

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to UPMC SENIOR COMMUNITIES
LEGAL ENTITY

To operate STRABANE WOODS OF WASHINGTON
NAME OF FACILITY OR AGENCY

Located at 319 WELLNESS WAY, WASHINGTON, PA 15301
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Assisted Living
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 2, 2013 until April 2, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445421

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11

OCT 02 2013

Ms. Doreen Diesel, Administrator
UPMC Senior Communities
200 Lothrop Street, Forbes Tower
Pittsburgh, Pennsylvania 15213

RE: Strabane Woods of Washington
319 Wellness Way
Washington, Pennsylvania 15301

Dear Ms. Diesel:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 8, 2013, of the above facility, we have found that your facility is in compliance with the regulations, set forth in 55 Pa.Code Ch. 2800 (related to assisted living residences), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new home.

During the inspection, violations on the enclosed Licensing Inspection Summary were found. All violations 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. 2800 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete complete compliance with 55 Pa.Code Ch. 2800.

Sincerely,



Ronald Melusky
Director

Enclosures
License
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences - 55 Pa.Code § 2800

Name of Residence: STRABANE WOODS OF WASHINGTON

Address: 319 WELLNESS WAY WASHINGTON, PA 15301

License Number:

Type of Inspection:

Full

Reason(s) for Inspection: INITIAL INSPECTION

Notice: Announced

On-site Inspection Dates and Department Representatives On-site:

8/8/13 – Israel Springs, Jason McCloskey

Off-site Inspection Dates and Department Representatives, if Applicable:

LIS - [STRABANE WOODS OF WASHINGTON] - [8/8/13] - [Israel Springs]

Regulation § 2800.3 (d) The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence
Violation The 2800 regulations were not posted in the home.
Plan of Correction August 8, 2013 was our initial A.L.F. inspection. Immediately after the inspection the 2800 regulations were posted. Please see attachment "A".

Printed Name and Title of Legal Entity Representative (Required on all pages) Doreen Diesel, BSN, RCHA	
Signature of Legal Entity Representative (Required on all pages) <i>[Signature]</i>	Date 9.12.13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9/20/13</u> (Date)	Plan of correction implementation status as of <u>9/20/13</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented -- Adequate Progress <input type="checkbox"/> Partially Implemented -- Inadequate Progress <input type="checkbox"/> Not Implemented

LIS - [STRABANE WOODS OF WASHINGTON] - [8/8/13] - [Israel Springs]

Regulation
§ 2800.85 (e) Trash outside the residence shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Violation
The 2 dumpsters located in the rear of the community used for disposal of trash had the lids open.

Plan of Correction

Signs were posted on the gate,
to serve as a reminder to all staff
to close the lids on the dumpsters
when not in use.
Please see attachment "B".

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Doreen Diesel, BSW, PCNA	
Signature of Legal Entity Representative (Required on all pages)	Date
<i>[Signature]</i>	9-12-13
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LIS - [STRABANE WOODS OF WASHINGTON] - [8/8/13] - [Israel Springs]

Regulation § 2800.89 (b) Hot water temperature in areas accessible to the resident may not exceed 120° F.
Violation The water temperature in the public bathroom located to the right of the front desk had a water temperature of 122.3 degrees. The activity room sink had water temperature of 122.3 degrees.
Plan of Correction <p>This was brought to the attention of our maintenance man who immediately decreased the temperature of the water tank servicing the public bathroom and activity room.</p> <p>A recheck of the water temperature during the inspection demonstrated the water temperature to be below 120° F.</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Doreen Diesel, BSW, RCHA</u>	
Signature of Legal Entity Representative (Required on all pages) <u>[Signature]</u>	Date <u>9.12.13</u>
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LIS - [STRABANE WOODS OF WASHINGTON] - [8/8/13] - [Israel Springs]

Regulation
§ 2800.123 (b) Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Violation
Copy of the community's emergency procedures was not post.

Plan of Correction

Attachment "C+D" was posted immediately after the initial inspection.

Printed Name and Title of Legal Entity Representative (Required on all pages)
Doreen Diesel, BSN, RCHA

Signature of Legal Entity Representative (Required on all pages)
Doreen Diesel, BSN, RCHA

Date
9.12.13

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(Date)

The above plan of correction was approved by NJC
(Initials)

Plan of correction implementation status as of 9/20/13
(Date)

- Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

LIS - [STRABANE WOODS OF WASHINGTON] - [8/8/13] - [Israel Springs]

Regulation

§ 2800.131(f) Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher

Violation

The fire extinguisher located in the mechanical room had a last inspection date of June 2012.

Plan of Correction

A call was placed to "ABC Fire Extinguisher Co." informing them that the fire extinguisher in the mechanical was not marked during their annual inspection.

An inspector was dispatched to our facility on 8/14/13.

Please see attachment "E".

THE ADMINISTRATOR WILL DEVELOP A PROCEDURE TO MONITOR FIRE EXTINGUISHERS AND ENSURE THEY ARE INSPECTED ANNUALLY

Printed Name and Title of Legal Entity Representative (Required on all pages)

Doreen Diesel, BSW, RLLA

Signature of Legal Entity Representative (Required on all pages)

[Signature] RLLA

Date

9.12.13

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(Date)

The above plan of correction was approved by NSC
(Initials)

Plan of correction implementation status as of 9/20/13
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

LIS - [STRABANE WOODS OF WASHINGTON] - [8/8/13] - [Israel Springs]

Regulation § 2800.171 (b) (6) During vehicle operations, the driver may only use a hands-free cellular telephone.
Violation During inspection of the van, the driver (Staff Person B) admitted to accepting phone calls for pickups, etc. with a hand held cell phone.
Plan of Correction Reviewed the "speaker" feature on the facility provided cell phone with Staff Person B. He demonstrated understanding. Also reminded staff person B that pulling the van over is an option when the phone needs to be answered. Staff person B verbalized understanding.

Printed Name and Title of Legal Entity Representative (Required on all pages) Doreen Diesel, BSN, RHA	
Signature of Legal Entity Representative (Required on all pages) <i>[Signature]</i>	Date 9.12.13
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LIS -- [STRABANE WOODS OF WASHINGTON] -- [8/8/13] -- [Israel Springs]

<p>Regulation § 2800.252 Each resident's record must include the following information: (3) A photograph of the resident that is no more than 2 years old</p>
<p>Violation Photos for the follow residents were older than 2 yrs or unable to tell when they were taken: Resident 1 - 3/2010 Resident 2 - No Date Resident 3 - No Date Resident 4 - 8/2010 Resident 5 - 3/2010 Resident 6 - 4/29/2010 Resident 7 - 4/2010</p>
<p>Plan of Correction All resident photos were updated the week of 8/12/13, labeled and placed in their charts. Reminded Director of Resident Care the importance of maintaining current resident photos. She verbalized understanding.</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) Green Diesel BSW, PC HA.	
Signature of Legal Entity Representative (Required on all pages) (Green Diesel BSW) PC HA.	Date 9.12.13
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LIS - [STRABANE WOODS OF WASHINGTON] - [8/8/13] - [Israel Springs]

Regulation
§ 2800.254(a) Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access

Violation
Staff Person A left the second floor medication cart unattended in the hallway outside the 1st floor nurse's station with the MAR unprotected on top of the cart.

Plan of Correction
Reviewed with Staff person A the importance of resident privacy and to not leave the MAR binder unattended on the medication cart. Staff person A verbalized understanding

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Loreen Diesel, BSW, PCWS</u>	
Signature of Legal Entity Representative (Required on all pages) <u>[Signature]</u>	Date <u>9.12.13</u>
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