

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 \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 January 28, 2014 until January 28, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445420

Robert E. Robinson  
ISSUING OFFICER

  
ACTING 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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

FEB 12 2014

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  
License #: 445420

Dear Ms. Diesel:

As a result of the Department of Public Welfare's licensing inspection on November 13, 2013, of the above-named facility, the violations with 55 Pa.Code Ch. 2800 (relating to assisted living residences) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Licensing Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Acting Director

Enclosures  
License  
Licensing Inspection Summary

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

Name of Residence: Strabane Woods

Address: 319 Wellness Way Washington, Pa 15301

License Number:

445421

Type of Inspection: Full

Reason(s) for Inspection: Renewal

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-site:  
11/13/13 -- Israel Springs, Doug Hoover

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

LIS - [Strabane Woods] - (11/13/13) - [Israel Springs]

Regulation: § 2800.82 (b) Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Violation: The facility has hand sanitizers located throughout the community for use by staff and residents. The dispensers contained DEB INSTANT FOAM Non-alcoholic sanitizer which had a warning "if swallowed seek medical help and contact poison control". Residents in the home have not been assessed to safely use or avoid poisonous materials.

Plan of Correction

All residents are assessed related to their ability to handle poisonous materials. This is documented on the A.L.A. & ASP under Section 3 (Beh. & Cog. needs) in the ability to handle poisonous materials section.

Two Residents have been determined unable to handle poisonous materials.

UPMC Senior Communities / Strabane Woods has developed a policy on Hand Sanitizer Safety (Attachment A) along with a Hand Sanitizer Management Safety Evaluation (Attachment B).

Residents that are unable to handle poisonous materials were evaluated on their ability to use hand sanitizers safely. Ongoing compliance will include the eval. of residents at their quarterly & annual assessments re: ability to handle poisonous materials.

The Director of Resident Care + the Resident Support Coordinator will monitor compliance by the resident of regulation 2800.82(b)

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

Hooreen Diesel, RN, FCHA

Signature of Legal Entity Representative (Required on all pages)

*[Handwritten Signature]*

Date

12.26.13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/9/14  
(Date)

Plan of correction implementation status as of 1/9/14  
(Date)

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

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

LIS - [Strabane Woods] - (11/13/13) - [Israel Springs]

Regulation: § 2800.187(a) (14) A medication record shall be kept to include the name and initials of the staff person administering the medication.

Violation: The MAR was not initialed by staff on 11/3/13 for the dispensing of Metoprol 50 mg, Pradaxa 150 mg, and Systane Sol for Resident #1.

Plan of Correction

The staff member was inserviced by the Director of Resident Care (DRC), Module 1; "Administering Medications the Right Way" (Attachment C) was reviewed. The staff member verbalized understanding. The staff member verbalized understanding of documentation on the MAR after administration of medication. Going forward the staff member will initial on the MAR any medications administered. The DRC is auditing the MARs weekly to assure compliance with Regulation 2800.187(a)(14).

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

Doreen Diesel, RN, RLLA

Signature of Legal Entity Representative (Required on all pages)

[Signature], RN, RLLA

Date

12.26.13

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The above plan of correction is approved as of 1/9/14  
(Date)

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

Plan of correction implementation status as of 1/9/14  
(Date)

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

LIS - [Strabane Woods] - (11/13/13) - [Israel Springs]

Regulation: § 2800.187 (d) The residence shall follow the directions of the prescriber.

Violation: The physician for Resident #2 prescribed insulin on a sliding scale and readings 4 times daily, including 12:00 noon. There was no record of noon readings or administration of medication on 11/4/13 and 11/11/13.

Plan of Correction

The staff member was inserviced by the DRC - module 1; "Administering Medications the Right Way" (attachment C) and the parameters of an accucheck reading & the importance of documentation was reviewed. The staff member verbalized understanding of documentation on the MAR after administration of medication or after completing an accucheck. The accucheck value is necessary to determine the amt. of insulin to adm. based on the sliding scale. Going forward the staff member will initial on the MAR any medication/or accucheck result, that was administered. The DRC is auditing the MARs weekly to assure compliance with Regulation 2800.187 d.

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

Doreen Diesel, RN, PEWS

Signature of Legal Entity Representative (Required on all pages)

*[Handwritten Signature]*

Date

12.26.13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/9/14  
(Date)

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

Plan of correction implementation status as of 1/9/14  
(Date)

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