



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

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
#445420

Dear Ms. Diesel:

As a result of the Department of Public Welfare's licensing inspection on March 6, 2014 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 of Washington

Address: 319 Wellness Way Washington, Pa 15301

License Number: 445420

Type of Inspection: Full

Reason(s) for Inspection: Interim

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-site:
3/6/14 – Israel Springs, Doug Hoover, Dale Rosenblat

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

Regulation: § 2800.17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Violation: A book that contains confidential resident information (Doctor's name and resident's diagnosis) is unlocked and accessible in a desk drawer on the second floor near the medical office.

Plan of Correction: The ADL book was immediately removed from the desk drawer and placed in the locked nurse's station on the first floor to protect resident privacy per regulation 2800.17. It was explained to the nursing staff at a meeting on 3/28/14 the importance of maintaining the confidentiality of all resident documentation. (attachment A). The resident ADL documentation book has been secured in the locked first floor nurse's station and all resident information will be secured in the facility to protect confidentiality.

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) *[Handwritten Signature]*

Date 4/3/14

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

The above plan of correction is approved as of <u>3/7/14</u> (Date)	Plan of correction implementation status as of <u>5/7/14</u> (Date)
The above plan of correction was approved by <u>NJC</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

Regulation: § 2800.127(a) Portable space heaters are prohibited.

Violation: A portable space heater was in use in the food pantry.

Plan of Correction: The portable space heater was immediately removed from the storage room and no longer used in accordance with Regulation 2800.127 (a). No resident had access to the heater. The installation of a Trane heating system was installed on 4/2/14. Moving forward no space heaters will be used in the facility and maintenance is aware they should not provide space heaters to staff or residents.

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Regulation: § 2800.141(a)(6) The medical evaluation must include the Immunization history of the resident.

Violation: Resident #3, DOA 7/16/13, does not have immunization history listed in the medical evaluation dated 9/8/13.

Plan of Correction: Resident #3, as identified in the "Privacy Coding Document", DOA is 8/10/12. The DME is dated 8/8/13 and lists "Immunization History": Current yes, Tb unknown, Influenza 10/15/12, others, unknown (attachment B). The immunization history is completed by the physician. The DME is dated 8/8/13 and we were following 2600.00 Personal Care regulations at that time, so a Tb was not required under Personal Care.

WITHDRAWN
NSC - 5/7/14

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(Initials)	

Regulation: § 2800.141(a)(7) The medical evaluation must include the Medication regimen, contraindicated . Medications, medication side effects and the ability to self-administer medications.

Violation:

Resident #1, DOA 10/8/2013, does not have the medications listed on the medical evaluation dated 10/8/2013.
Resident #2, DOA 11/14/12, does not have the medications listed on the medical evaluation dated 11/6/13.

Plan of Correction: The DMEs for Resident #1 and Resident #2 did not have the resident's medication list attached in accordance with regulation 2800.141 (a) (7). The Resident Support Coordinator/RSC created a form to be attached to all ADMES to remind the PCP to complete and send medication list (attachment C). Moving forward the medication form will be included with the completed DME. This will be monitored by the RSC as all new/updated ADMES are received to the facility.

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Regulation: § 2800.141(a) 11 An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Violation: The date of the last tuberculin skin test is not present in the record for Resident #3, DOA 7/16/13.

Plan of Correction: Resident #3, as identified in the "Privacy Coding Document" DOA is 8/10/12. The DME dated 8/8/13 listed her Tb history as "unknown". During the time we received her DME form, our facility was licensed as Personal Care and a Tb test was not required. All admissions after 8/8/13, our initial Assisted Living inspection, were to be admitted with the ADME form by which a Tb is required.

It was our understanding that moving forward all DME forms would need to be converted to an ADME form at the time of their anniversary date/change in the resident's condition. It was our understanding that the Tb test could be given at this time. However, an order was obtained from the PCP and the Tb test was administered on 4/2/14 (attachment D).

WITHDRAWN
N3C - 5/7/14

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Regulation: § 2800.187 (a) (11) A medication record shall be kept to include the diagnosis or purpose for the medication, including pro re nata (PRN) for each resident for whom medications are administered

Violation: The MAR did not list the diagnosis or purpose of Avapro 300 mg, Niacinf ER tablets, Calan/Isoptin 240 mg, and Acetamin tablet 325 mg for Resident #4.


Plan of Correction: The Director of Resident Care/DRC reviewed resident #4 MAR, and she listed the diagnosis for the above medications immediately following the survey. The DRC contacted our provider pharmacy and discussed the importance of listing all diagnosis on all MARs. A nursing staff meeting was held on 3/28/14 (see attachment A) and the staff was provided information on the requirement to include the diagnosis with each of the medications. All LPNs/Medications Aides were instructed on the importance of providing the pharmacy with resident medication information on admission and when changes are made to the medication(s) in accordance with Regulation 2800.187 (a) (11).

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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 for Resident #4 was not initialed for administration of the 8:00 PM dose of Red Yeast cap Rice 600 mg on 3/5/14.

Plan of Correction: The staff member administering medications to resident #4 was in serviced by the Director of Resident Care/DRC using Module 1 "Administering Medications the Right Way" (attachment E) was reviewed. The staff member verbalized understanding. The staff member also verbalized the importance of documenting on the MAR after administering medication to a resident. The DRC is auditing the MARs weekly to assure compliance of Regulation 2800.187 (a) (14).


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

Violation: At 1:35 pm on March 6, 2014 the door to the medication room was open and unlocked, allowing unauthorized access to confidential information contained in the records.

Plan of Correction: Immediately following the discovery of the unlocked door it was latched and locked. All staff members were reminded of the confidential nature of the resident charts and re-educated to the resident personal information included in the charts at our staff meeting on 3/28/14 (attachment A). As a standard practice the nurse's station door will be closed and locked in accordance with Regulation 2800.254 (a)

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