



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: NOVEMBER 22, 2022**

[REDACTED]  
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 October 24, 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: *05/18/1998* Issued By: *Dept. of L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Provisional, Monitoring* Exit Conference Date: *10/24/2022*

**Inspection Dates and Department Representative**

10/24/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *24*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *West Wing* Capacity: *20* Residents Served: *5*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *24*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *11* Have Physical Disability: *0*

**Inspections / Reviews**

10/24/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type:

**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 10/24/2022 at 9:54 am, the following poisonous materials, with a manufacturers' labels indicating "if swallowed contact a physician or poison control center immediately" were unlocked, unattended, and accessible to residents in a cabinet in the kitchenette in the Secured Dementia Care Unit (SDCU).*

- \* 4 aerosol spray cans, 7 ounces each, of metered air freshener*
- \* 1 quart jug of Spic and Span antibacterial spray cleaner, 1/4 full*

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

*Repeat Violation 2/3/22 et al*

**Plan of Correction****Directed (████ 11/10/2022)**

*Identified poisons were locked storage area inaccessible to residents on date of inspection.*

*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.*

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

*Within 5 calendar days of receipt of this plan of correction - The administrator will monitor the home at least 5 times weekly to ensure all poisonous materials are locked and inaccessible to residents. Documentation will be kept.*

**Directed Completion Date:**

**89b - Hot Water Temperature****2. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*On 10/24/2022 at 11:00 am, the hot water temperature at the sink in resident #1's private bathroom measured 125.2 degrees Fahrenheit.*

**Plan of Correction****Directed (████ 11/10/2022)**

*Within 24 hours of receipt of the plan of correction - The hot water heater settings in the home will be adjusted to ensure hot water temperatures are 120 degrees or below.*

**89b - Hot Water Temperature (continued)**

*Within 5 calendar days of receipt of the plan of correction - The administrator or a maintenance staff person will monitor the hot water temperature daily to ensure the water temperature does not exceed 120°F. The hot water temperature will be measured in different areas of the home, to include alternate floors and wings. Temperatures will be taken daily for 1 month, at a minimum of 3 sinks and 3 showers, and then weekly thereafter. Documentation will be kept.*

**Directed Completion Date:**

**95 - Furniture and Equipment****3. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*The chest of drawers in room [REDACTED] for resident #1 was in disrepair. The handles on drawers #1 and #3 were not completely attached to the drawer and the handle on the 4th drawer was missing.*

**Plan of Correction**

**Directed ([REDACTED] - 11/10/2022)**

*Within 5 calendar days of receipt of this plan of correction – The handles on the drawers of resident #1's chest of drawers in room [REDACTED] will be repaired or replaced.*

*Within 5 calendar days of receipt of this plan of correction – The administrator will conduct a weekly physical health and safety inspection to ensure all furniture is clean, in good repair, and free of hazards.*

**Directed Completion Date:**

**103g - Storing Food****4. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*At approximately 10:20 am, there was an uncovered 6 quart plastic container full of spaghetti sauce on a shelf in the commercial freezer.*

**Plan of Correction**

**Directed ([REDACTED] - 11/10/2022)**

*Kitchen staff covered the sauce immediately on the date of inspection.*

*Within 5 calendar days of receipt of this plan of correction – All staff persons included in food preparation, storage, and serving will be reeducated regarding the safe storage of food items, including having all foods in closed or sealed containers. Documentation of training will be kept.*

*Within 5 calendar days of receipt of this plan of correction – A designated kitchen staff person will check all food storage areas at least twice daily to ensure all food items are stored in closed or sealed containers.*

*Within 5 calendar days of receipt of this plan of correction – The administrator or kitchen manager will check all food storage areas weekly to ensure all food items are stored in closed or sealed containers.*

103g - Storing Food (*continued*)**Directed Completion Date:**

## 105g - Lint Removal and Duct Cleaning

**5. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*On 10/24/2022 at approximately 4:45 pm, there was an accumulation of approximately 1/8 inch of lint covering the entire surface of the lint screen in the commercial dryer.*

**Plan of Correction****Directed** [REDACTED] **- 11/10/2022)**

*The lint was removed by maintenance staff on the date of the inspection.*

*Within 5 calendar days of receipt of this plan of correction – All staff persons who do laundry will be educated concerning emptying lint from each clothes dryer after each use and the potential fire and safety risks associated with lint accumulation.*

*Within 5 calendar days of receipt of this plan of correction – A direct care staff person on each shift will be assigned to monitor all clothes dryers to ensure there is no buildup of lint in or around any clothes dryer. Documentation will be kept.*

*Within 5 calendar days of receipt of this plan of correction – The administrator or maintenance manager will conduct a weekly check of all clothes dryers to ensure there is no buildup of lint in or around any clothes dryer. Documentation will be kept.*

**Directed Completion Date:**

## 131f - Fire Extinguisher Inspection

**6. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

*The tags on the following fire extinguishers in the main kitchen indicate May 2021.*

*\* K class extinguisher near food pantry door.*

*\* Fire extinguisher near the walk-in freezer.*

**Plan of Correction****Directed** ( [REDACTED] **11/10/2022)**

*Within 7 days of receipt of the plan of correction – The administrator will ensure all fire extinguishers have been inspected within the past year and that each extinguisher is tagged with the current inspection date.*

**Directed Completion Date:**

## 184a - Resident's Meds Labeled

## 7. 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 #2 is prescribed Clotrimazole 1% cream, apply topically [REDACTED] and apply topically to [REDACTED]. The pharmacy label for resident #2's Clotrimazole 1% cream does not include directions for application or frequency.*

*Resident #3 is prescribed Lorazepam 1 mg tablet, take 1/2 tablet (0.5 mg) three times daily as needed for [REDACTED] however, the label on the medication indicates, Lorazepam 1 mg tablet, take 1/2 tablet (0.5 mg) every 4 hours as needed for [REDACTED]*

*Resident #4 is prescribed Albuterol Sulfate HFA 90 mcg inhaler, inhale 2 puffs every 4 hours as needed; however, the label indicates Albuterol Sulfate HFA 90 mcg inhaler, inhale 2 puffs four times a day if needed.*

*Repeat violation 2/3/22 et al*

**Plan of Correction****Directed ( [REDACTED] - 11/10/2022)**

*Resident #2's Clotrimazole was discontinued after the audit on the date of inspection.*

*Within 24 hours of receipt of the plan of correction – The label for medication of resident #3 and #4 will be updated to include the missing information or a direction change sticker will be applied to the medication label.*

*Within 7 calendar days of receipt of the plan of correction – The administrator will develop and implement policies and procedures to ensure that all medication labels match the current medication orders.*

*Within 7 calendar days of receipt of the plan of correction and weekly thereafter - The administrator will review all physician orders and prescription change orders to ensure medication labels are accurate and current. Documentation will be kept*

*Within 15 calendar days of receipt of the plan of correction – All staff who administer medications will be reeducated on ensuring medication labels match the medication administration record (MAR). Documentation will be kept.*

*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.*

**Directed Completion Date:**