



Ms. Doreen Diesel, Administrator  
UPMC Senior Communities  
200 Lothrop Street  
Forbes Tower, Suite 10055  
Pittsburgh, Pennsylvania 15213

RE: Strabane Woods Of Washington  
319 Wellness Way  
Washington, Pennsylvania 15301  
# 445421

Dear Ms. Diesel:

As a result of the Department of Public Welfare's licensing inspection on January 3, 2013 and January 6, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil S. Cody".

Neil S. Cody  
Regional Licensing Director

Enclosure  
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:** Partial

**Reason(s) for Inspection:** Off Site Incident Investigation

**Notice:** Unannounced

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

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

1/3/14 – Israel Springs

1/6/14 – Israel Springs

**LIS – [Strabane Woods] – (1/6/13) – [Israel Springs]**

Regulation: § 2800.186(a) Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Violation: Roxanol (Morphine Sulfate) 20mg was administered to Resident #1 on 12/5, 12/10, 12/13, and 12/14 without a current prescription on file. The order was not obtained until 12/23/13.

**Plan of Correction**

During the investigation of the referred medication error the following items were obtained and emailed to Israel Springs and reviewed by Neil Cody; (1) statement from hospice nurse (2) statement from employee (3) controlled sub. adm. record (4) order from physician (5) resident MAR (6) copy of in-service held re: documentation.

The Director of Resident Care (DRC) contacted hospice agency requiring a written order for all medications in the "comfort kit" prior to the medications being delivered to the facility.

The DRC will monitor this compliance with all hospice admissions going forward. This will monitoring will assure compliance of regulation 2800.186 (a) related to each prescription medication having in writing by the authorized prescriber.

From 12.23.13 when the medication error was discovered until the employee's termination on 12.27.13, she was not on the Schedule.

**To clarify:**

Violation states Roxanol (m504) 20mg was administered. Roxanol comes in 20mg/ml. The resident was given 1/2 ml or 5mg dosage on each occasion.

**Printed Name and Title of Legal Entity Representative (Required on all pages)****Doreen Diesel, RN, FCHA****Signature of Legal Entity Representative (Required on all pages)****Date****1.22.14****DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1/29/14  
(Date)

Plan of correction implementation status as of 1/29/14  
(Date)

 Fully Implemented Partially Implemented – Adequate Progress Partially Implemented – Inadequate Progress Not Implemented

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

LIS - [Strabane Woods] - (1/6/13) - [Israel Springs]

Regulation: § 2800.187(b) The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Violation: Roxanol (Morphine Sulfate) 20mg was administered on 12/5, 12/10, 12/13, and 12/14 by Staff A but was not documented on the MAR for Resident #1.

Plan of Correction

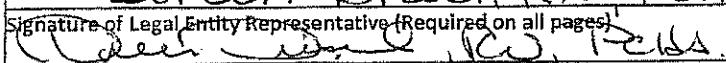
During the investigation of the referred medication error the following items were obtained and emailed to Israel Springs and reviewed by Neil Cody; ① statement from hospice nurse ② statement from employee ③ controlled sub. adm. record ④ order from physician ⑤ resident MAR ⑥ copy of in-service held re: documentation.

The DRC is auditing the MARs weekly to assure compliance with Regulation 2800.187 (b) -subsection (a)(13+14) date and time of med. adm. and name and initial of staff person administering medication. Going forward all staff will initial more after medications are given.

From 12.23.13 When the medication error was discovered until the employee's termination on 12.27.13, she was not on the schedule.

To clarify:

Violation states Roxanol (msoy) 20mg was administered. Roxanol comes in 20mg/ml. The resident was given .25ml or 5mg dosage on each occasion.

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Doreen Diesel, RN PCHA	
Signature of Legal Entity Representative (Required on all pages)	Date
	1-22-14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1/29/14</u> (Date)	Plan of correction implementation status as of <u>1/29/14</u> : <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
The above plan of correction was approved by <u>NSC</u> (Initials)	