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", written over a horizontal line.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: SENIOR CARE PLAZA

License Number: 43106

Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132

County: ALLEGHENY

Region: WESTERN

Administrator

Name: Walt Young

Phone: 4126641969

Email: AAHOFFMAN@HOTMAIL.COM

Legal Entity

Name: SENIOR CARE PLAZA ASSOCIATES INC

Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA, 15132

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Type: C-2 LP

Date: 05/08/1998

Issued By: LABOR AND INDUSTRY

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 74

Waking Staff: 56

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Incident

Inspection Dates and Department Representative

03/06/2020 - On-Site: Cindy Mulick, Courtney Barry

03/11/2020 - On-Site: Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 49

Secured Dementia Care Unit

In Home: Yes

Area: First Floor

Capacity: 20

Residents Served: 6

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 49

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 25

Have Physical Disability: 0

SENIOR CARE PLAZA

43106

42t - File Complaints

Regulations

2600.

42.t. A resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge.

Description of Violation

On 1/30/2020, at approximately 1:15 p.m., resident #1 was confronted by staff person A, regarding a complaint the resident lodged at the recent resident council meeting. Residents were discussing their concerns over staff members going outside to smoke pot during working hours. Staff person A approached Resident #1 in the outside smoking area and told her to mind her own business and that she is a liar. Resident #1 felt fearful and intimidated by this and immediately left the area to go to her 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.)

This incident was reported to O.H.S. an investigation was done. AAA was notified and information was sent by fax. All information is enclosed and both individuals were terminated. Staff will be in-service about Abuse/Intimidation to any resident. Training will be completed and documented by June 10, 2020. Executive Director will weekly talk to one resident to ensure no one is Abuse, intimidating or abusive to them.

Legal Entity Representative

Watt Young
Signature

Watt Young
Printed Name and Title

5/19/20
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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

141a - Medical Evaluation

Regulations

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2, was admitted 1/22/19, however, the medical evaluation was completed on 3/25/19.

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 medical evaluations will be completed as per regulation 2600.14.a. At the present time the Asst. Administrator is auditing all charts for accuracy which includes Prescriptions, D.M.E's and Resp. The audit will be completed by 5-30-2020 for all residents. All required forms in the future will be completed by the dates required by the regulations. Audits will be done by Asst. Administrator/designee weekly and randomly to ensure all forms are completed timely. To help our computer system does alert when forms are due so they are done timely. Staff will be retrained on the importance of all forms being done as required. Training will be completed by 5-30-2020, record of training will be kept.

Legal Entity Representative

Walt Young
Signature

Walt Young
Printed Name and Title

5-19-20
Date

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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

Resident #3's Hydralazine tabs 50 MG, take 1 tablet 3 times daily, were discontinued on 1/21/2020. However, they were still being stored in the home.

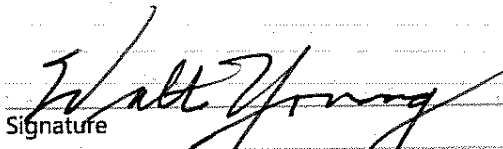
Plan of Correction (POC)

(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 immediately when the doctor discontinues, resident passes away or moves out of the community. Med-techs will be retrained by 5-30-2020 on the process and importance of removing medications that doctor discontinues, resident passes away or resident moves out of the community. Audits are done monthly by pharmacy to ensure all medications are correct and discontinued medications are removed timely. Wellness Director/Designated person will do audits of carts weekly to ensure all medications are correct and when medications are discontinued they are removed from the cart. Documentation of the audits will be kept.

Legal Entity Representative

Signature



Printed Name and Title

Walt Young
SPE,
DIR

Date

5-19-20

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03/06/2020

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SENIOR CARE PLAZA

43106

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed 6 MG Coumadin to be administered one time, on 2/28/2020. However, the medication was never administered on this day.

Repeat Violation: 9/23/19, 8/6/18 ET AL

Plan of Correction (POC)

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all medications will be administered as prescribed by doctors orders. Audits of carts are done monthly by the pharmacy. A new pharmacy was put into place because of not getting medications on time, incorrect dosages etc. Audits of the M.A.R.'s will be done daily by pulling alerts from our computer system to ensure all meds were given correctly. Med-techs will be retrained on the importance of administering medications as prescribed by the doctor. Training for med-techs will be completed by 5-30-2020. Any med-tech not following the procedure of following the medication distribution in the computer will get counseled/written up. Asst. Administrator/Designee will monitor the audits of the carts.

Legal Entity Representative

Walt Young
Signature

Walt Young EXE,
DIR
Printed Name and Title
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225c - Additional Assessment

Regulations

2600.

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

1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on 1/15/2019.

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 medical assessments will be completed as per regulation 2600.225.c. At the present time the Asst. Administrator is auditing all charts for accuracy which includes Prescreeners, D.M.E.'s, and Resp. The audit will be completed by 5-30-2020 for all residents. All required forms in the future will be completed by the dates required in the regulations. Audits will be done by Asst. Director/Designee pulling random charts monthly to ensure all forms are completed and correct. Staff will be retrained on the importance of forms being done as required. Training will be completed by 5-30-2020.

Legal Entity Representative

Walt Young
Signature

Walt Young EXE, DIR
Printed Name and Title
5/19/20
Date

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