

**Department of Human Services  
Bureau of Human Service Licensing**

October 26, 2020

ALMA HOFFMAN, OWNER  
SENIOR CARE PLAZA ASSOCIATES INC  
624 LYSLE BOULEVARD  
MCKEESPORT, PA 15132

RE: SENIOR CARE PLAZA  
624 LYSLE BOULEVARD  
MCKEESPORT, PA, 15132  
LICENSE/COC#: 43106

Dear Ms. Hoffman,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/20/2020, 10/21/2020, 10/22/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *SENIOR CARE PLAZA* License #: *43106* License Expiration Date: *11/27/2021*  
Address: *624 LYSLE BOULEVARD, MCKEESPORT, PA 15132*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *Georgette Bly* Phone: *4126641969* Email: *gbly@seniorcareplaza.com*

**Legal Entity**

Name: *SENIOR CARE PLAZA ASSOCIATES INC*  
Address: *624 LYSLE BOULEVARD, MCKEESPORT, PA, 15132*  
Phone: *4126641969* Email: *AAHOFFMAN@HOTMAIL.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/08/1998* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *67* Waking Staff: *50*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *10/22/2020*

**Inspection Dates and Department Representative**

*10/20/2020 - On-Site: Lauren Spagna*  
*10/21/2020 - On-Site: Lauren Spagna*  
*10/22/2020 - Off-Site: Lauren Spagna*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *41*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *West* Capacity: *20* Residents Served: *10*

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *39*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *26* Have Physical Disability: *1*

## Inspections / Reviews

## 10/20/2020 - Partial

Lead Inspector: *Lauren Spagna*Follow-Up Type: *POC Submission*Follow-Up Date: *11/01/2020*

## 10/26/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *10/31/2020*

**16c - Written Incident Report****1. Requirements**

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On 10/4/20 at approximately 11:15pm, the police responded to a call involving the possible elopement of resident #1; however, this was not reported to the Department.*

**Plan of Correction****Accept**

*All incidents will be reported as required in the regulations.*

*All staff are in the process of being retrained on incident reporting, content of the report and the time period that the state allows to have these reports done(24-hours).*

*Training will be completed by 10-31-2020.*

*Director of Nursing/Executive Director will monitor all incident reports to ensure that all information is accurate and that it is done within the 24 hour period required by the regulations. This monitoring will be done daily.*

**Completion Date:** 10/30/2020

**225a - Assessment 15 Days****1. Requirements**

2600.

- 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*Resident #2's most recent assessment, dated 11/28/19, is blank for numerous sections, to include the following: drinking, toileting, ambulating, irritability, judgment, agitation, aggression, hallucinations, short-term and long-term memories. Also, the resident requires assistance with eating, bladder management and personal hygiene; however, these sections of the resident's assessment are blank.*

**225a - Assessment 15 Days (continued)****Plan of Correction****Accept**

*Resident #2's assessment was updated and all the times that were missing are now included on his RASP.*

*All charts are being audited and this will be completed by 10-31-2020.*

*Director of Nursing/Executive Director will do audits on 25% of charts monthly to ensure updates are done.*

*A form has been designed for the nursing staff, so when a resident has any changes that the form is to be filled out and given to Director of Nursing or Executive Director so that the chart can be updated.*

*This form was given to staff on 10-15-2020 and implemented.*

**Completion Date:** 10/30/2020

**231b - Medical Evaluation****1. Requirements**

2600.

- 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

*Resident #1 was admitted to the secured dementia care unit (SDCU) on 10/6/20; however, the resident's most recent medical evaluation, dated 9/17/20, does not indicate the need for the resident to be served in a SDCU.*

**Plan of Correction****Accept**

*A new DME will be completed immediately.*

*All charts are being audited and this will be completed by 10-31-2020.*

*Director or Nursing/Executive Director will do audits on 25% of charts monthly to ensure updates are done.*

*A form has been designed for the nursing staff, so when a resident has any changes (moving to dementia unit) that the form is to be filled out and given to Director of Nursing or Executive Director so that all information that is on the charts is correct and updated.*

*This form was implemented on 10-15-2020*

**Completion Date:** 10/31/2020

**231c - Preadmission Screening****1. Requirements**

2600.

- 231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

## 231c - Preadmission Screening (continued)

**Description of Violation**

*Resident #2's cognitive preadmission screening, dated 11/25/19, does not include the name of person who completed the cognitive preadmission screening, the signature of the person who completed the cognitive preadmission screening, the resident's diagnoses or the date the cognitive preadmission screening was completed. These sections of the form are blank.*

**Plan of Correction****Accept**

*Resident#2's preadmission screen dated 11-25-2020 cannot be corrected.*

*Moving forward all preadmissions screens will be reviewed by Director of Nursing/Executive Director after admission to ensure they are signed and all information is on is complete. This will start immediately.*

*All Prescreens will be audited when doing the RASp and DME audits to ensure all are signed and completed. This audit will be completed by 10-31-2020.*

*Director of Nursing/Executive Director will complete audits of 25% of charts monthly. This will be ongoing.*

**Completion Date:** 10/31/2020