



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 12 2014

Ms. Doreen Diesel, Administrator  
UPMC Senior Communities  
319 Wellness Way  
Washington, Pennsylvania 15301

RE: Strabane Woods of Washington  
License #: 445420

Dear Ms. Diesel:

As a result of the Department of Public Welfare's licensing inspection on October 7, 2014 and October 8, 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.

Your regular license for the period January 28, 2015 to January 28, 2016 was issued on October 22, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director *MSH*

Enclosure  
License Inspection Summary

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

Name of Residence: Strabane Woods of Washington

Address: 319 Wellness Way, Washington, Pennsylvania 15301

License Number: 445420

Type of Inspection: Full

Reason(s) for Inspection: Renewal

Notice: Unannounced

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

10/7/14 – Israel Springs, Dale Rosenblat

10/8/14 – Israel Springs, Dale Rosenblat

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

**RECEIVED**

NOV 06 2014

CENTRAL PENNSYLVANIA FIELD OFFICE  
Human Services Licensing

LIS - [Strabane Woods] - (10/7/14 & 10/8/14) - [Israel Springs]

Regulation: § 2800.82 (c) Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Violation: In the second floor laundry room, a bottle of Resolve Pre-treat with the warning, "If swallowed, call physician or poison control center," was found on the shelf by the washer.

Plan of Correction All residents are assessed on their ability to handle poisonous materials. This is documented on their ASP under section 3 (behavior & cognitive needs). The resident who left [redacted] bottle of Resolve Pre-treat in the resident laundry room is able to safely handle poisonous material as documented on [redacted] ASP. (See attached A).  
The Administrator spoke with the resident who launders [redacted] personal belongings (See attached B) to be careful with any laundry products due to potential poisonous ingredients. The resident voiced [redacted] understanding of the situation.  
The Administrator spoke with the staff to be aware of any poisonous materials that might be accessible to a resident and remove the material from the area as needed. The staff verbalized understanding.

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Doreen Diesel, RN, RCHA</u>	
Signature of Legal Entity Representative (Required on all pages) <u>[Signature]</u>	Date <u>11.5.14</u>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>11-6-14</u> (Date)	Plan of correction implementation status as of <u>11-6-14</u> : (Date)
The above plan of correction was approved by <u>DE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

LIS - [Strabane Woods] - (10/7/14 & 10/8/14) - [Israel Springs]

Regulation: § 2800.85 (a) Sanitary conditions shall be maintained.

Violation: The oven of the stove in the activity room had burnt material on the door of the oven. There was also aluminum foil with the same burnt material in the bottom of the oven.

Plan of Correction The Administrator discussed with the Activity Coordinator to clean the oven after The any baking project. [redacted] verbalized understanding. The foil was removed from the activity room stove. The housekeeper cleaned the burnt substance from the oven door. (See attached C).

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Doreen Diesel, RN, PCNA	
Signature of Legal Entity Representative (Required on all pages)	Date
<i>[Signature]</i>	11-5-14
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LIS - [Strabane Woods] - (10/7/14 & 10/8/14) - [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 kitchen's 2A-10BC fire extinguisher located at the door of the kitchen did not have an inspection tag attached to it to verify when or if it had been inspected.

Plan of Correction

The fire extinguisher noted in was filled to 100%, however the tag had fallen off. This was noted by the inspectors during the survey.

The Administrator notified a representative from ABC Fire Extinguisher Co. who promptly delivered the tag at 7:30am on 10/8/14 and placed it in the extinguisher (See attached D).

Printed Name and Title of Legal Entity Representative (Required on all pages)  
 Signature of Legal Entity Representative (Required on all pages) *Doreen Diesel, RN, RCHA* Date *11.5.14*

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 (Date)

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 (Initials)

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

LIS - [Strabane Woods] - (10/7/14 & 10/8/14) - [Israel Springs]

Regulation: § 2800.227(c) The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Violation: 1) Resident #1 DOA 4/10/14 does not have a final ASP that was reviewed on a quarterly basis.  
 2) Resident #2 DOA 4/22/14 does not have a final ASP that was reviewed on a quarterly basis.

Plan of Correction:

All support plans will be reviewed on a quarterly basis by the Resident Support Coordinator. The current ASP form will be updated to reflect a quarterly review of the ASP (See attached E).

Moving forward the Director of Resident Care will conduct 3 random monthly ASP audits to assure compliance of 2800.227 (c).

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Doreen Diesel, RN, PECS	
Signature of Legal Entity Representative (Required on all pages)	Date
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