

Department of Human Services  
Bureau of Human Service Licensing

June 15, 2021

██████████ AUTHORIZED REPRESENTATIVE  
MARQUIS AID OPCO LLC  
600 CHERRY TREE LANE  
UNIONTOWN, PA 15401

RE: MARQUIS GARDENS PLACE  
660 CHERRY TREE LANE  
UNIONTOWN, PA, 15401  
LICENSE/COC#: 44495

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/25/2021 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**

**Facility Information**

**Name:** MARQUIS GARDENS PLACE      **Licen e #:** 44495      **Licen e Expiration Date:** 07/11/2021  
**Addr e :** 660 CHERRY TREE LANE, UNIONTOWN, PA 15401  
**County:** FAYETTE      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 7244307258      **Email:** [REDACTED]

**Legal Entity**

**Name:** MARQUIS AID OPCO LLC  
**Address:** 600 CHERRY TREE LANE, UNIONTOWN, PA, 15401  
**Phone:** 7244307258      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 03/16/1998      **Issued By:** Dept L&I

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 35      **Waking Staff:** 26

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 05/25/2021

**Inspection Dates and Department Representative**

05/25/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 47      **Residents Served:** 26

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 26  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 9      **Have Physical Disability:** 0

**Inspections / Reviews**

05/25/2021 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/05/2021

Inspections / Reviews *(continued)*

6/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *06/11/2021*

6/15/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:51 am, there were 2 partially full, uncovered trash cans in the kitchen.

Plan of Correction

Accept

Plan of Correction

iolation 2600.85.d Trash cans in kitchen were uncovered

1. On 5/25/2021, Maintenance Technician (MT) placed lids on uncovered trash receptacles in the kitchen.
2. On 5/25/2021 MT conducted audit of kitchen and communal bathrooms trash receptacles to ensure they were kept covered, with no additional findings noted.
3. ED and/or designee will provide education to staff by June 11, 2021 on regulation 2600.85.d and the need for trash receptacles to be covered in the kitchen and communal bathrooms
4. ED and/or designee will audit the trash receptacles in kitchen and communal bathrooms for appropriate coverings weekly for 4 weeks, biweekly for 4 weeks and monthly for one month. These audits will be reviewed at the monthly QI meetings. Continued review will be based on 3 months of sustained compliance. Monitoring will be ongoing.

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Completion Date: 06/02/2021

Document Submission

Implemented

Attached training record and audit

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c - Menus Posted (continued)

**Description of Violation**

*The menu posted in the home ended on 5/30/21.*

**Plan of Correction**

**Accept**

*Plan of Correction*

*iolation 2600.162.c The posted menu was for the current week*

- 1. On 5/25/2021 chef posted menu for the following week (one week in advance) in a conspicuous and public space.*
- 2. ED and/or designee will provide education to dietary staff by June 11, 2021 on regulation 2600.162.c and the need for menus being posted one week in advance.*
- 3. ED and/or designee will audit the menu postings weekly for 4 weeks, biweekly for 4 weeks and monthly for one month to ensure they are posted per requirement. These audits will be reviewed at the monthly QI meeting. Continued review will be based on 3 months of sustained compliance. Monitoring will be ongoing.*

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**Completion Date:** 06/02/2021

**Document Submission**

**Implemented**

*Attached audit and staff training*

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.

## 184a - Labeling OTC/CAM (continued)

**Description of Violation**

Resident #1 is prescribed Aspart Flex Pen-100u/ml with the following physician orders:

- Inject 12 units subcutaneously one time a day in the evening, hold for blood sugar less than 70
- Inject 8 units two times a day, hold for blood sugar less than 70
- Inject subcutaneously with the following sliding scale before meals: 0-169=0 units; 170-185=2 units; 186-220=3 units; 221-255=4 units; 256-290 = 5 units; 291-327=6 units; 328-349=7 units; 350-399=8 units; >400=10 units

However, the pharmacy label for the Aspart Flex Pen only indicates to Inject 8 units two times a day, hold for blood sugar less than 70.

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

*Violation 2600.184.a The pharmacy label did not match the MAR*

1. On 5/25/2021, Resident #1 had a direction change sticker placed on the medication to alert staff to refer to medication administration record for additional administration instructions..
2. CSM and/ or designee will audit current resident medications by June 7, 2021 to ensure that the pharmacy label includes the prescribed dosage and instruction for administration and Refer to MAR labels are used per Regulation 2600.184.a.
3. ED and/or designee will provide education to licensed nurse and medication techs by June 11, 2021 on regulation 2600.184.a and the need for a direction change sticker to be placed on medications to refer to medication administration record and medication pharmacy labels to include prescribed dosage and instructions for administration.
4. CSM and/or designee will audit 5 resident's medications weekly for 4 weeks, biweekly for 4 weeks and monthly for one month to ensure that the pharmacy label includes the prescribed dosage and instruction for administration and Refer to MAR labels are used per Regulation 2600.184.a. These audits will be reviewed at the monthly QI. Continued review will be based on 3 months of sustained compliance. Monitoring will be ongoing.

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**Completion Date:** 06/02/2021

**Document Submission****Implemented**

*Attached audit and staff training*

**187b - Date/Time of Medication Admin.****1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #1 is prescribed the following medications:*

- *Atorvastatin-10 mg-Take 1 tablet by mouth 1 time a day*
- *Carvedilol-6.25 mg-Take 1 tablet by mouth 2 times a day*

*However, the resident's May 2021 medication administration record was not initialed by staff person A, who administered the medications on 5/14/21 at approximately 7:30 pm.*

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

*iolation 2600.187.b A staff person who administered resident's #1 medication did not initial the medication administration record.*

*1. Resident #1 received the medication as ordered.*

*2. By June 11, 2021, CSM will conduct an audit of current resident's medication administration records (MAR) to ensure required information is recorded. Results will be reviewed with ED as necessary.*

*3. CSM and/or designee will provide education to licensed nurses and medication techs by June 11, 2021 on regulation 2600.187.b and the need for medication administered to be recorded.*

*4. CSM and/or designee will audit 5 resident medication administration records for proper documentation weekly for 4 weeks, biweekly for 4 weeks and monthly for one month. These audits will be reviewed at the monthly QI.*

*Continued review will be based on 3 months of sustained compliance. Monitoring will be ongoing.*

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**Completion Date:** 06/02/2021

**Document Submission****Implemented**

*Attached staff training and audit*