

Department of Human Services
Bureau of Human Service Licensing

October 13, 2022

[REDACTED]
NATIONAL HEALTH MANAGEMENT LLC
[REDACTED]

RE: INDEPENDENCE COURT OF
MONROEVILLE
279 CENTER ROAD
MONROEVILLE, PA, 15146
LICENSE/COC#: 43077

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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: *INDEPENDENCE COURT OF MONROEVILLE* License #: *43077* License Expiration: *05/21/2022*
Address: *279 CENTER ROAD, MONROEVILLE, PA 15146*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *412-373-3030* Email: [REDACTED]

Legal Entity

Name: *NATIONAL HEALTH MANAGEMENT LLC*
Address: *4415 FIFTH AVENUE, PITTSBURGH, PA, 15213*
Phone: *4123733030* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/23/1989* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/26/2022*

Inspection Dates and Department Representative

07/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *43*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *21* Residents Served: *11*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

07/28/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2022*

09/20/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/26/2022*

09/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/05/2022*

10/13/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On the morning of 7/24/22, staff person B found resident #1 on the floor of [REDACTED] bedroom. [REDACTED] was semiconscious and moving in a way that staff person B described as unusual. Staff persons A, B, and C responded to the incident. Staff persons A and B reported that staff person C was loud and demanding. Staff person C also questioned the need to call emergency services since resident #1 refused to go to the emergency room previously. During the incident, resident #1 told staff person C [REDACTED] did not have to yell at [REDACTED].

Plan of Correction

Directed

Staff member C was immediately suspended pending an internal investigation. Staff member C is no longer employed at community.

All staff will be re-educated on resident rights, with focus on regulation 2600.42c (dignity and respect) by Executive Director (ED) by 9/21/22. Documentation will be kept.

On-going ED/Designee will train all staff on Resident Rights, monthly X 3, then yearly thereafter as part of the mandatory annual in-service program. All new employees will be trained on resident rights upon hire.

Documentation will be kept.

Executive Director/designee will interview 4 residents a month to ask if they are being treated with respect and dignity for 3 months, then 2 residents a month for 2 months.. Documentation will be kept. (DIRECTED: The resident interviews shall begin within 10 calendar days of receipt of the plan of correction. LM 9/26/22).

Documentation will be presented and reviewed at monthly QI meetings.

Completion Date: 09/23/2022

Document Submission

Implemented

Staff member C was immediately suspended pending an internal investigation. Staff member C is no longer employed at community.

All staff will be re-educated on resident rights, with focus on regulation 2600.42c (dignity and respect) by Executive Director (ED) by 9/21/22. Documentation will be kept.

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Documentation will be presented and reviewed at monthly QI meetings.

185a - Implement Storage Procedures

1. Requirements

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.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

Resident #1's glucometer is not set to the current date and time.

Plan of Correction**Accept**

Resident #1's glucometer was set to current date and time.

All med passers will be re-trained by Director of Nursing (DON)/Designee on regulation 2600.185a with focus on glucometer procedures and storage by 9/21/22. Documentation will be kept.

All glucometers were checked by DON on 9/14/22 to assure correct date and time are set on each.

DON/Designee will check all glucometers for correct date and time weekly X 3, then monthly when doing cart audits.

Documentation will be kept.

Documentation will be presented and reviewed at monthly QI meetings. The QI committee will determine if additional auditing is necessary based on these audits.

Completion Date: 09/21/2022

Document Submission**Implemented**

Resident #1's glucometer was set to current date and time.

All med passers will be re-trained by Director of Nursing (DON)/Designee on regulation 2600.185a with focus on glucometer procedures and storage by 9/21/22. Documentation will be kept.

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