

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396116	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 02/03/2025
NAME OF PROVIDER OR SUPPLIER: LITTLE SISTERS OF THE POOR STATE LICENSE NUMBER: 340302			STREET ADDRESS, CITY, STATE, ZIP CODE: 1028 BENTON AVENUE PITTSBURGH, PA 15212		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to an incident, completed on February 3, 2025, it was determined that Little Sisters of the Poor was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Pennsylvania Department of Health

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H 0009		H 0009		

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H 0009	Continued from page 1 51.3 (g)(1-14) NOTIFICATION 51.3 Notification (g) For purposes of subsections (e) and (f), events which seriously compromise quality assurance and patient safety include, but not limited to the following: (1) Deaths due to injuries, suicide or unusual circumstances. (2) Deaths due to malnutrition, dehydration or sepsis. (3) Deaths or serious injuries due to a medication error. (4) Elopements. (5) Transfers to a hospital as a result of injuries or accidents. (6) Complaints of patient abuse, whether or not confirmed by the facility. (7) Rape. (8) Surgery performed on the wrong patient or on the wrong body part. (9) Hemolytic transfusion reaction. (10) Infant abduction or infant discharged to the wrong family. (11) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.	H 0009	Immediate Action: The fire alarm event was reported to the Department of Health and accepted. No substantial disruption of services occurred. All supervisors were instructed on reportable events and event reporting will be part of our yearly training sessions. Event reporting will be discussed at safety meetings and quarterly at QAPI meeting. Reportable incidents will be monitored by the Safety Officer and reported monthly at Safety Committee. All reports will be submitted quarterly at QAPI. Staff in-services will instruct staff on notification of residents as to the status of the event (false alarm, partial evacuation, etc.) An event report was created for the Incident Commander or designee to complete the details of the event, what actions were taken and who was notified of the event. Subsequently, the Department of Health will be notified according to PA Code 51.3. The Fire Policy was updated to	Completion Date: 02/10/2025 Status: APPROVED Date: 02/07/2025

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H 0009	Continued from page 2 (12) Notification of termination of any services vital to continued safe operation of the facility or the health and safety of its patients and personnel, including, but not limited to, the anticipated or actual termination of electric, gas, steam heat, water, sewer and local exchange of telephone service. (13) Unlicensed practice of a regulated profession. (14) Receipt of a strike notice. This REGULATION is not met as evidenced by:	H 0009	include event reporting to the Department of Health. The corrective action will be completed by February 10, 2025.	

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H 0009	Continued from page 3 Based on facility reports, and staff interviews it was determined that the facility failed to notify the Department of Health of a reportable event. Findings include: During a review of documentation provided by the facility on 2/3/25, at 11:33 a.m. indicated that the fire alarm was activated, and fire company arrived at facility. During an interview on 2/3/25, at 11:50 a.m. Director of Nursing (DON) stated, "I didn ' t think that we had to report that incident". During an interview on 2/3/25, at 11:54 a.m. DON confirmed that the facility failed to notify the Department of Health of a reportable event, as required.	H 0009		



Certified End Page

LITTLE SISTERS OF THE POOR
STATE LICENSE NUMBER: 340302
SURVEY EXIT DATE: 02/03/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY