



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 5, 2022



Senior Care Plaza Associates, Inc.
624 Lysle Boulevard
McKeesport, Pennsylvania 15132

RE: Senior Care Plaza
License #431061

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 3, 2022 and February 7, 2022 of the above facility that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *SENIOR CARE PLAZA* License #: *43106* License Expiration: *06/11/2021*
Address: *624 LYSLE BOULEVARD, MCKEESPORT, PA 15132*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4126641969* Email: [REDACTED]

Legal Entity

Name: *SENIOR CARE PLAZA ASSOCIATES INC*
Address: *624 LYSLE BOULEVARD, MCKEESPORT, PA, 15132*
Phone: *4126641969* Email: [REDACTED]

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: *36* Waking Staff: *27*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Monitoring* Exit Conference Date: *02/07/2022*

Inspection Dates and Department Representative

02/03/2022 - On-Site: [REDACTED]
02/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *27*

Secured Dementia Care Unit

In Home: *Yes* Area: *West Wing* Capacity: *20* Residents Served: *7*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

02/03/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

17 - Record Confidentiality

1. Requirements

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

On 2/7/2022, at approximately 10:20 am, there was a confidential note regarding resident #1's incontinence care unlocked, unattended and publicly visible, on the wall behind the nurses station counter on the 1st floor. The note indicated: "Attention all staff, please make sure [resident #1] is dry. [redacted] is a 2 hour check. Please do not ask [redacted] if [redacted] is dry or has to go to the bathroom. Take [redacted]! Failure to do so may result in disciplinary action."

Plan of Correction

Directed

Within 24 hours of receipt of the plan of correction - The identified note will be removed from the wall in the nurses' station and an alternate method of notifying staff of residents' care needs will be implemented. -- JRW 3/16/22

With 15 calendar days of receipt of the plan of correction - All staff persons will be educated on the confidentiality of resident records,, including notes, and the home's procedures for maintaining resident records in a secure location. -- JRW 3/16/22

With 15 calendar days of receipt of the plan of correction - A designated staff person, daily and on each shift, will monitor the home to ensure all resident records are kept locked. Documentation will be kept. -- JRW 3/16/22

With 15 calendar days of receipt of the plan of correction - The administrator will monitor the home at least weekly to ensure all resident records are kept locked and are handled in a confidential manner. Documentation will be kept. -- JRW 3/16/22

Completion Date:

82a - Poisonous Materials

1. Requirements

2600.

- 82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 2/3/2022, at approximately 9:45 am, the following unlabeled poisons were in the laundry staff office in the Secured Dementia Care Unit (SDCU):

- * Spray bottle 3/4 full of pink liquid marked "Disinfectant Cleaner"*
- * Spray bottle 1/3 full of clear liquid marked "Carpet Peroxide"*
- * Spray bottle 1/8 full of clear liquid marked "Carpet Stain"*

On 2/3/2022, at approximately 10:35 am, a spray bottle with manufacturers' label "Mean Green Anti-Bacterial Cleaner" was on the handrail in the hallway outside of room #201.

82a - Poisonous Materials (continued)**Plan of Correction****Directed**

Within 24 hours of receipt of the plan of correction - The administrator will ensure all poisons that are not in their original, labeled containers are disposed of. -- JRW 3/16/22

Within 5 calendar days of receipt of the plan of correction - All staff persons will be educated to keep poisonous materials in their original containers and the risks of having unlabeled poisons in the home, Documentation will be kept. --JRW 3/16/22

Within 5 calendar days of receipt of the plan of correction - A designated staff person, daily and on each shift, will check the home to ensure all poisons are in their original, labeled containers. Documentation will be kept. --JRW 3/16/22

Within 5 calendar days of receipt of the plan of correction - The administrator will monitor the home at least twice weekly to ensure all poisons are in their original, labeled containers. Documentation will be kept. --JRW 3/16/22

Completion Date:

100b - Removal Snow/Obstructions**1. Requirements**

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 2/3/2022, at approximately 10:15 am, there was an accumulation of approximately one inch of snow and ice on the 2 staircases and 2 landings leading from the smoking deck to 5th Avenue.

Plan of Correction**Directed**

Within 15 days of receipt of the plan of correction - All staff persons will be educated regarding keeping all outside walkways, ramps, steps, recreational areas and exterior fire escapes clear of snow, ice and any other obstructions. Documentation will be kept. -- JRW 3/16/22

Within 24 hours days of receipt of the plan of correction - At the beginning and end of each shift and more frequently based on weather conditions, a designated staff person will check outside walkways, ramps, steps, recreational areas and exterior fire escapes. to ensure they are free and clear of ice, snow and any obstructions. -- JRW 3/16/22

100b - Removal Snow/Obstructions (continued)**Completion Date:****127a - Portable Space Heaters****1. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation*On 2/3/2022, at approximately 9:45 am, there was a portable space heater in use in the laundry staff office.***Plan of Correction****Directed***Space heater removed at the time of inspection. -- JRW 3/16/22**Within 24 hours of receipt of plan of correction - The administrator or designee will monitor the home daily, and on each shift, to ensure no space heaters are in use in the home. --JRW 3/16/22**Within 5 calendar days of receipt of plan of correction - The administrator will educate all staff persons on prohibition of space heater use in the home. Documentation will be kept. --JRW 3/16/22***Completion Date:****141b1 - Annual Medical Evaluation****1. Requirements**

2600.

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

Description of Violation*The medical evaluation for resident #5, dated 10/19/2021, was blank in the areas of cognitive functioning, health status, body positioning and the second page was missing.***Plan of Correction****Directed***Within 5 calendar days of receipt of the plan of correction - The medical evaluation for resident #5 will be updated and fully completed by the resident's physician, physician's assistant or certified registered nurse practitioner. --JRW 3/16/22**Within 15 calendar days of receipt of the plan of correction - The administrator or a designated staff person will review all medical evaluations for current residents to ensure that a current medical evaluation is in the record and that all of the required information is completed, including cognitive functioning, health status, and body positioning and that the second page is included. -- JRW 3/16/22**Within 30 calendar days of receipt of the plan of correction - The administrator or designee will review newly completed medical evaluations to ensure they are completed in full. -- JRW 3/16/21***Completion Date:****233c - Key-Locking Devices**

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The incorrect key codes were posted near the front emergency exit door leading to the parking lot and the emergency exit door from the living room/dining room in the SDCU. Staff person A, the administrator, had to use the master code, which was not posted, to open these doors.

Plan of Correction**Directed**

Within 24 hours of receipt of the plan of correction and at least weekly thereafter – The administrator or designee will ensure the correct directions for operating the key-locking devices are posted in a conspicuous place near the devices at each door, including the front door leading to the parking lot and the exit from the living room/dining room in the SDCU. Documentation will be kept. --JRW 3/16/22

Completion Date:**60b - Additional Staffing****1. Requirements**

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

On 3/4/2021, an agent of the Department notified staff person A, [REDACTED], in writing of a staffing requirement to have at least 2 qualified medication administration staff on both of the awake shifts from 7:00 am to 3:00 pm and 3:00 pm to 11:00 pm. However, according to the schedule, there was only 1 qualified medication administration staff working from 9:00 pm to 11:00 pm on 1/28/2022, 1/29/2022 and 1/30/2022.

Repeat violation: 3/15/21 et. al. and 4/19/2021 et.al.

Plan of Correction**Directed**

Within 24 hours of receipt of the plan of correction and daily thereafter - The administrator will review the schedule to ensure at least 2 staff persons who are qualified to administer medications work on both of the awake hour shifts from 7:00 a.m. – 3:00 p.m. and 3:00 p.m. – 11 p.m. In the event of a call off or other lack of qualified staff, the administrator will supplement the regular staff with qualified agency staff from a staffing agency. -- JRW 3/16/22

Completion Date:**82c - Locking Poisonous Materials****1. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 2/3/2022 at 9:45 am, the following poisonous materials, with manufacturers' labels indicating "If ingested get

82c - Locking Poisonous Materials (continued)

medical help or contact Poison Control Center immediately" were found unlocked, unattended and accessible to residents in the secured dementia care unit (SDCU), in the laundry staff office:

- * 2 -- 7 ounce cans of Claire metered air freshener
- * 1 gallon jug of Triple Crown Plus disinfectant
- * 1.32 gallon jug of Fabuloso cleaner, 1/2 full
- * 1 quart bottle of Blue Bowl cleaner

Not all the residents of the home, including residents #1, #2 and #3, have been assessed capable of recognizing and using poisons safely.

Repeat violation: 2/12/2021

Plan of Correction**Directed**

Within 24 hours of receipt of the plan of correction - All poisonous materials will be stored in a locked storage area, inaccessible to residents. --JRW 3/16/22

Within 5 calendar days of receipt of this plan of correction - All staff persons will be educated concerning the safe storage of poisonous materials and the risk of having unlocked poisons accessible to residents especially residents in the secured dementia care unit (SDCU). Documentation will be kept. --JRW 3/16/22

Within 5 calendar days of receipt of the plan of correction and twice daily on each shift thereafter - A designated staff person will ensure there are no unlocked poisonous materials in the home. Documentation will be kept. --JRW 3/16/22

Within 5 calendar days of receipt of this plan of correction and at least twice weekly thereafter - The administrator will monitor the home to ensure all poisonous materials are locked and inaccessible to residents. Documentation will be kept. --JRW 3/16/22

Completion Date:

183d - Prescription Current**1. Requirements**

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

On 2/7/2022, a prescription of Amlodipine Besylate 5 mg, belonging to resident #5, was in the first floor medication cart; however, the medication was discontinued on 6/15/2021.

Repeat violation: 3/3/2021, 5/10/2021 et al

Plan of Correction**Directed**

Within 5 calendar days of receipt of the plan of correction - The identified medication and any other expired medications will be destroyed in a safe manner in accordance with the home's policy, as well as in accordance with 2600.183f. Documentation will be kept. --JRW 3/16/22

Within 5 calendar days of receipt of the plan of correction - All staff persons will be reeducated on the home's

183d - Prescription Current (continued)

policy of safe destruction of discontinued or expired medications. Documentation will be kept. --JRW 3/16/22

Within 5 calendar days of receipt of the plan of correction and at least weekly thereafter – The administrator or designee will monitor the physician medication change orders and the medication cart to ensure discontinued or expired medications are destroyed timely and in a safe manner in accordance with 2600.183f. --JRW 3/16/22

Completion Date:

184a - Labeling OTC/CAM**1. Requirements**

2600.

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

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #5 is ordered Hydralazine 50 mg, take 1 tablet three times a day, hold if Systolic Blood Pressure (SBC) is less than 120. However, the medication label does not include the direction to hold the medication if SBC is less than 120.

Repeat violation: 5/10/2021 et al

Plan of Correction**Directed**

Within 24 hours of receipt of the plan of correction – The label for the identified medication will be updated to include the missing information or a direction change sticker will be applied to the medication label. --JRW 3/16/22

Within 7 calendar days of receipt of the plan of correction – The administrator will develop and implement policies and procedures to ensure that all medications are labeled with all required information. In the event a new label is not obtained, a change sticker will be applied to the medication and those who administer medication will refer to the medication administration record (MAR) for current dosage instructions. --JRW 3/16/22

Within 15 calendar days of receipt of the plan of correction – All staff who administer medications will be reeducated on requirement to check medication labels for each dose of medication administer to ensure prescribed medications have a label with all required information in accordance with 2600.184a, and also reeducated on the process of reviewing the MAR for orders if a change sticker is applied to the medication. Documentation will be kept. --JRW 3/16/22

Within 15 calendar days of receipt of the plan of correction and at least monthly thereafter - The administrator or a designee will complete a full medication audit to ensure all medications are labeled with all required information in accordance with 2600.184a. Documentation will be kept. --JRW 3/16/22

Completion Date: