



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: March 28, 2024

[REDACTED]
Asbury Healthcare, LLC
[REDACTED]

RE: Asbury Health Center
700 Bower Hill Road
Pittsburgh, PA 15243
License #: 455500

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 19, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *ASBURY HEALTH CENTER* License #: *45550* License Expiration: *04/01/2024*
Address: *700 BOWER HILL ROAD, PITTSBURGH, PA 15243*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *ASBURY HEALTHCARE, LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>C-1</i>	Date: <i>04/16/1987</i>	Issued By: <i>Department of Health</i>
Type: <i>C-1</i>	Date: <i>02/26/1987</i>	Issued By: <i>Department of Health</i>
Type: <i>C-2 LP</i>	Date: <i>07/15/1997</i>	Issued By: <i>Labor and Industry</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *45* Waking Staff: *34*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *03/19/2024*

Inspection Dates and Department Representative

03/19/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *28*

Secured Dementia Care Unit

In Home: *Yes* Area: *6th floor* Capacity: *24* Residents Served: *17*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>28</i>
Diagnosed with Mental Illness: <i>2</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>17</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

03/19/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/30/2024*

03/22/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/26/2024*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2024*

03/22/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/26/2024*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/28/2024*

03/27/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: *03/26/2024*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At 11:25 AM, the lock on the common bathroom door in the 6th floor hallway near bedroom #4627 was inoperable, which does not allow for privacy while using the restroom.

Plan of Correction

Directed [redacted] - 03/22/2024)

- 3/19/24 - Maintenance Department immediately notified of the inoperable lock on bathroom door.
- 3/19/24 – Maintenance staff replaced the lock on the common bathroom door. It was made functional during the time of the inspection.
- 3/20/24 – An audit of all resident rooms including doors to the bathrooms was conducted to ensure all locks were operable. Any issues were addressed with the maintenance department.
- 3/22/24 - Inservice was held for the maintenance department staff to educate the importance of a resident’s right to privacy of self and the necessity for locks to be operable. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 3/22/24)
- 3/22/24 - Inservice was held for the staff to discuss the plan of correction and educate the importance of reporting any areas of disrepair that need to be addressed. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 3/22/24)
- 3/25/24 - Administrator/designee will conduct weekly rounds to inspect the doors and locks to ensure everything is in good repair and functioning properly. 10 Residents' doors and locks will be inspected weekly. Audit findings will be reviewed by administrator.

Proposed Overall Completion Date: 03/22/2024

Directed Completion Date: 03/22/2024

Implemented [redacted] - 03/27/2024)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 10:27 AM, there were no emergency telephone numbers posted on or near the telephone in bedroom #4531.

Plan of Correction

Directed [redacted] - 03/22/2024)

- 3/19/24 – The Health Unit Coordinator immediately replaced the posting of emergency telephone numbers in bedroom 4531.

91 - Telephone Numbers (continued)

- 3/19/24 – An audit of all resident rooms was conducted to ensure all rooms have the emergency telephone numbers displayed.
- 3/22/24 – Inservice was held for all staff to discuss the plan of correction and educate the importance of our residents having access to emergency telephone numbers posted in their rooms, and they should bring it to the attention of Administrator/designee if they notice it is absent from a resident room. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/22/24)
- 3/25/24 - Administrator/designee will conduct weekly audits to ensure all resident rooms have the emergency telephone numbers posted. Audit findings will be reviewed by administrator.

Proposed Overall Completion Date: 03/22/2024

Directed Completion Date: 03/22/2024

Implemented [REDACTED] - 03/27/2024)

103g - Storing Food**3. Requirements**

2600.

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

Description of Violation

At 10:50 AM, there was an open and unsealed bag of french fries, which was approximately 1/2 full, present in the 4th floor main kitchen's Delfield commercial freezer.

At 11:02 AM, there was an open and unsealed 15.62 lb. box of french toast, which was approximately ¾ full, present in the 3rd floor kitchen walk-in freezer.

Plan of Correction

Directed ([REDACTED] - 03/22/2024)

- 3/19/24 - box of French toast and bag of French fries were immediately given to kitchen staff to be wrapped up and stored properly.
- 3/22/24 - Inservice was conducted for the kitchen staff to discuss the importance of food being stored in closed or sealed containers. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/22/24)
- 3/25/24 - Dining Director/Designee will conduct weekly audits of the kitchen area including the refrigerators/freezers to ensure there are no open/unsealed food items and everything is clean, in good repair and free of hazards. Audit findings will be reviewed by administrator.

Proposed Overall Completion Date: 03/25/2024

Directed Completion Date: 03/25/2024

103g - Storing Food (*continued*)

Implemented [REDACTED] - 03/27/2024)