

Department of Human Services
Bureau of Human Service Licensing

August 31, 2021

[REDACTED], ADMINISTRATOR
JEWISH HOME AND HOSPITAL FOR AGED AT PITTSBURGH
200 JHF DRIVE
PITTSBURGH, PA 15217

RE: AHAVA MEMORY CARE RESIDENCE
200 JHF DRIVE
PITTSBURGH, PA, 15217
LICENSE/COC#: 44858

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/07/2021, 07/08/2021 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: *AHAVA MEMORY CARE RESIDENCE* License #: *44858* License Expiration Date: *10/11/2021*
Address: *200 JHF DRIVE, PITTSBURGH, PA 15217*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4125218299* Email: [REDACTED]

Legal Entity

Name: *JEWISH HOME AND HOSPITAL FOR AGED AT PITTSBURGH*
Address: *200 JHF DRIVE, PITTSBURGH, PA, 15217*
Phone: *4125218299* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *03/09/2018* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/08/2021*

Inspection Dates and Department Representative

07/07/2021 - On-Site: [REDACTED]
07/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *27*

Special Care Unit

In Home: *Yes* Area: *Entire facility* Capacity: *30* Residents Served: *27*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

07/07/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/31/2021*

8/31/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/30/2021*

85a Sanitary conditions

1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/6/21 at 10:52 AM, resident #1's glucometer was used to test resident #2's blood glucose.

Plan of Correction

Accept

The glucometers for Resident #1 and Resident #2 were replaced at the facility's expense. Each resident's MD and Responsible party were notified-no diagnostic testing was ordered. The staff person who shared the glucometer was immediately educated on the requirement to not share glucometers. All med techs were also re-educated. Please see attached training documentation.

Glucometer audits were conducted by [REDACTED], RN, Infection Control from July 12 through July 26, 2021. Please see attached documentation. An audit of all glucometers will be conducted by [REDACTED], RN, Director of Resident Care, the week of 8.30.2021; Additional audits will be conducted weekly through September. Audits will be conducted every other week in October and monthly thereafter for 6 months. Audits will be conducted by [REDACTED], RN, or designee. Documentation of the audits will be kept.

The facility has purchased four extra glucometers which are kept in the Director Of Resident Care's office. Extra batteries are also available in the med cart as well as in the Director of Resident Care's office.

Completion Date: 08/30/2021

184a Labeling

1. Requirements

2800.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2's Humalog Kwik pen does not have a pharmacy label.

Plan of Correction

Accept

The Humalog pen was labeled the same day it was identified. All staff who are responsible for passing medications have been re-educated on the requirement of properly labeling insulin pens. Please see attached training documentation.

Grane Rx conducts monthly medication cart audits which include auditing insulin pens. An audit was completed on 8.9.2021. Weekly medication cart audits were conducted for seven weeks by [REDACTED], RN, Director of Resident Care. Please see attached audit documentation. One additional audit will be conducted the week of August 30th. Audits will be conducted every other week in August and September. and monthly thereafter by [REDACTED], RN or designee. Documentation of the audits will be kept.

Completion Date: 08/30/2021

185a Storage procedures

1. Requirements

2800.

- 185.a. The residence 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

Resident #1 and resident #3's glucometers are not set to the current time.

On 7/4/21 at 12:10 PM, resident #1's blood glucose was 340; however, was recorded as 341 on the resident's July 2021 medication administration record (MAR).

Plan of Correction

Accept

The glucometers for Residents #1 and #3 were replaced, at the facility's expense, the day they were identified as not being set to the correct time. All staff who are responsible for passing medications/blood glucose checks, were re-educated on the requirement of having glucometers set to the correct time as well as the importance of proper documentation of blood glucose readings. Please see the attached training documentation.

Weekly medication cart audits, which include monitoring the times set to glucometers, were conducted for seven weeks by [REDACTED], RN, Director of Resident Care. Please see attached audit documentation. One additional audit will be conducted the week of August 30, 2021. Audits will be conducted every other week in August and September and monthly thereafter by [REDACTED], RN, or designee. Documentation of the audits will be kept.

Glucometer audits, which included auditing blood glucose documentation/accuracy, were conducted by [REDACTED] [REDACTED] RN, Infection Control, from July 12 through July 26, 2021. Please see attached audit documentation. One additional audit will be conducted the week of August 30, 2021. Audits will be conducted every other week in August and September and monthly thereafter by [REDACTED], RN, Director of Resident Care, or designee. Documentation of the audits will be kept.

Completion Date: 08/30/2021

187a Medication record

1. Requirements

2800.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
 2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 10. Duration of therapy, if applicable.
 11. Special precautions, if applicable.
 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a Medication record (continued)

Description of Violation

Resident #1 is prescribed Humalog KwikPen-Inject subcutaneously daily with meals in accordance with sliding scale. Part of the resident's prescribed sliding scale order indicates to administer 5 units of insulin if the resident's blood glucose is 301-340; however, the resident's July 2021 MAR indicates to administer 5 units of insulin if the resident's blood glucose is 301-400.

Plan of Correction**Accept**

The MAR for Resident #1 was corrected and remains accurate. Please see attached screen shot of the EMAR. Resident #1 is the only resident at the facility with sliding scale orders. Sliding Scale orders on the EMAR will be audited monthly by [REDACTED], RN, Director of Resident Care, or designee. Documentation of the audits will be kept.

Completion Date: 08/30/2021

187d Follow prescriber's orders

1. Requirements

2800.

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

Description of Violation

Resident #2 is prescribed Humalog KwikPen-Inject subcutaneously 3 times daily in accordance with sliding scale. Numerous blood glucose readings are documented on the resident's July 2021 MAR, including the morning and afternoon of 7/7/21; however, there is no glucometer for resident #2 present in the residence.

Plan of Correction**Accept**

The glucometer for Resident # 2 was replaced at the facility's expense the day it was found to be missing. Ongoing glucometer audits related to other violations from this inspection will ensure that glucometers are available for all residents. The facility has four extra glucometers and batteries available should it be necessary to supply a glucometer. The glucometers and batteries are kept in the Director of Resident Care's office.

Completion Date: 08/30/2021