



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

Ms. Doreen Diesel, RN, PCHA
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 Human Services' annual licensing inspections on November 4, 2015 and November 5, 2015 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,


Matthew J. Jones
Director _{3/31}

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, 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: 11/4/2015 and 11/5/2015- Dale Rosenblat, Gloria Emick
Off-Site Inspection Dates and Inspectors, if Applicable:

RECEIVED

DEC 1 4 2015

CENTRAL REGION FIELD OFFICE
Human Services Licensing

Regulation

§ 2800.132. Fire drills.

(c) A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Violation

The Fire Drill Records from January through July, 2015 do not indicate the number of residents in the residence at the time the alarm sounded.

Plan of Correction

The violation reads the number of total residents in the facility was not recorded under the correct column from January - July 2015. The total number of residents in the facility was correctly recorded August - October 15, 2015. After the inspection 2 more drills were recorded with the number of residents in the correct column was documented. Moving forward the Administrator will complete all columns as instructed on the "Fire Drill Log" to assure compliance with regulation 2800.132.

See attachment (C) & (D)

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

Strabane Woods of Washington ALE

Signature of Legal Entity Representative (Required on all pages)

Debra Woods, RD, PCWA

Date

12-15-15

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

The above plan of correction is approved as of 1-11-16
(Date)

Plan of correction implementation status as of 1-11-16 :
(Date)

Fully Implemented

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

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Regulation

§ 2800.183. Storage and disposal of medications and medical supplies

d) Only current prescription, OTC medications, sample and CAM for individuals living in the residence may be kept in the residence.

Violation

On 11/5/2015, Resident #1 has a prescription for Hydroco/APAP, 5/325- 1 tab daily as needed. The prescription expired on 8/22/2015, but 17 tablets were still present in the 2nd floor medication cart.

Plan of Correction

Upon noting the violation of an expired script, the medication aide faxed the ordering physician a "Controlled Substance Prescription" sheet. It was signed by the ordering physician and sent to the pharmacy. A blister pack of the current medication with the expiration date of 1/4/2016 was delivered to the facility on 11/5/2015. Moving forward the medication aides will check for expired scripts during their daily medication pass. The Director of Nursing will check periodically to assure compliance with regulation 2800.183

See Attachment (A) + (B)

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Sara Jane Woods of Washington ACF	
Signature of Legal Entity Representative (Required on all pages)	Date
<i>Sara Jane Woods, RN, FNA</i>	12.15.15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1-11-16</u> (Date)	Plan of correction implementation status as of <u>1-11-16</u> : (Date)
The above plan of correction was approved by <u>GC</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